

**BETWEEN CRIMINAL LIABILITY AND PUBLIC HEALTH:
A CRITICAL REVIEW OF NIGERIA'S DRUG LAWS IN LIGHT OF AMERICAN AND
DUTCH APPROACHES TO DRUG POLICY.**

BY

**Boluwatife Success, ADEKOGBA
LAW2002820**

**FACULTY OF LAW
UNIVERSITY OF BENIN
BENIN CITY**

NOVEMBER 2025

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**A LONG ESSAY WRITTEN AND SUBMITTED TO THE FACULTY OF LAW,
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THE AWARD OF THE DEGREE OF BACHELOR OF LAWS (LLB) OF THE
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NOVEMBER, 2025

CERTIFICATION

I, **ADEKOGBA BOLUWATIFE SUCCESS**, with Matriculation Number **LAW2002820**, hereby certify that apart from references to other persons' works which have been duly acknowledged, the entire work is a product of my research, and this project has neither in whole nor in part been presented for another degree elsewhere.

ADEKOGBA BOLUWATIFE SUCCESS
LAW2002820

APPROVAL

We certify that this project was written and completed by **ADEKOGBA BOLUWATIFE SUCCESS** with Matriculation Number **LAW2002820** in partial fulfilment of the requirements for the award of a Bachelor of Laws (LL.B) degree.

PROF. N.F UNUIGBE
PROJECT SUPERVISOR

SIGNATURE AND DATE

DR. O.F OSUJI
PROJECT COORDINATOR

SIGNATURE AND DATE

PROF. BRIGHT BAZUAYE
DEAN, FACULTY OF LAW

SIGNATURE AND DATE

DEDICATION

This work is dedicated, first and foremost, to Almighty God, whose endless grace, wisdom, and mercy have carried me through every challenge and triumph of this journey. To Him be all glory and praise for the strength to begin, the courage to continue, and the faith to complete.

I also dedicate this thesis to all those battling with drug dependence and addiction, the silent fighters, the misunderstood souls, and those seeking redemption and healing. May this work serve as a light of hope, understanding, and compassion. May our society learn to see not criminals, but human beings worthy of love, dignity, and a second chance.

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LIST OF ABBREVIATIONS

AIDS – Acquired Immunodeficiency Syndrome

CFRN – Constitution of the Federal Government of Nigeria

DEA – Drug Enforcement Administration

DOD – Department Of Defense

FDA – Food and Drug Administration

HIV – Human Immuno-deficiency Virus

NDCMPs – National Drug Control Master Plans

NDP – National Drug Policy

NDLEA – National Drug Law Enforcement Agency

NEPs – Needle Exchange Programs

NSPs – Needle and Syringe Programs

MAT – Medication-Assisted Treatment

MDAs – Ministries, Departments, and Agencies

ONDCP – Office of National Drug Control Policy

OST – Opioid Substitution Therapy

PHC – Primary Health Care

PWID – People Who Inject Drugs

PWUD – People Who Use Drugs

SAP – Structural Adjustment Program

SAODAP – Special Action Office for Drug Abuse Prevention

SDGs – Sustainable Development Goals

SDOH – Social Determinants Of Health

SIS – Supervised Injection Sites

SUD – Substance Use Disorders

UDHR – Universal Declaration of Human Rights

UNODC – United Nations Office on Drugs and Crime

UNTOC – United Nations Convention against Transnational Organized Crime

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ABSTRACT

This study provides a critical examination of Nigeria's drug laws, focusing on the legal and policy tensions between criminal liability and public health, and evaluating them in light of the drug policy frameworks adopted in the United States and the Netherlands. Nigeria's current approach to drug control is primarily punitive, treating drug use and possession as criminal offenses rather than as public health issues. This approach has led to overcrowded prisons, stigmatization of drug users, and limited access to treatment and rehabilitation services. Drawing on a comparative legal analysis, the study explores how the U.S, despite its historical "War on Drugs" is gradually shifting toward decriminalization, public health-based interventions, and drug courts, while the Netherlands employs a harm reduction model that distinguishes between soft and hard drugs and promotes treatment, prevention, and reintegration over punishment. By examining legal documents, policy papers, and international conventions, this study identifies key differences in legal philosophy, enforcement strategies, and health outcomes. The study argues that Nigeria's prohibitionist stance is both ineffective and misaligned with modern global trends, particularly in relation to human rights, social justice, and public health. It calls for a more balanced drug policy that integrates legal reform, health services, and public education. Emphasizing the need to shift from punishment to prevention and rehabilitation, the study proposes adopting a Nigerian model that blends global best practices with local cultural and institutional realities. In conclusion, this study advocates for drug policy reform that not only addresses the legal inadequacies of the current system but also enhances national health security, reduces recidivism, and upholds the dignity and rights of drug users. This reimagined approach aims to create a just, humane, and effective framework for managing drug-related issues in Nigeria.

CHAPTER ONE

GENERAL INTRODUCTION

1.1. BACKGROUND OF THE STUDY

Drug abuse represents one of the world's and consequently, Nigeria's most complex public health and legal challenges, where the tension between punitive drug control policies and human rights protections has created a crisis of epidemic proportions. The 2018 BBC Africa Eye documentary by Ruona Meyer exposing the widespread abuse of codeine-containing cough syrups, particularly those manufactured by Emzor Pharmaceuticals, laid bare the catastrophic failures of Nigeria's current drug policy framework. The expose revealed how criminalization-driven approaches have not only failed to curb substance abuse but have exacerbated public health emergencies, fostered organized crime, and led to gross human rights violations. This research undertakes a critical examination of Nigeria's drug control regime, primarily embodied in the National Drug Law Enforcement Agency (NDLEA) Act and seeks to compare and contrast Nigeria's current drug paradigm with the growing global shift toward public health-centered drug policies, with particular attention to their human rights implications. By comparing Nigeria's National Drug Law Enforcement Agency (NDLEA) Act and related statutes against the mixed criminalization-public health model of the United States and the decriminalization and harm reduction framework of the Netherlands, this research seeks to evaluate whether Nigeria's current approach infringes on fundamental rights such as the right to health, dignity, and freedom from arbitrary detention without achieving measurable reductions in drug abuse or trafficking. By analyzing policy outcomes in comparator jurisdictions particularly the Netherlands' success in reducing drug-related harms through decriminalization and the U.S.'s mixed but evolving approach, this research proposes concrete legal and policy reforms for Nigeria. These include potential amendments to the

NDLEA Act, the introduction of diversion programs for non-violent drug offenders, and the establishment of supervised treatment facilities.

The study ultimately seeks to answer the pivotal question: Can Nigeria develop a drug policy framework that effectively balances public health imperatives with criminal justice concerns while respecting fundamental human rights principles?

1.2. STATEMENT OF THE PROBLEM

Drug abuse once considered to be a plague ravaging high income societies with excess disposable income to afford an addiction, is rapidly becoming a legal issue and a public health challenge in Nigeria. Drug abuse put simply, is the harmful or excessive use of legal or illegal substances for non-medical purposes, leading to physical, mental, emotional, or social harm. It involves the repeated misuse of drugs, often resulting in addiction, health deterioration, and can even attract legal sanctions and penalties. A report by the National Bureau of Statistics in 2018 suggest that at least 14.3 million Nigerians between the ages of 15 and 64 abuse psychoactive substances in particular the use of cannabis, the non-medical use of prescription opioids (majorly tramadol, and to lesser extent codeine, or morphine) and cough syrups (containing codeine or dextromethorphan). Drugs that are often abused include but is not restricted to Alcohol, Bath Salts (Synthetic Cathinones), Club Drugs, Cocaine, Heroin, Inhalants, MDMA (Ecstasy/Molly), Prescription Drugs & Cold Medicine, et cetera. Drug abuse remains a major challenge in Nigeria, contributing to crime, health crises, and social instability. The National Drug Law Enforcement Agency (NDLEA) Act serves as the primary legal framework for combating drug trafficking and abuse in Nigeria. Despite the efforts of the NDLEA, The Police and other agencies burdened with the prevention of drug abuse, drug abuse remains a faulty zipper in the dress that adorns our society. A scoping review by NDLEA revealed a prevalence of drug abuse to be as high as 20-

40% and 20.9% among Nigerian youths and students respectively. The UNODC also revealed that 1 in 7 Nigerians aged 15-64years are drug abusers, 1 in 4 drug abusers are women and 1 in 5 drug users suffer from the consequences of the drugs. Data from the National Drug Law Enforcement Agency (NDLEA)¹ shows that all categories of illicit drugs are widely abused in all the states of Nigeria including the Federal Capital Territory (FCT).²

All these begs the question, how do we deal with the impending drug problem that is ravaging our society? The NDLEA Act's answer to this question is the criminalization of drug users and abusers. However, the criminalization of drug use in Nigeria has led to severe consequences, including prison overcrowding, stigmatization of addicts, and barriers to medical treatment therefore raising critical questions about the legality, proportionality, and human rights compliance of the NDLEA Act, other relevant laws and consequently the Nigerian Criminal Justice System.

At its crux, this issue requires an urgent examination of how the issue of drug abuse and misuse has affected Nigeria and how best to tackle the rising drug abuse epidemic that faces our society,

1.3. RESEARCH QUESTIONS

To address the identified research problem, the following key questions have been formulated to guide the discussion and maintain focus throughout the study:

- A. How do Nigeria's current drug laws reflect a punitive, criminal justice approach, and what are the implications for public health outcomes such as addiction, rehabilitation access, and HIV transmission?

¹ National Drug Law Enforcement Agency, author. Federal Republic of Nigeria. 2016 Annual Report. 2016. p. 83. [cited 2022 Nov 4]. Available from: <https://ndlea.gov.ng>

² Idowu A, Aremu AO, Akanbi IM, Eseigbe G, Adewale V, Awubite L, Adebayo O, Arisa D, Adetona B, Olaniyan A, Olafisoye E, Olorunshola O, Eyitayo J, Ogunlana O, Aboloye O, Mayor A, Olatunde E. Prevalence, pattern and determinants of substance abuse among youths in a rural community of Osun State, Southwest Nigeria. *Afr Health Sci.* 2023 Dec;23(4):563-574. doi: 10.4314/ahs.v23i4.59. PMID: 38974308; PMCID: PMC11225453.

- B. What are the key legal, structural, and enforcement differences between Nigeria's drug policy and those of the United States and the Netherlands?
- C. What lessons can Nigeria learn from the public health-oriented drug policy of the Netherlands and the evolving decriminalization trends in parts of the United States?
- D. What legal, social, and political barriers hinder a shift towards a public health-oriented drug policy in Nigeria, and what strategies can guide future reforms?

1.4. AIM/OBJECTIVE OF THE STUDY

This research aims to undertake a critical examination of Nigeria's drug control regime, primarily embodied in the National Drug Law Enforcement Agency (NDLEA) Act, contrasting it with two divergent international models approaches: The Mixed approach of the US and the Netherlands' longstanding harm reduction paradigm. The goal is to successfully employ comparative legal analysis and policy evaluation methodologies to assess these frameworks through the dual lenses of criminal justice efficacy and human rights compliance.

Flowing from the broad aim of this research, the objectives of the study are five-fold, to wit:

1. Critically analyze the legal framework governing drug control in Nigeria and assess its emphasis on criminal liability versus public health considerations.
2. Evaluate the impact of Nigeria's drug laws on public health outcomes and the criminal justice system.
3. Examine the historical and socio-political context influencing Nigeria's current drug policy approach.

4. Critically review American and Dutch drug policies, focusing on their strategies for balancing criminal justice and public health goals.
5. Compare and contrast Nigeria's drug law paradigm with those of the United States and the Netherlands, identifying strengths and weaknesses.
6. Assess the potential applicability of American and Dutch policy models to the Nigerian context, considering local socio-economic and cultural factors.
7. Propose evidence-based recommendations for reforming Nigeria's drug laws to better integrate public health perspectives while addressing criminal liability effectively.

1.5. SIGNIFICANCE OF THE STUDY

This study is designed to add valuable insights to the existing body of knowledge on Nigeria's drug law paradigm and offer practical solutions to the challenges facing our society, with emphasis on the Nigerian healthcare system and the Nigerian Criminal Justice system. The work will take a giant stride by analyzing Nigeria's current drug law paradigm whilst juxtaposing it with that of the United States and that of the Netherlands and this study will provide a clear understanding of their strengths and weaknesses, with thoughtful recommendations aimed at developing a more effective drug paradigm for Nigeria. This study will also contribute to Criminal Law/ Public Law as academicians and students alike will find the issues covered and challenges addressed relevant to further research on these aspects of substantive law. It is therefore the purpose of this work to critically analyze the legal framework governing drug control in Nigeria and assess its emphasis on criminal liability versus public health considerations whilst comparing it to the drug law paradigm of the US and that of the Netherlands. In addition, the research will examine the legal obstacles that troubles Nigeria's Healthcare system as well as our Criminal Justice system's approach to tackling drug abuse, including the inefficiencies that bedevil and leave the system

vulnerable and consequently, society at large. It will identify the specific challenges and propose targeted actions to address them.

1.6. SCOPE AND LIMITATION OF THE STUDY

This study will be focused both geographically and topically. It will focus on analyzing the legal framework of drug laws in Nigeria, specifically how these laws address drug-related criminal liability and public health concerns. It critically reviews and compares Nigeria's drug policies with those of the United States and the Netherlands, emphasizing how these countries balance criminal justice and public health approaches. The study examines the historical, social, economical and political contexts that have shaped drug policy in Nigeria. The timeframe for the study is contemporary policies and their recent developments, rather than a full historical evolution of drug laws over decades. The study is largely qualitative, relying on legal documents, policy papers, scholarly literature, and comparative analysis rather than primary field data.

In terms of limitations, the scope is limited to drug laws and policy frameworks; it does not investigate medical or pharmacological aspects of drugs. Another challenge faced by the researcher were time constraints and limited access to relevant research materials preventing exhaustive coverage of all drug-related issues in Nigeria. Furthermore, accessing up-to-date research is expensive, as much of the key literature found in journals is mostly behind expensive paywalls. As a result, many of the sources referenced which happens to be free are slightly older. The researcher believes that access to more current resources could have led to stronger, more up-to-date arguments. The comparative approach is constrained by differences in socio-economic, cultural, and political conditions that affect the direct applicability of American and Dutch models to Nigeria, so potential biases in available literature and policy documents could influence interpretation, especially in politically sensitive or controversial areas. I aim to wholly concentrate

on critically analyzing the legal framework governing drug control in Nigeria and assess its emphasis on criminal liability versus public health considerations and provide solutions reflective of our socio-legal peculiarities in comparison to the American and Dutch approaches to drug abuse.

1.7. RESEARCH METHODOLOGY

This research will use a doctrinal or library-based approach, focusing on historical, analytical, descriptive, philosophical, and comparative methods. To support the findings, both primary and secondary sources will be used.

Primary sources will include legal texts, drug laws, and case decisions, while secondary sources will cover peer-reviewed journal articles, industry reports, and literature on the drug paradigm in Nigeria, The US and The Netherlands.

1.8. OUTLINE OF CHAPTERS

Chapter One serves as the foundation of the research, introducing the reader to the core concerns that shape the study. It begins with a rich background that situates Nigeria's drug law paradigm within its social, legal, and historical context, establishing why the subject warrants scholarly attention. The statement of the problem clearly identifies the gaps, contradictions, and pressing issues that the research seeks to address, which naturally leads to the formulation of guiding research questions. The chapter goes on to outline the overall aim and specific objectives, offering a roadmap of what the study intends to achieve. It also highlights the significance of the work, demonstrating how the findings could contribute to policy reform, improved public health outcomes, and a deeper understanding of Nigeria's evolving approach to drug control. Furthermore, the scope and limitations are clearly defined, ensuring that readers understand the boundaries of the study and the factors that may influence its findings. The chapter concludes with

an explanation of the research methodology, providing insight into the tools, processes, and analytical approaches adopted. Altogether, Chapter One sets a coherent, logical, and compelling foundation for the chapters that follow.

Chapter Two provides the theoretical backbone of the study by developing a clear conceptual framework, defining key terms, and tracing the historical evolution of drug use and control. It introduces and explains two major theoretical lenses: Deterrence Theory and Harm Reduction Theory which guide the interpretation and analysis of drug policies in the research. In addition, the chapter offers an extensive review of relevant literature, drawing together scholarly works, empirical studies, and policy debates. This review not only highlights what is already known on the subject but also situates the study within the wider academic conversation.

Chapter Three offers an in-depth exploration of the legal and institutional architecture that governs drug use and control in Nigeria. It opens with a general overview of the regulatory landscape, setting the stage for a careful examination of the key laws, policies, and agencies responsible for enforcement. The chapter goes beyond the letter of the law, investigating how these frameworks function in practice and the extent to which institutions fulfil their mandates. Importantly, it also confronts the real-world challenges that hinder effective implementation which ranges from structural weaknesses and resource constraints to procedural gaps and systemic inefficiencies. By highlighting these practical obstacles, the chapter reveals why the Nigerian drug control regime often struggles to achieve its intended goals and why reform remains necessary.

Chapter Four provides a comparative examination of Nigeria's drug law paradigm alongside those of the United States and the Netherlands. It outlines the distinct models adopted by each country ranging from the punitive and enforcement-driven approach of the United States to the harm-reduction and tolerance-based framework seen in the Netherlands. By placing Nigeria within this

spectrum, the chapter highlights striking differences in legal design, institutional effectiveness, enforcement strategies, and public health integration. It also identifies areas where Nigeria's system may draw lessons from international best practices while acknowledging the socio-political realities that shape domestic policy. Overall, the chapter demonstrates how comparative analysis deepens understanding of Nigeria's current position and underscores the need for meaningful reform.

Chapter Five synthesizes the core findings of the study and offers a critical interpretation of what they reveal about Nigeria's drug control regime. Drawing from doctrinal analysis, institutional review, and comparative insights, the chapter demonstrates how the dominance of punitive enforcement, weak inter-agency coordination, limited harm-reduction measures, and persistent implementation challenges continue to hinder meaningful progress. In essence, Chapter Five not only consolidates the research findings but also provides a forward-looking roadmap for creating a more balanced, humane, and effective drug policy landscape in Nigeria.

In conclusion, this research seeks to present a holistic understanding of the complex interplay between legal frameworks, institutional structures, and societal attitudes toward drug use and control in Nigeria. By bringing these dimensions together, the study offers meaningful insights capable of shaping policy reform, guiding institutional practice, and stimulating future academic inquiry.

CHAPTER TWO:

CONCEPTUAL, THEORETICAL FRAMEWORK, AND LITERATURE REVIEW

2.1. DEFINITION OF KEY TERMS

All rigorous research begins with a comprehensive exposition and clarification of the key conceptual terminologies underlying the study. This research is no exception, as it engages with several concepts that require a holistic yet concise elucidation. Accordingly, this section is devoted to a detailed analysis of the concepts embedded in this work, clarifying both their meaning and relevance. To achieve this, I will first identify and “loosen” the recurrent terms that appear throughout the breadth of the study. Thereafter, each term will be defined both in its lexical sense and within the specific context in which it is applied in this research. This definitional framework is intended to serve as a conceptual compass, guiding the reader through the subsequent discussions and analyses in this discourse. Hon. Justice Arowosegbe of the National Industrial Court of Nigeria highlighted the nuance around words and how they should be properly applied as regards definition of key legal terms. He posited that “The law is that, the legal meanings of words may differ from their grammatical meanings. The legal meanings of words are derived from the contexts of their usages and the purposes of the laws or rather, the real intentions of the legislatures or the contracting parties in drafting the statutes or the agreements”³. The foregoing obiter highlights definitions as an essential framework for discerning the specific meanings ascribed to terms in this study. Beyond mere lexical clarification, it situates each term within its contextual usage, thereby enhancing the precision and depth of understanding required for the analysis that follow. This research seeks to define the following terminologies: Criminal Liability, Public Health and Drug Policy.

³ *Mr. Umah I. Orji & 4 ORS v. University of Nigeria & 3 ORS (Unreported)*

2.1.1. CRIMINAL LIABILITY

Although this terminology is not expressly defined by the Criminal Code, legal scholars posit as to what does and what doesn't fall within the scope of the criminal liability. To best understand what criminal liability is, it is important to define what crime is. According to the Blacks Law Dictionary, crime is defined as an act committed or omitted in violation of a public law that forbids or commands it.⁴ Put simply, Criminal liability is a crucial concept in the legal framework, as it determines the conditions under which individuals can be held accountable for their actions or omissions that violate the law. Professor LaFave pontificated that “in criminal law, liability denotes the binding obligation imposed on a person to answer for a wrongful act deemed an offence against the state, with the consequence that penal sanctions may be applied.”⁵ According to Williams⁶, “Criminal liability refers to the legal responsibility of a person for conduct that constitutes a criminal offence, such that the person is subject to prosecution and punishment under the criminal law.”

Criminal liability also refers to the legal responsibility that an individual holds for committing a crime, encompassing both the actions taken (*actus reus*) and the mental state or intent behind those actions (*mens rea*). According to Andrew Ashworth and Jeremy Horder⁷, “Criminal liability arises when an individual, with the requisite mental state (*mens rea*), engages in conduct (*actus reus*) prohibited by law, and no valid defense applies. It is the imposition of penal consequences for blameworthy conduct.” At the crux of criminal liability lies two pivotal components, *Actus reus* and *mens rea*.

⁴ Blacks Law Dictionary (11th ed. 2019)

⁵ Wayne R LaFave, *Criminal Law* (6th edn, West Academic Publishing 2017) 18.

⁶ Glanville Williams, *Textbook of Criminal Law* (2nd edn, Stevens & Sons 2012) 23.

⁷ Andrew Ashworth and Jeremy Horder, *Principles of Criminal Law* (9th edn, Oxford University Press 2021) 77.

Actus reus means the whole definition of crime with the exception of the mental element⁸. The actus reus of a crime may consist of an act, or more rarely of an omission, or more rarely still what might be described as a passive state of affairs.⁹ Importantly, the act must be voluntary as involuntary actions such as those occurring during a seizure or intoxication or another of such a state that man is not in control of his actions typically do not meet the criteria for actus reus.¹⁰ The NDLEA Act criminalizes the act of importation of cocaine, heroin and similar drugs and substances.¹¹ Simply put, actus reus refers to the physical act of committing a crime or the actual behavior or conduct that breaches the law without including the rationale or mental element behind the crime.

Mens rea is used to refer to the mental element which is required to be proved in respect of a particular crime. Mens rea which etymologically means “Guilty Mind” refers to the mental state or intent behind committing a crime. It encompasses knowledge, intention¹², recklessness, Negligence, etc. that must accompany the actus reus before criminal liability is established. Section 14 of the Act provides for criminal liability related to conspiracy, incitement, aiding, and abetting of drug offenses. This section criminalizes any person who conspires with others to commit drug-related offenses, or who incites, aids, or abets the commission of such offenses thereby punishing the mental element of drug possession. This provision is designed to extend accountability beyond direct perpetrators to those who facilitate, encourage, or collaborate in the commission of drug crimes, thereby strengthening law enforcement's ability to dismantle drug trafficking networks and related illegal activities. Criminal liability in the context of drug law and drug abuse in Nigeria

⁸ Glanville William, Criminal Law: The General Part, p.18

⁹ C.O Okonkwo, Okonkwo and Naish: Criminal Law in Nigeria, p.47

¹⁰ Lasnetski Gihon Law. (n.d.). Defenses to criminal offenses. Jacksonville: Lasnetski Gihon Law. Available at: <https://www.slgattorneysflorida.com/firm-practice-areas/criminal-defense/defenses/> Accessed 12 August 2025].

¹¹ NDLEA Act (Cap N30, LFN 2004) s 11.

¹² *Hyam v D.P.P. (1974) All E.r 41.*

refers to the legal responsibility a person or entity bears for committing offenses related to narcotic drugs and psychotropic substances as outlined by statutes, particularly the National Drug Law Enforcement Agency (NDLEA) Act. Hart opined that “Criminal liability is the condition in which a person may be justly punished by the state for violating a prohibition enacted to protect public order and welfare, provided the violation is accompanied by fault as defined by law.”¹³ The foundational concept of criminal law has evolved significantly over time, reflecting changing societal norms, legal principles, and philosophical perspectives on justice and accountability. The significance of criminal liability lies in its role in maintaining social order, deterring unlawful behavior, and ensuring that justice is served.

2.1.2. PUBLIC HEALTH

Public health is a multifaceted discipline dedicated to the protection and improvement of the health of populations through organized efforts and informed choices. Its core mission is to prevent disease, prolong life, and promote health equity. Public health is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals".¹⁴ Public Healthcare hand in hand with primary care, secondary care and tertiary healthcare are all part of a country's overall healthcare paradigm. Encompassing a range of fields such as epidemiology, biostatistics, environmental health, and health policy, public health addresses the myriad of factors influencing health outcomes, including social determinants, access to healthcare, and lifestyle choices. Public Healthcare often employ the use of these components to address the health needs of communities

¹³ HLA Hart, *Punishment and Responsibility: Essays in the Philosophy of Law* (2nd edn, Oxford University Press 2008) 28.

¹⁴ P D Gatseva and M Argirova, 'Public Health: The Science of Promoting Health' (2011) 19(3) *Journal of Public Health* 205.

and individuals. Biostatistics for example, provides the tools necessary for analyzing data related to public health. It employs statistical methods to draw meaningful conclusions from health data, enabling public health professionals to assess health trends, evaluate interventions, and inform policy decisions. Behavioral Health examines the interplay between behavior and health, emphasizing the role of lifestyle choices in disease prevention. Public health efforts in this domain often involve educational programs aimed at promoting healthy behaviors and lifestyles to reduce the incidence of chronic diseases. Community Health on the other hand, focuses on the health status of specific populations and the collective efforts needed to improve their well-being. Public health agencies work at local, state, and national levels to identify health disparities and implement targeted interventions to address social determinants of health, such as poverty and education. Put simply, Public Health in relation to this research can be defined as the legal framework that empowers government authorities to ensure conditions conducive to health and safety among the population, while also setting limits on governmental powers to protect individual rights such as privacy, liberty, and autonomy.

2.1.3. DRUG POLICY

Drug policy, in the context of this research, refers to the set of laws, regulations, strategies and practices enacted by governments or organizations to address, control, regulate, and manage the use, possession, production, distribution, and supply of psychoactive substances commonly known as drugs. These policies aim to address multiple aspects including preventing drug abuse and addiction, reducing the demand and supply of illegal drugs, mitigating the harms associated with drug use, and providing treatment and medical assistance for drug addicts. Drug policy sits at the intersection of law, health, and human rights. Not mincing words, the “war on drugs” has failed in its supposed goal of reducing drug use and ultimately the end of drug use. Babor defined Drug

policy as “the set of laws, regulations, and strategies adopted by governments to control the supply of and demand for psychoactive substances, with the dual goals of minimizing drug-related harm to individuals and society while regulating availability.”¹⁵ MacCoun¹⁶ posited that “Drug policy encompasses the full range of governmental interventions i.e legal, economic, and social intended to influence patterns of drug use and the consequences thereof.” According to Nelson, Obot & Umoh, “Drug policy refers to the system of legal, institutional, and health measures through which the state responds to the realities of drug use, ideally balancing supply suppression with demand reduction and harm minimization.”¹⁷

From the aforementioned definitions, Drug policy encompasses the regulations, laws, and initiatives governing the use, distribution, and control of drugs within a society. It plays a critical role in addressing public health concerns, criminal justice, and social justice, particularly in the context of the ongoing discourse around drug reform and the impact of previous punitive approaches. Drug policy has evolved significantly over the past century, moving from prohibitionist approaches centered on criminalization and strict law enforcement to more nuanced strategies incorporating public health perspectives. The early 20th century saw international conventions, such as the 1961 Single Convention on Narcotic Drugs, that set a framework for drug control which was not fully adopted by Nigeria. The United Nations’ Position on Drug Policy emphasizes a comprehensive and balanced approach that prioritizes health and human rights. It advocates for the decriminalization of drug possession for personal use, promoting alternatives to conviction and punishment. However, Nigeria’s drug policy still contravenes the resolutions

¹⁵ Babor T, Caulkins J, Edwards G, Fischer B, Foxcroft D, Humphreys K, Obot I, Rehm J, Reuter P, Room R, Rossow I, Strang J (2010). *Drug Policy and the Public Good*. Oxford: Oxford University Press.

¹⁶ MacCoun RJ, Reuter P (2001). *Drug War Heresies: Learning from Other Vices, Times, and Places*. Cambridge: Cambridge University Press.

¹⁷ Nelson EE, Obot IS, Umoh OO (2018). "Prioritizing public health responses in Nigerian drug control policy." *African Journal of Drug & Alcohol Studies*. 17(2): 81–95.

passed in the 1961 Single Convention on Narcotics Drugs. Obot opined that “Nigeria’s drug policy has historically been defined by punitive legal frameworks designed to curb supply and discourage demand, often at the expense of public health considerations.”¹⁸ Drug policy in Nigeria represents a set of laws and enforcement practices formulated largely in response to international pressures rather than empirical evidence on local drug use or its social consequences.¹⁹ Effective drug policy requires a nuanced balance between enforcement, public health, and humane interventions i.e a fine middle between punishment and treatment. A quick look at Nigeria who is at one extreme of the divide shows that in 2018, 14.3 million Nigerians which is about 14.4% of the 15–64 age group reported using psychoactive substances in the past year, significantly above the global average of 5.6% per population.²⁰ This goes to show that employing a persistently punitive approach in the face of high drug use underscores a critical policy mismatch, one that calls for integrating treatment, prevention, and broader health strategies. Prioritizing public health, integrating harm reduction with enforcement, and anchoring policies in metrics rather than ideology are essential steps for any nation striving to manage drug-related challenges effectively.

2.2. THEORETICAL PERSPECTIVES ON DRUG USE AND CONTROL

Drug abuse also referred to as substance abuse and can be defined as the harmful intake of drugs by individuals in ways or quantities hazardous to them or people around them.²¹ To the researcher, Drug abuse, clinically referred to as substance abuse, denotes the consumption of psychoactive

¹⁸ Obot IS (2004). "Assessing Nigeria’s drug control policy, 1994–2000." *International Journal of Drug Policy*. 15(1): 17–26. doi:10.1016/S0955-3959(03)00111-7.

¹⁹ Alemika EEO (2010). "Nigeria’s drug laws and policy: implications for drug abuse prevention and control." In: Alemika EEO, ed. *Drug Use, Criminal Justice and Social Policy in Nigeria*. Jos: Centre for Research and Information on Substance Abuse (CRISA).

²⁰ Nigerian Bureau of Statistics (2019). *National Survey on Drug Use and Health in Nigeria 2018*. Abuja: National Bureau of Statistics.

²¹ Ahmad J, Joel UC, Talabi FO, Bibian ON, Aiyesimoju AB, Adefemi VO, Gever VC. Impact of social media-based intervention in reducing youths’ propensity to engage in drug abuse in Nigeria. *Evaluation and program planning*. 2022;94:102122

substances in a manner or quantity that is detrimental to the individual's health or poses risks to others within their environment. Theoretical perspectives on drug use and control encompasses diverse approaches that explain why individuals engage in drug use and how societies respond to it. Theoretical perspectives on drug use and control seeks to analyze the complex interplay of societal norms, individual behavior, and policy implications surrounding substance use. The significance of this topic is underscored by ongoing debates over the effectiveness of punitive measures versus health-centered approaches in addressing drug misuse, as well as the ethical implications of current drug control strategies. Historically, drug use and regulation in Nigeria has evolved through a series of legislative actions beginning in the colonial era starting with the Dangerous Drugs Act of 1935, which prohibited the cultivation, possession, and sale of narcotics like opium and cannabis. This colonial legislation established the initial legal framework for controlling dangerous drugs in Nigeria before the Indian Hemp Act of 1966 and the modern National Drug Law Enforcement Agency (NDLEA) Act. This aggressive law enforcement approach has faced substantial criticism for failing to significantly reduce drug use and for leading to recidivism. Reports indicate that despite the considerable financial and social costs associated with these policies, drug-related issues, including overdose fatalities and addiction rates, remain persistent challenges that necessitate a reevaluation of drug control paradigms. Prominent controversies within this theoretical framework include the ongoing debate over the effectiveness of harm reduction strategies compared to traditional punitive measures. Advocates for reform argue that public health-oriented approaches, such as decriminalization and mindful consumption, can better address the root causes of substance abuse and improve overall societal health outcomes. Critics, however, caution that such measures could potentially enable drug use and exacerbate public health crises, highlighting the complexities and potential unintended consequences of

shifting drug policy paradigms. This research explores how various theories such as the deterrence theory and the harm reduction theory inform our understanding of drug consumption, its societal roles, and the impacts of drug-related policies. Understanding these theoretical frameworks is vital for informing future reforms and fostering a more compassionate and effective approach to drug-related issues.

2.2.1. HARM REDUCTION THEORY

The origins of harm reduction can be traced back to the Netherlands in the 1980s, when initiatives such as the distribution of sterile syringes began to emerge as part of a broader effort to address the health crises associated with drug use, notably HIV/AIDS. Harm reduction is defined as a “*public health strategy designed to reduce the adverse consequences of drug use without necessarily requiring abstinence from drug use itself.*”²² It focuses on minimizing harms such as overdose, HIV transmission, and social marginalization rather than eliminating drug use. Harm reduction theory is a public health approach aimed at minimizing the negative consequences associated with high-risk behaviors, particularly those related to substance use. Single²³ posited that at the crux of Harm reduction are *policies and programs aimed at reducing the health, social, and economic costs of drug use to individuals, communities, and societies without necessarily reducing drug consumption.* This paradigm emerged in the 1980s as a response to the HIV/AIDS crisis and has since evolved to address a wide range of health and social issues, promoting strategies that prioritize safety, dignity, and health for individuals engaged in potentially harmful activities. Wodak and Cooney characterized it as “evidence-based policies and practices that aim to lessen the harms associated with drug use while recognizing the dignity and rights of people

²² Marlatt, G.A. (1996). Harm reduction: Come as you are. *Addictive Behaviors*, 21(6), 779–788.

²³ Single, E. (1995). *Defining harm reduction*. *Drug and Alcohol Review*, 14(3), 287–290.

who use drugs.”²⁴ The core principles of harm reduction include humanism, pragmatism, incrementalism, accountability without termination, individualism, and autonomy. These principles emphasize the importance of recognizing the inherent dignity of individuals, accepting that achieving perfect health behaviors is unrealistic, and tailoring interventions to meet unique needs and circumstances. Harm reduction strategies encompass a variety of practices, such as supervised injection sites (SIS) and needle exchange programs (NEPs), which provide safe environments and resources for People Who Use Drugs (PWUD), ultimately aiming to reduce health risks like overdose and infectious diseases.

Harm reduction as a policy approach aims to minimize the adverse health, social, and economic consequences associated with drug use and other high-risk behaviors, often through community-driven initiatives and public health strategies. The evolution of harm reduction policies has been significantly influenced by historical, cultural, and political contexts, especially in the Nigeria, where drug use has traditionally been framed through a moralistic lens, attributing blame to individuals rather than recognizing systemic factors.

Harm reduction is built on 6 fundamental principles; namely,

1. Humanism,
2. Pragmatism,
3. Incrementalism,
4. Accountability without Termination,
5. Individualism,
6. Autonomy.

²⁴ Wodak, A., & Cooney, A. (2006). Do needle syringe programs reduce HIV infection among injecting drug users: A comprehensive review of the international evidence. *Substance Use & Misuse*, 41(6-7), 777–813.

Humanism emphasizes the inherent dignity and value of each individual, recognizing them as ends in themselves rather than merely means to an end. This principle fosters a compassionate and respectful approach to care, particularly for marginalized populations, such as People Who Inject Drugs (PWIDs).

Pragmatism acknowledges that achieving perfect health behaviors is often unrealistic. Instead of insisting on abstinence or ideal behaviors, Harm reduction adopts a practical approach that offers a range of supportive strategies tailored to individual circumstances. This principle recognizes the importance of addressing the social context in which behaviors occur, ensuring that solutions are viable and relevant to the patient's lived experience.²⁵

Incrementalism recognizes that positive health changes often occur gradually and that any progress, no matter how small, should be celebrated. This principle encourages both providers and patients to focus on small, achievable goals, reinforcing engagement in care and fostering a sense of accomplishment.

Accountability without Termination emphasizes that while individuals are responsible for their health choices, they should not face punitive measures for setbacks or failures to meet health goals. Providers practicing accountability without termination maintain an ongoing relationship with patients, supporting them regardless of their current behaviors. This approach fosters trust and allows for open communication about health choices, enhancing the potential for positive outcomes.

Individualism is centered on the idea that interventions must be tailored to the unique needs and risks of each person. This principle reinforces the necessity of customizing approaches to health care rather than applying a one-size-fits-all method. By focusing on the specific contexts and

²⁵ Hawk, M., Coulter, R. W. S., Egan, J. E., Fisk, S., Friedman, M. R., Tula, M., & Kinsky, S. (2017). *Harm reduction principles for healthcare settings*. *Harm Reduction Journal*, 14(1), 70. doi:10.1186/s12954-017-0196-4.

challenges faced by individuals, harm reduction can maximize the effectiveness of support services.

Autonomy highlights the importance of patient-centered care and shared decision-making. It empowers individuals to make informed choices about their health and well-being, promoting a collaborative relationship between providers and patients. This principle supports the concept that patients have the right to navigate their health care journeys based on their own values and goals.

Despite its success, harm reduction has faced criticism, particularly from advocates of abstinence-based approaches who argue that it may enable continued substance use. However, a substantial body of research supports the effectiveness of harm reduction interventions in reducing health disparities and improving overall well-being for those affected by substance use disorders. As a result, harm reduction has gained recognition globally, with increasing incorporation into national health policies across various countries, marking a significant shift in public health strategies aimed at addressing complex social issues related to substance use.

2.2.2. DETERRENCE THEORY

To some, the deterrence theory is a strategic framework used to prevent adversarial actions by instilling a credible threat of retaliation. To others, Deterrence theory is a criminological and legal framework that argues that individuals are discouraged from committing crimes when the costs (punishments) outweigh the potential benefits (gains). To the researcher, Deterrence theory can be broadly defined as the idea that crime can be prevented when individuals perceive that the risks of detection and punishment outweigh the potential rewards of offending. The foundational thinkers for the deterrence theory of punishment, Cesare Beccaria and Jeremy Bentham, who developed its core tenets in the 18th century defined deterrence as the *prevention of crime through the certainty,*

*swiftness, and proportionality of punishment.*²⁶ Jeremy Bentham opined that Punishment should inflict more pain than the pleasure gained from crime, ensuring that individuals are rationally dissuaded from offending.²⁷ According to certain schools of thought, the principle of deterrence is presently the most potent principle of punishment. Punishment may be imposed with the more general view of deterring the public from doing what the accused did.²⁸ Per Nkemen .J. “This type of offence very common nowadays and a deterrent sentence is called for in this case. Ignorant persons should not be allowed to experiment with the lives of others” while imposing a sentence of nine years in a case of manslaughter by a medical quack.²⁹ Despite much disapproval, this general theory of deterrence, which subordinates the individual to the notion of fair deserts for the individual, is a much-favoured judicial attitude. This theory is often put into motion when it is felt that a certain type of crime is on the increase and needs to be severely repressed. Nagin³⁰ posited deterrence as *a process where individuals are dissuaded from crime primarily by the certainty of punishment, more so than its severity* assumption that many more crimes would be committed if the law did not hold the threat of punishment over the community.

Deterrence is generally divided into two types³¹. Criminologists distinguished between specific deterrence which is aimed at individuals and is to the effect that punishment should be severe enough to make the offender not to have the desire to commit crimes in the future and general

²⁶ Beccaria, C. (1764/1986). *On crimes and punishments* (D. Young, Trans.). Indianapolis: Hackett Publishing.

²⁷ Bentham, J. (1789/1948). *An introduction to the principles of morals and legislation*. New York: Hafner Press.

²⁸ Okonkwo, C. O., & Naish, M. E. (1980). *Okonkwo and Naish on Criminal Law in Nigeria* (2nd ed.). London: Sweet & Maxwell.

²⁹ State v. Okechukwu (1965) 9 E.N.L.R. 91 at 94

³⁰ Nagin, D. S. (1998). Criminal deterrence research at the outset of the twenty-first century. *Crime and Justice*, 23, 1–42.

³¹ Osadolor, F. O., & Edozor, J. Law enforcement models: An appraisal of the Nigerian criminal justice system. 115-116

deterrence which usually for groups and works with the rule of lateral effects, that is, the penalty must have its most intense effects on those who have not committed the crime³²

2.3. LEGAL VS HEALTH APPROACHES: A CONCEPTUAL DIVIDE

The divide between legal and public health approaches represents a significant conceptual framework in understanding how laws intersect with health outcomes and community well-being. Legal approaches primarily focus on establishing regulatory frameworks and enforcing compliance, while public health strategies emphasize the broader social determinants of health and the necessity of adaptive, evidence-based interventions. This conceptual dichotomy has grown increasingly relevant as societies confront complex health challenges, such as infectious diseases, drug use, health inequities, and the repercussions of environmental changes, leading to calls for integrated strategies that bridge these two domains. Landmark Cases, *like Tega Esabunor & Anor. v Faweya & ors*³³ illustrate the ongoing tension between individual rights and the collective health mandate of the state, sparking debates that resonate in today's public health discourse. Notably, the first public health system in Nigeria emerged under colonial rule, with Lagos as the starting point in 1886, and was institutionalized by the Public Health Ordinance of 1917. In 1886, during British colonial administration, a rudimentary public health service was established in Lagos (then a British colony). It was primarily focused on controlling epidemics like yellow fever, smallpox, and bubonic plague that threatened colonial officials and trading activities. It created sanitary boards, introduced quarantine measures, and established structures for urban health management. Notably, the effectiveness of public health interventions often hinges on their real-world impact,

³² Dambazau, *Criminology and Criminal Justice*, p.307

³³ (2019) LPELR-46961(SC);

requiring ongoing assessments that consider community perceptions and political feasibility. This necessity is accentuated by recent public health crises, including the COVID-19 pandemic, which have illuminated the critical role of law in shaping health responses and ensuring resource allocation.

Legal structures have become increasingly vital in shaping public health responses and policies. Public health law encompasses the statutes that empower public health agencies and the legal tools necessary for effective governance. These frameworks are essential for guiding governmental responses to health crises and are particularly relevant in the context of recent public health challenges, such as the COVID-19 pandemic. The expansion of government public health responses during this time, though temporary, highlights the critical role of legal mechanisms in facilitating effective public health strategies.

2.4. HUMAN RIGHTS AND DRUG POLICY

Human rights and drug policy is an increasingly significant area of global concern, focusing on the intersection between state drug enforcement measures and the protection of individual rights. As countries grapple with the social, health, and legal implications of drug use, the traditional punitive approaches which are often rooted in historical treaties and legislation are being critically examined for their impact on human rights. Notably, the enforcement of stringent drug laws has been associated with severe violations, including extrajudicial killings, systemic discrimination against marginalized communities, and barriers to healthcare access, which raise urgent ethical questions about the current frameworks in place. The intersection of human rights and drug policy represents one of the most contested areas in contemporary governance. While traditional drug control frameworks emphasize prohibition and criminalization, human rights principles

foreground the dignity, autonomy, and health of individuals. This study critically examines the tensions between punitive drug policies and human rights standards, highlighting global perspectives, African contexts, and the specific challenges within Nigeria hoping to achieve a rights-based approach to drug control which offers a more effective, ethical, and sustainable alternative to purely criminal justice responses.

Drug policy has historically been shaped by prohibitionist frameworks, particularly under international conventions such as the 1961 Single Convention on Narcotic Drugs and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. These instruments encouraged strict criminal liability for drug possession, trafficking, and even minor use. However, critics argue that such policies often violate fundamental human rights which are entrenched in our constitution like the right to life, freedom from cruel or degrading treatment, and the right to non-discrimination. This approach, particularly prominent in Nigeria, has not only contributed to rising incarceration rates and public health crises but has also led to widespread human rights abuses against vulnerable populations, namely minor users, the youth and women. Most African states like Nigeria retain prohibitionist frameworks under national legislations such as the NDLEA Act. While aimed at reducing drug trafficking, these laws often result in mass incarceration of low-level offenders, prolonged pretrial detention, and stigmatization of drug users. Adeleye³⁴ posits that Nigeria's prohibitionist stance criminalizes poverty, as most incarcerated drug offenders are small-scale users and not traffickers. Nigeria's current drug policies are primarily structured around several key legislative instruments aimed at combating drug trafficking and abuse. The cornerstone of this framework is the National Drug Law Enforcement

³⁴ Adeleye, O. (2019). Human rights and drug control in Nigeria: Rethinking punitive approaches. *African Journal of Criminology and Justice Studies*, 12(1), 45–61.

Agency (NDLEA) Act³⁵, which establishes the NDLEA and empowers it to enforce drug laws, combat trafficking, and promote drug education. In Nigeria, the criminalization of drug use and possession has significant implications for public health, particularly among poor communities. The punitive approach to drug-related offenses has created barriers to accessing essential health services. For instance, punitive drug policies have hindered access to harm reduction services, such as opioid agonist therapy and needle and syringe programs, which are critical in addressing substance use disorders. These barriers are exacerbated by the stigma associated with drug use, leading to a cycle of marginalization and health disparities. The Universal Declaration of Human Rights (UDHR)³⁶ and subsequent covenants guarantee health, life, and dignity. Applied to drug policy, these principles require party states to:

1. Ensure access to essential medicines (such as pain relief opioids).
2. Protect individuals from arbitrary detention and disproportionate sentencing.
3. Uphold the right to health through harm reduction programs (needle exchange, opioid substitution therapy, supervised consumption sites).

However, Nigeria's drug paradigm through the harsh penalties enshrined in Nigeria's drug laws reflect a punitive approach to drug control, often leading to significant human rights concerns. The criminalization of all activities related to drugs, that is, use, possession, and distribution has sparked debates regarding the effectiveness and morality of such measures, especially in light of the public health crises associated with drug abuse.³⁷ Toby & Uche emphasized that that strict enforcement of our drug undermines constitutional rights such as liberty and fair hearing, creating

³⁵ (Cap N30, Laws of the Federation of Nigeria 2004)

³⁶ United Nations. (1948). Universal Declaration of Human Rights. New York: United Nations. Retrieved from <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

³⁷ Ogbonna, B. O., Ilika, A. L., & Nwabueze, S. A. (2015). National drug policy in Nigeria, 1985–2015. *World Journal of Pharmaceutical Research*, 4(6), 248–264.

tensions between law enforcement and human rights protections.³⁸ The enforcement of punitive measures (from arrest to imprisonment) directly contravenes rights provided for in Chapter IV 1999 Constitution of Nigeria. Human Rights Watch documents abuses in Nigerian detention facilities, including torture, overcrowding, and denial of medical care, which breach international human rights norms as well as the constitution.³⁹ The NDLEA's and consequently, Nigeria's stringent enforcement measures, while aimed at reducing drug trafficking and abuse, has inadvertently contributed to social stigmatization and discrimination against individuals struggling with addiction. There is a growing call for reform that balances enforcement with humane approaches to drug use and addiction treatment, focusing on public health rather than punitive measures. Long story short, to successfully win the war against drug abuse and misuse, the future of drug policy reform in Nigeria will depend on addressing these multifaceted challenges, including reducing stigma, securing resources, fostering leadership support, and promoting collaborative efforts that include the welfare of majority of the citizens in the decision-making process.

Conclusively, drug policy remains a contested field where international conventions and national legislation often emphasize prohibition and criminalization at the expense of human rights. The traditional “war on drugs” approach has generated widespread human rights violations, including arbitrary detention, denial of medical care, and disproportionate sentencing. Barrett⁴⁰ argues that punitive drug control regimes, especially in the Global South, have facilitated systemic abuses. Comparative evidence demonstrates the benefits of rights-based frameworks. The Dutch

³⁸ Toby, C., & Uche, C. (2020). Human rights dimensions of drug control in Nigeria: An analysis of NDLEA practices. *Nigerian Journal of Human Rights Law*, 10(2), 77–93.

³⁹ Human Rights Watch. (2019). *Nigeria: Events of 2019*. New York: Human Rights Watch.

⁴⁰ Barrett, D. (2011). *Unique in international relations? A comparison of the international drug control and human rights regimes*. London: International Centre on Human Rights and Drug Policy.

decriminalization model shifted drug use from a criminal justice issue to a public health concern, producing measurable reductions in HIV infection and overdose deaths. Room⁴¹ and Hunt and Barclay⁴² emphasize that such models align with the right to health, reduce stigma, and strengthen social reintegration. In contrast, Nigeria maintains a prohibitionist stance under the NDLEA Act, focusing heavily on enforcement rather than rehabilitation. Scholars note that Nigeria’s approach disproportionately affects low-level users rather than traffickers. A human rights-based drug policy does not encourage drug use but ensures that responses are ethical, health-oriented, and consistent with dignity, fairness, and justice.

2.5. LITERATURE REVIEW

The sphere of drug law is highly inundated with rich literature from writers and scholars on various sub-concepts and arising issues from the extant drug law paradigm in Nigeria. The drug law paradigm in Nigeria is shaped by a punitive, enforcement-heavy framework that has evolved from colonial-era regulations to a complex set of contemporary statutes and agencies focused on combating trafficking and abuse. Based on the discourse thus far I will examine some works by writers and their opinions on Nigeria’s drug law paradigm. A quick look at the Nigerian drug law paradigm would reveal that the opinions are divided into teams “harm reduction” v “deterrence”. Nelson⁴³ defines harm reduction as “practical strategies, programmes and ideas aimed at reducing the negative consequences associated with drug use without necessarily requiring abstinence.” His

⁴¹ Room, R. (2012). Reforming drug policy: Rights, health and the law. *Addiction*, 107(6), 1090–1097.

⁴² Hunt, N., & Barclay, S. (2020). Human rights, health, and drug policy reform. *International Journal of Drug Policy*, 80, 102741.

⁴³ Nelson EUE. 2024. Harm reduction programmes for people who inject drugs in Nigeria: Challenges in implementation and sustainability. GDPO Policy Brief 20. Swansea (UK): Global Drug Policy Observatory, Swansea University. Available from: <https://www.swansea.ac.uk/gdpo>

stance aligns with the international harm-reduction scholarship of Marlatt and Hawk⁴⁴ but is contextualized within Nigeria's legal and cultural environment. According to the writer, Nigeria's obligations under international drug control treaties have created a legal straitjacket, making it difficult to introduce non-punitive approaches like needle and syringe programmes (NSPs) or opioid substitution therapy (OST). The writer posits that criminalization of drug related offences has failed to reduce drug use and instead fuels stigma, corruption, prison overcrowding and recidivism. Denial of harm-reduction services contributes to HIV and hepatitis epidemics among PWID, violating the right to health guaranteed by both Nigerian constitutional law and international conventions.

Nnam⁴⁵ defines Nigeria's drug problem not only as a matter of law but also as a socially negotiated practice shaped by the interplay of users, communities, and law enforcement agents. In his work on *Igbo bunks* (informal cannabis-using dens in southeastern Nigeria), he reframes "drug control" as a dynamic relationship between state power and everyday resistance, rather than a straightforward legal deterrent. Although on paper Nigeria's drug law framework, particularly the NDLEA Act (1990), is officially rooted in deterrence, criminalizing possession, use, and trafficking of illicit substances, Nnam's research shows that the on-the-ground reality diverges sharply as cannabis use persists in communities despite strict laws, and law enforcement agents often become complicit actors in perpetuating the trade.

⁴⁴ Hawk, M., Coulter, R. W. S., Egan, J. E., Fisk, S., Friedman, M. R., Tula, M., & Kinsky, S. (2017). *Harm reduction principles for healthcare settings*. *Harm Reduction Journal*, 14(1), 70. doi:10.1186/s12954-017-0196-4.

⁴⁵ Nnam MU, Owan EJ, Tapang EM. 2020. Voices from "Igbo bunks": A qualitative study of the complicity of law-enforcement agents in marijuana use in a Nigerian community. *International Journal of Drug Policy*. 82:102811. doi:10.1016/j.drugpo.2019.102811.

On the part of the divide, Okaphor and Onah⁴⁶ define Nigeria's drug law paradigm primarily through the lens of criminal law, focusing on the legal framework governing drug offences. They conceptualize drug use and trafficking as criminal activities that threaten public order, security, and morality. For them, drug law is first and foremost a regulatory tool for deterrence and punishment, rather than a public health framework. Their analysis is rooted in the provisions of the NDLEA Act which remain Nigeria's principal legislation on drug offences. The authors' stance is largely deterrence-oriented as their stance is that Nigeria does not need softer approaches but rather better harmonization and stricter enforcement of existing laws. Unlike Nelson who critiques prohibition as incompatible with human rights, Okaphor and Onah defend the necessity of punitive laws, though they stress the need for reforms in administration.

Shittu and Okorie⁴⁷ frame crime, including drug-related offences, within the deterrence and elimination theories of punishment. They define deterrence as the principle that the fear of certain and severe punishment discourages individuals from committing crime. Elimination (or incapacitation) is defined as the removal of offenders from society through imprisonment or other sanctions, ensuring they cannot commit the same crime again. Their work situates Nigeria's criminal justice system as rooted in colonial legal traditions, where punitive sanctions were the primary instruments of social control. In the post-independence period, Nigeria adopted a heavily prohibitionist stance on drugs, reinforced by the NDLEA Act, prescribing long prison sentences, forfeiture of assets, and, in some cases, capital punishment for trafficking. The authors interpret this as a continuation of deterrence-based governance.

⁴⁶ Okaphor, E. F., & Onah, C. A. (2024). An examination of the legal framework for drug offences in Nigeria. *Journal of Refugee Law and International Criminal Justice*, 2(1), 34–65.

⁴⁷ Shittu AK, Okorie AR. 2021. Deterrence and elimination theories of crime: Content and application within the Nigerian criminal justice system. *The International Journal of Humanities & Social Studies*. 9(5).

2.6. CONCLUSION

In summation, the drug law paradigm in Nigeria represents a deeply entrenched system characterized predominantly by punitive enforcement strategies rooted in both colonial-era legislation and subsequent legislative developments.⁴⁸ While the establishment of agencies such as the NDLEA and the promulgation of stringent laws have symbolized Nigeria's commitment to combating drug trafficking and abuse, the overarching approach remains disproportionately focused on suppression rather than comprehensive, multi-dimensional control. This framework, despite its rigor, has been repeatedly undermined by systemic challenges including corruption, inadequate resources, weak governance, and porous borders, which collectively hinder effective enforcement and perpetuate Nigeria's position as a critical node in the global drug trade.⁴⁹

Moreover, scholarly critique underscores the paradigm's reactive nature, where the targeting of minor offenders often eclipses more strategic efforts aimed at disrupting large-scale trafficking networks or addressing the socio-economic and health dimensions of drug abuse. The literature calls for an urgent paradigm shift, one that conscientiously integrates public health perspectives with enforcement, emphasizing education, rehabilitation, harm reduction, and social reintegration alongside traditional law enforcement. Policy initiatives, while reflective of this intent, remain insufficiently resourced and inconsistently applied, thereby limiting their transformative potential.

Ultimately, a recalibration of Nigeria's drug law paradigm is imperative. This involves moving beyond the binary of punitive control towards a framework that is evidence-based, holistic, and

⁴⁸ Dangerous Drugs Act 1935

⁴⁹ Uduo, T., & Ibiba, O. (2024). The evolution of drug trafficking in Nigeria: Analysing law enforcement strategies and their impact on combating the drug menace. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 29(9 Series 6), 13–32.

aligned with international best practices, prioritizing sustainable solutions over short-term deterrence. Such a reformed paradigm would not only enhance Nigeria's capacity to effectively confront the multifaceted challenges posed by drug abuse and trafficking but also reaffirm its commitment to upholding human rights and promoting public health in the face of a complex and evolving crisis. This comprehensive and balanced approach, grounded in aforementioned scholarly insights and pragmatic realities, offers the most viable path forward for Nigeria's drug control landscape

CHAPTER 3

ANALYSIS OF THE DRUG LAW PARADIGM IN NIGERIA

3.1. INTRODUCTION

The Nigerian drug law paradigm represents the legal and institutional framework established to regulate and control narcotic drugs, psychotropic substances, and related offenses. It is a multifaceted system designed to combat drug abuse, trafficking, and illicit production while aligning with international drug control conventions. At the center of this paradigm is the National Drug Law Enforcement Agency (NDLEA), created in 1989 to coordinate enforcement, oversee drug law administration, and implement preventive and rehabilitative measures. The paradigm reflects Nigeria's response to the unique challenges posed by its geographical location as a transit point for illicit drugs and its internal struggles with drug abuse.

Legislatively, the Nigerian drug law framework is anchored in key statutes like the NDLEA Act, the Dangerous Drugs Act of 1935, and the Indian Hemp Act of 1966. These laws prescribe strict penalties, including lengthy imprisonment and even the death penalty for certain offenses, aimed at deterring drug-related crimes. The NDLEA Act empowers the agency not only with coercive enforcement tools such as investigation, arrest, seizure, and prosecution but also grants it responsibilities for public education, drug abuse prevention, and offender rehabilitation. This legal architecture situates drug control more so as a criminal justice issue than a public health concern in Nigeria.⁵⁰

The paradigm also reflects ongoing tensions between punitive drug law enforcement approaches and emerging global trends favoring harm reduction, decriminalization, and public health

⁵⁰ Okaphor EF & Onah CA (2024). "An Examination of the Law of Drug Offences in Nigeria." *International Review of Law and Jurisprudence*, Vol 6 No 1.

integration. In Nigeria, enforcement remains largely strict and prohibition-based, although recent policy developments signal increased attention to the socio-economic and health implications of drug use. Nigeria's 2021-2025 National Drug Control Master Plan exemplifies efforts to adopt a more evidence-driven, health-centered, and rights-based approach while maintaining rigorous enforcement against trafficking and organized crime.

In essence, the Nigerian drug law paradigm is characterized by a comprehensive legal and policy framework shaped by domestic priorities and international obligations. It balances stringent criminal sanctions with preventive and rehabilitative strategies, operating within a challenging socio-political environment marked by drug-related criminality and public health concerns. The paradigm continues to evolve as Nigeria grapples with the complex interplay of enforcement, health, human rights, and socio-economic factors in its fight against illicit drugs. The Nigerian drug law paradigm refers to the comprehensive legal and institutional framework established to regulate the control, prevention, and enforcement against illicit drugs and psychotropic substances within the country. It is primarily shaped by domestic statutes such as the National Drug Law Enforcement Agency (NDLEA) Act, the Dangerous Drugs Act, and the Indian Hemp Act, alongside Nigeria's commitments to international drug control treaties. This paradigm reflects Nigeria's efforts to address the challenges posed by drug abuse, trafficking, and related criminal activities that significantly impact public health, security, and social stability.

Central to the Nigerian drug law paradigm is the establishment of the NDLEA in 1989, a specialized law enforcement agency empowered to investigate, prosecute, and prevent drug trafficking and abuse. The agency's mandate extends beyond enforcement to include public education, rehabilitation, and inter-agency coordination, embodying a holistic approach to drug control. Nigeria's drug laws prescribe stringent penalties, including long-term imprisonment and

the death sentence for certain offenses, indicating a strong deterrent focus aimed at curbing drug crimes within its borders.⁵¹

Overall, the Nigerian drug law paradigm represents a dynamic legal and policy regime navigating the intersections of criminal justice, public health, and social policy. It is designed to confront the multifaceted problem of drug abuse and trafficking through a combination of strict regulation, enforcement, and preventive measures while evolving to incorporate more holistic and sustainable solutions in response to the best global practices and domestic realities.

3.2. HISTORICAL DEVELOPMENT OF DRUG LEGISLATION IN NIGERIA

Nigeria's approach to drug law and policy has deep roots in its colonial past, significantly shaping the current landscape of drug regulation. The foundations of Nigeria's drug control efforts can be traced back to the British colonial administration, which implemented regulations against specific substances. During the colonial era, British authorities introduced early regulations aimed at restricting certain drugs, setting the foundation for subsequent national legislation. After Nigeria gained independence, it progressively aligned its drug control policies with global standards by ratifying key international treaties such as the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. These international commitments shaped Nigeria's domestic drug law framework and its approach to regulation and enforcement.⁵²

⁵¹ Okaphor EF & Onah CA (2024). "An Examination of the Law of Drug Offences in Nigeria." *International Review of Law and Jurisprudence*, Vol 6 No 1.

⁵² Alemika EO (2024). "Chapter 14: Nigeria's Drug Laws and Policy Implications for Drug Abuse Prevention and Control." CRISAfrica. Available at: <https://www.crisafrica.org/product/chapter-14-nigerias-drug-laws-and-policy-implications-for-drug-abuse-prevention-and-control-by-etannibi-e-o-alemika/> (accessed 12 September 2025).

One of the earliest pieces of legislation in post-independence Nigeria targeting drug control was the Dangerous Drugs Act of 1935,⁵³ which prohibited the cultivation, possession, and sale of narcotics like opium and cannabis. The legal architecture was further expanded with the Indian Hemp Act of 1966,⁵⁴ specifically targeting cannabis offenses. There was a time in Nigeria when not much was known about narcotics, except perhaps, when it was meant to refer to the common neighborhood Indian Hemp. Nigerians were largely ignorant of the names and potency of the other drugs in the narcotic family. But when in 1984, three Nigerians, Benard Ogedegbe, Bathlomew Owoh and Akanni Ojuolape were publicly executed by the Buhari / Idiagbon military government for trafficking in hard drugs, the era of innocence among Nigerians in terms of exposure to drugs and knowledge of drugs began to vanish. Today, Nigerians hear more about cocaine, heroin and other narcotics than they hear about common malaria drugs in the media. And today, the image of Nigeria has suffered for the menace of hard drugs than from anything else. Apart from the image problem, hard drugs have the potential to destroy social life, particularly among the nation's youth population.

Socio-economic reality in Nigeria, after the demise of the second Republic opened the country to several illegalities. There was an obvious absence of credibility in government, both in terms of policy formulation and actual implementation. Thus, the indices for a good and responsible leadership became bad and even scandalous. For instance, the economy became uncontrollable as inflation rose steadily. When the Babangida administration embarked upon the Structural Adjustment Programme (SAP) in 1986, it was clear that the average Nigerian was in for hard times. This social environment actually encouraged the exposure of categories of Nigerians to the

⁵³ Dangerous Drugs Act, Cap 109, Laws of the Federation of Nigeria 1935 (as amended).

⁵⁴ Indian Hemp Act, Cap I16, Laws of the Federation of Nigeria 1966 (as amended).

hard drugs business. For instance, a controversial case involving one Gloria Okon was reported in 1985 after she was arrested at the Aminu Kano International Airport. That incident was like an eye opener for other Nigerians who had similar business interests. Perhaps, it was the general absence of credibility in government that provided support for the illicit trade in hard drug. The Gloria Okon case was traced to people in government who provide security support for their couriers. Gloria Okon was said to have “died” in detention, whereas, report had it that she was sighted outside of the country.⁵⁵

The 1980s and 1990s were characterized by stringent anti-drug measures as Nigeria sought to combat narcotics trafficking through a militarized and punitive framework. During the military regime of General Muhammadu Buhari in the 1980s, laws such as Decree No. 20 of 1984 prescribed the death penalty for drug trafficking offenses, reflecting a zero-tolerance stance. This period marked the beginning of Nigeria's "War Against Indiscipline," which aggressively targeted moral and social vices, including drug trafficking. However, despite these tough measures, challenges of corruption and governance hampered effective enforcement, and socio-economic factors such as poverty contributed to the persistence of drug trafficking networks.⁵⁶ The menace of illicit drugs had become too nauseating for government to sweep it under the carpet so the NDLEA was established. This agency was designed to combat drug trafficking, enforce existing drug laws, and promote drug education in Nigeria. The NDLEA operates under various legislative frameworks, including the NDLEA Act and the Criminal Code, which impose stringent penalties

⁵⁵ National Drug Law Enforcement Agency (NDLEA) (2013). NDLEA: A Decade of Drug Law Enforcement in Nigeria. Nairametrics. Available at: <https://nairametrics.com/wp-content/uploads/2013/04/NDLEA-a-decade-of-drug-law-enforcement-in-Nigeria.pdf> (accessed 12 September 2025)..

⁵⁶ Uduo T & Ibiba O (2024). “The Evolution of Drug Trafficking in Nigeria: Analysing Law Enforcement Strategies and Their Impact on Combating the Drug Menace.” IOSR Journal of Humanities and Social Science, Vol. 29, Issue 9, Series 6, pp. 13-32. Available at: <https://www.iosrjournals.org/iosr-jhss/papers/Vol.29-Issue9/Ser-6/C2909061332.pdf> (accessed 13 September 2025).

for drug-related offenses, including life imprisonment, in no distant time, the death penalty for trafficking. The historical context of Nigeria's drug laws reflects broader themes of repression and colonialist influence, wherein punitive drug policies have often served as instruments of social control. These laws were initially designed to combat perceived moral decay and maintain order, but they have evolved into complex systems that disproportionately affect marginalized groups like the youth, women and Children. Moreover, the legacies of colonial drug policies continue to inform contemporary approaches to drug law enforcement, often resulting in non-consensual medical treatments and compulsory drug detention practices that violate human rights standards.

Subsequent decades saw evolving strategies including the formulation and implementation of coordinated national drug control policies. Since 1999, Nigeria has developed successive National Drug Control Master Plans (NDCMPs)⁵⁷ to strategically address drug use, trafficking, and organized crime in a more comprehensive manner. These master plans seek to integrate supply reduction, demand reduction, access to essential medicine, and governance in drug control. The most recent NDCMP for 2021–2025 emphasizes a broad-based, evidence-driven approach aligning with public health and sustainable development goals, reflecting a gradual policy shift from purely punitive methods towards incorporating health and social dimensions.⁵⁸

The history of the Nigerian drug law paradigm also presents a policy paradox where the legal regime emphasizes repression and criminal sanctions, yet faces growing calls for reform to incorporate harm reduction and decriminalization strategies similar to some international models.

⁵⁷ United Nations Office on Drugs and Crime (UNODC) (2021). National Drug Control Master Plan (NDCMP) 2021–2025. UNODC, Abuja. Available at: https://www.unodc.org/conig/uploads/documents/NDCMP_2021-2025.pdf (accessed 12 September 2025).

⁵⁸ United Nations Office on Drugs and Crime (UNODC) (2021). “NDCMP 2021-2025: A sustainable national policy for Nigerians to continue fighting against drugs.” Available at: <https://www.unodc.org/conig/en/stories/ndcmp-2021-2025-a-sustainable-national-policy-for-nigerians-to-continue-fighting-against-drugs.html> (accessed 12 September 2025).

Legal scholars and public health experts critique the traditional drug laws for their limited success in curbing drug abuse and trafficking, often highlighting the adverse socio-economic consequences of harsh penalties, including incarceration and stigmatization of drug users. This ongoing debate situates Nigeria's drug laws within a broader discourse on balancing criminal justice and health-oriented drug policies.⁵⁹

Conclusively, the history of drug law in Nigeria is a trajectory of ever evolving legal norms, policy frameworks, and institutional mechanisms aimed at curbing drug-related harms within a challenging socio-political context. From colonial-era drug restrictions to the modern NDLEA-led enforcement and contemporary integrated national drug control strategies, Nigeria's drug laws continue to adapt in response to changing domestic and international dynamics. This historical overview underscores the complexity of Nigeria's drug law paradigm as it grapples with enforcement, public health, human rights, and developmental considerations in the ongoing struggle against drug-related challenges.

3.3. THE NATIONAL DRUG LAW ENFORCEMENT AGENCY ACT (NDLEA ACT) AND ITS MANDATE

The National Drug Law Enforcement Agency (NDLEA) is a federal law enforcement agency in Nigeria established by Decree No. 48 of 29th December 1989, now codified into statute. The agency's primary mandate, as enshrined in Section 1 of the NDLEA Act⁶⁰, is to enforce laws relating to the cultivation, processing, manufacture, sale, trafficking, and use of narcotic drugs

⁵⁹ National Drug Law Enforcement Agency (NDLEA) (2013). NDLEA: A Decade of Drug Law Enforcement in Nigeria. Nairametrics. Available at: <https://nairametrics.com/wp-content/uploads/2013/04/NDLEA-a-decade-of-drug-law-enforcement-in-Nigeria.pdf> (accessed 12 September 2025)..

⁶⁰ National Drug Law Enforcement Agency (NDLEA) Act, Cap N30, Laws of the Federation of Nigeria 2004

and psychotropic substances within Nigeria. The creation of the NDLEA was largely a response to Nigeria's increasing involvement in drug trafficking in the 1980s, which threatened the country's socio-economic stability and international reputation. The agency operates under the Federal Ministry of Justice and holds responsibility for drug law enforcement across all Nigerian states and at all points of entry including airports, seaports, and land borders.

Section 3⁶¹ specifically enumerates the functions of the Agency, which include the detection, investigation, arrest, and prosecution of persons involved in the illicit drug trade. The agency actively works to curtail the production and trafficking of drugs such as cocaine, heroin, and cannabis and is empowered to destroy seized narcotics. Moreover, the NDLEA undertakes preventive activities such as public enlightenment campaigns and rehabilitation programs to reduce demand for illicit substances. These functions articulate a comprehensive approach that combines enforcement with education and intervention to address Nigeria's drug problem holistically. The NDLEA has special powers granted by the act⁶², allowing its officers to search premises, seize property related to drug offences, and arrest suspects without a warrant in specific circumstances. These powers enable the agency to act swiftly and decisively in combating drug trafficking and related crimes. Officers are authorized to track and intercept substances and properties suspected of being involved in illegal narcotics activities. This statutory backing has been fundamental to the NDLEA's operational successes in drug interdiction and prosecution.

The Agency also coordinates and supervises all other laws in Nigeria that relate to narcotic drugs and psychotropic substances, ensuring a unified national approach to drug control. This

⁶¹ Ibid, s. 3(1)

⁶² Ibid, s. 4

coordination role is critical given the multiplicity of laws and regulations governing drugs in Nigeria, including the Indian Hemp Act and the Dangerous Drugs Act. The NDLEA's umbrella authority prevents fragmented drug enforcement efforts and ensures that policies are harmonized and effectively implemented across the federation.⁶³

Judicially, the NDLEA has authority to prosecute offenders in Federal High Courts with jurisdiction over drug offences. Several landmark cases demonstrate the practical application of its mandate. For instance, in the case of *NDLEA v Okorodudu*,⁶⁴ the Court of Appeal affirmed the agency's power to detain and prosecute under the NDLEA Act. More recently, cases such as those of Eze Ikenna who was sentenced to six years' imprisonment for trafficking 11.2kg of cocaine concealed in herbal tea sachets, and the case of Angolan businessman Mbala Abuba, who was apprehended by officials of the National Drug Law Enforcement Agency in Kano for attempting to traffic about 2 kilograms of cocaine to Istanbul, reinforce the Agency's role in prosecuting high-profile drug trafficking offenses, securing convictions, and enforcing stringent penalties including imprisonment and forfeiture of assets derived from drug trafficking.

The Act⁶⁵ vests the Attorney-General of the Federation with the power to issue directives to the agency, underscoring the close relationship and oversight by the Ministry of Justice in drug law enforcement policy and practice. This provision allows the federal government to steer the agency's strategy and priorities, ensuring alignment with broader national security and public

⁶³ Dike FU (2025). "The Role of NDLEA in Mitigating Illicit Drug Menace in Nigeria: A Critical Analysis of Control Measures since 1989." *Journal of African Studies and Sustainable Development*, Vol. 8 No. 2. Association for the Promotion of African Studies, Tansian University, Umunya, Nigeria. Available at: https://www.apas.africa/journal/jassd_1754322837.pdf (accessed 12 September 2025).

⁶⁴ *NDLEA v Okorodudu* (1997) 3 NWLR (Pt. 492) 221 (CA).

⁶⁵ *Ibid*, s. 10

health goals. It also guarantees that the NDLEA operates within the framework of government policy and the rule of law.

Despite the statutory mandate and operational scope, the NDLEA faces challenges that impact its effectiveness, including inadequate funding, corruption, and logistical constraints. These challenges have sometimes slowed the agency's progress in fully realizing its broad mandate, and critics argue for reform and increased support to enhance its capacity. Nonetheless, the NDLEA remains Nigeria's lead agency in drug law enforcement, constantly evolving its methods and strategies to keep pace with changing drug trafficking trends and national priorities.⁶⁶ In sum, the NDLEA is a statutorily mandated agency with comprehensive powers to enforce Nigeria's drug laws, coordinate drug control policies, and conduct preventive and rehabilitative activities. It operates under the legal framework set out in the NDLEA Act, with the authority to investigate, arrest, prosecute and destroy illicit drugs, supported by special legal powers for effective enforcement. Through its activities, including high-profile prosecutions and border interdiction, the agency remains central to Nigeria's fight against drug trafficking and abuse, while grappling with operational challenges that require ongoing attention from policymakers and stakeholders.

3.4. THE NIGERIA DRUG LAW PARADIGM

“Countering the world drug problem... must be carried out in full conformity with the purposes and principles of the Charter of the United Nations and other provisions of international law, and

⁶⁶ National Drug Law Enforcement Agency (NDLEA) (2013). NDLEA: A Decade of Drug Law Enforcement in Nigeria. Nairametrics. Available at: <https://nairametrics.com/wp-content/uploads/2013/04/NDLEA-a-decade-of-drug-law-enforcement-in-Nigeria.pdf> (accessed 12 September 2025).

in particular with full respect for...all human rights and fundamental freedoms”.⁶⁷ The aforementioned statement was made during a United Nations General Assembly in 1998 where the United Nations reiterated its stance on the new approach member countries should take in “countering the world drug problem”. Nigeria is said to be the “Africa’s narcotics hub and a major transshipment point between the Eastern and Western Hemispheres” and “the focal point of West African narcotics trafficking”. Nigeria tops the list with the highest trafficking and drug use in West Africa.⁶⁸ Nigeria is a transit country for heroin and cocaine destined for Europe and, to a lesser degree, for the United States. Geographical location of Nigeria, thick population, bustling commerce, and vibrant air transportation makes drug trafficking attractive. In view of this, Nigeria adopted law enforcement approach to respond to the challenges of drug trafficking, production and use, and have enacted the most repressive and punitive national anti-drug and anti-crime legislations in Africa.⁶⁹

The analysis of the drug law paradigm in Nigeria represents a critical inquiry into the country’s legal frameworks governing narcotics control, enforcement mechanisms, and the broader socio-legal implications arising from it. Nigeria, as a key West African state, for lack of better words, battles with multifaceted challenges relating to the proliferation of illicit drugs, which has necessitated the establishment of comprehensive drug laws primarily under the National Drug Law Enforcement Agency (NDLEA) Act. This legal regime seeks to regulate, prevent, and punish drug trafficking, possession, and abuse, reflecting Nigeria’s commitment to international conventions

⁶⁷ United Nations General Assembly (1998). Political Declaration on the Guiding Principles of Drug Demand Reduction and Measures to Enhance International Cooperation to Counter the World Drug Problem. United Nations, New York.

⁶⁸ ENACT, “Countries with the Highest Synthetic Drug Trade Rate in Africa” (The Organized Crime Index, 2023) <https://share.google/SljJQoT1YOymwOawS> accessed 11 September 2025.

⁶⁹ Okereke C (2017). “Drug Control in Nigeria: The Human Rights Perspective.” West Africa Drug Policy Network, 29 May. Available at: <https://www.wadpn.org/post/drug-control-in-nigeria-the-human-rights-perspective> (accessed 10 September 2025).

and domestic public health imperatives. However, the efficacy and consequences of these laws continue to evoke scholarly debate, particularly regarding their role in criminal justice, public health, and societal impact.

At the core of Nigeria's drug law paradigm is the NDLEA Act, which criminalizes the manufacture, importation, exportation, trafficking, and possession of controlled substances. The legal framework still aligns with the old United Nations Single Convention on Narcotic Drugs (1961), mandating Nigeria to implement strict drug control measures. Okereke⁷⁰ highlights that while the NDLEA Act establishes a robust statutory basis for drug enforcement, its punitive approach often intersects problematically with issues of human rights and access to health-related harm reduction services. This tension underscores the complexity of balancing criminal liability with public health objectives in policy implementation. The enforcement of Nigeria's drug laws has attracted considerable attention, especially in the context of rising drug-related offenses and recidivism rates. Numerous studies reveal that belligerent interdiction and penal sanctions, while intended to deter drug crimes, have sometimes contributed to overcrowded correctional facilities and social stigmatization, without necessarily achieving substantive reductions in drug abuse. These findings prompt critical reflection on the adequacy of criminal law paradigms that prioritize repression over rehabilitation, raising important questions about the law's practical outcomes and the need for integrative strategies incorporating harm reduction and social reintegration.

Furthermore, the Nigerian experience can be situated within comparative international drug law discourses that examine how different jurisdictions balance enforcement with harm reduction. While some countries like The Netherlands and Portugal have embraced decriminalization or

⁷⁰ Supra note 69

regulatory models aimed at reducing harms and promoting treatment, Nigeria's framework remains predominantly prohibitive. This contrast elucidates the tensions between international pressures, domestic legal traditions, and evolving public health paradigms, offering fertile ground for scholarly analysis on the adaptability and reform potentials within Nigeria's drug law system. However, recent developments indicate a shift toward reforming Nigeria's drug policy framework, as stakeholders advocate for integrating human rights and public health considerations into drug control efforts. There is a growing recognition that addressing underlying socio-economic issues, such as poverty and unemployment, is critical to reducing drug abuse and trafficking. Reform movements are increasingly calling for harm reduction strategies and community-based approaches that prioritize treatment and rehabilitation over incarceration.

In sum, as Nigeria grapples with the complexities of drug-related issues, the ongoing discourse reflects broader themes of social justice, human rights, and public health. This study not only seeks to contribute to academic discourse on legal and social governance of drugs but also inform potential reforms that reconcile criminal justice imperatives with public health and human rights considerations. The need for a comprehensive reevaluation of the drug law paradigm is paramount to fostering a more equitable society and effectively addressing the challenges posed by drug trafficking and abuse in the country. Against this backdrop, this study seeks to dissect the theoretical underpinnings, operational challenges, and prospects for recalibrating Nigeria's drug law paradigm in line with contemporary global best practices.

3.4.1. THE 1999 CONSTITUTION OF THE FEDERAL REPUBLIC OF NIGERIA

The Fundamental Rights under the Constitution of the Federal Republic of Nigeria are enshrined primarily in Chapter IV, sections 33 to 46 of the 1999 Constitution (as amended). These rights form the constitutional guarantees for the dignity, liberty, and well-being of individuals within Nigeria. Key rights include the right to life, dignity of the human person, personal liberty, fair hearing, privacy, freedom of thought and religion, freedom of expression, peaceful assembly, freedom of movement, and freedom from discrimination. These rights ensure that every person in Nigeria is protected against arbitrary deprivation of life, unlawful detention, and unjust treatment by the state or individuals.⁷¹

The Constitution also provides for restrictions and limitations on these rights under Section 45, allowing the government to derogate from them only under specific circumstances such as national security, public order, or public health. This clause permits the state to enact laws and take actions that might temporarily suspend certain fundamental rights, provided such measures are lawful, necessary, and proportionate to the threat or purpose identified. Legal safeguards exist to prevent abusive applications of these limitations.

Constitutionally, the NDLEA derives its powers from federal legislation enacted pursuant to the Constitution's provisions on the powers of the National Assembly to legislate for the peace, order, and good government of the federation, especially in areas concerning the Exclusive Legislative List, which includes criminal law enforcement and drug control. Hence, the NDLEA's mandate to enforce drug laws is constitutionally valid and backed by legislative

⁷¹ Learn Nigerian Law (n.d.). "Limitation and Enforcement of Fundamental Rights." *Learn Nigerian Law*. Available at: <https://www.learnnigerianlaw.com/learn/constitutional-law/limitations-and-enforcement> (accessed 26 October 2025).

authority. One constitutional tension in NDLEA operations relates to ensuring the enforcement of drug laws without infringing unduly on fundamental rights, especially rights to personal liberty and fair hearing. The NDLEA must operate within constitutional constraints and respect due process, avoiding unlawful detention or excessive use of force. Courts in Nigeria have at times adjudicated on these issues, ensuring a balance between drug control and civil liberties.⁷² As earlier aforementioned, Chapter IV of the Nigerian Constitution guarantees fundamental rights and places significant practical limits on the powers of the National Drug Law Enforcement Agency (NDLEA) particularly in how the NDLEA conducts arrests, detentions, investigations, and prosecutions. These fundamental rights include the right to life, personal liberty, fair hearing, privacy, dignity of the human person, and protection from inhuman or degrading treatment. Any action by the NDLEA must respect these constitutionally protected rights or risk being declared unlawful by courts.

Firstly, Section 35⁷³ guarantees the right to personal liberty and mandates that no person shall be arrested or detained without due process of law. This means the NDLEA must follow lawful procedures in arresting and detaining suspects, including bringing them promptly before a court and ensuring that detention is not arbitrary or prolonged without judicial oversight. Failure to comply can result in claims for unlawful arrest or detention with possible compensation and public apology as provided in Section 35(6)⁷⁴.

⁷² Igwe OI, Nwocha ME & Steve AA (2019). "Enforcement of Fundamental Rights in Nigeria and the Unsolved Issue of Poverty among the Citizens: An Appraisal." *Beijing Law Review*, 10(1), pp. 1-9.
doi:10.4236/blr.2019.101001.

⁷³ Federal Republic of Nigeria (1999). *Constitution of the Federal Republic of Nigeria (as amended)*.

⁷⁴ *Ibid*

Secondly, the NDLEA's power of search and seizure is also limited by the right to privacy under Section 37⁷⁵. Searches must generally be conducted with warrants issued by a competent judicial authority except in specific exigent or statutory circumstances. Any unlawful search or seizure of property by the NDLEA could be challenged as a violation of constitutional rights, and evidence obtained may be excluded from prosecution.

Thirdly, the right to fair hearing under Section 36⁷⁶ requires that any person facing prosecution or investigation by the NDLEA should be given a fair opportunity to present their case. This includes being informed of the charges, access to legal representation, and a fair trial process. The NDLEA must respect due process safeguards to avoid abusing its enforcement powers. Use of force by the NDLEA officers must also comply with constitutional limits. The Constitution prohibits cruel, inhuman, or degrading treatment, meaning that force must be necessary, proportionate, and not excessive. The standard police and law enforcement guidelines emphasize using the minimum force necessary in arrests and crowd control, binding NDLEA operations as well. The constitutionally guaranteed right to dignity further restrains NDLEA operations, requiring respectful treatment of suspects and detainees. Torture, degrading treatment, and humiliation during detention or investigation are constitutionally prohibited and undermine the agency's mandate.

Section 46⁷⁷ limits who can enforce fundamental rights claims and how, meaning that if the NDLEA violates these rights, affected individuals can approach courts for redress. There have been instances of fundamental rights suits against the NDLEA, reflecting tensions when

⁷⁵ *Ibid*

⁷⁶ *Ibid*

⁷⁷ *Ibid*

enforcement actions potentially overstep constitutional protections.⁷⁸ Additionally, the NDLEA Act itself contains provisions that, in practice, requires the Agency to operate within legal limits, such as requiring court approvals for certain actions and respecting due process thereby reinforcing constitutional boundaries.

In practice, these constitutional limits often require the NDLEA to balance effective drug law enforcement with respect for fundamental human rights, ensuring accountability and legality. Courts serve as important checks on the agency, providing remedies when constitutional rights are breached during drug enforcement operations.

In summation, aligning the NDLEA with Nigeria's constitutional fundamental rights requires comprehensive reforms that refocus drug policy on rehabilitation and human rights, impose clear constitutional limits on enforcement powers, and foster systems of care and reintegration. These reforms will build a drug control framework that protects individual freedoms while effectively addressing drug-related challenges in Nigeria.

3.4.2. CRIMINAL CODE

The Criminal Code in Nigeria is structured to provide a comprehensive framework for the interpretation, application, and enforcement of criminal law. It encompasses a wide range of offense, including those against public order, law, justice, public authority, individuals, and

⁷⁸ Keziah Badamasi, 'Fundamental rights: Court dismisses Abba Kyari's suit against NDLEA' *21st Century Chronicle* (7 April 2022) <https://21stcenturychronicle.com/fundamental-rights-court-dismisses-abba-kyaris-suit-against-ndlea/> accessed 15 November 2025.

property. The code is divided into various chapters, each addressing specific aspects of criminal law and detailing the principles governing the application of these laws.

The Criminal Code Act outlines the general principles that guide the interpretation and enforcement of laws. That includes the effects of changes in legislation and how the code applies to offenses that may be wholly or partially committed within its jurisdiction.⁷⁹

Furthermore, the code establishes different categories of offenses, with some provisions reflecting state laws and others reflecting state laws and others reflecting federal laws, thus creating a dual framework for law enforcement. The role of the criminal code in drug law in Nigeria encompasses a complex legal framework aimed at regulating drug use and combating trafficking within the country. Although the Criminal code is the primary Act regarding crimes and punishing offences, it takes a back seat when it comes to drug related offences. While the Criminal Code provides a general penal framework applicable to various offenses, including drug crimes, the NDLEA Act offers a specialized, detailed statute focusing exclusively on drug control, enforcement, and prevention. The intersection of these two laws is significant in ensuring comprehensive legal coverage and effective prosecution of drug offenses. The Criminal Code Act of Nigeria⁸⁰ forms one of the foundational criminal legislations in the country and applies mainly to the southern states of Nigeria. Although it does not provide a comprehensive framework for drug control, as this role is primarily performed by the National Drug Law Enforcement Agency (NDLEA) Act, the Indian Hemp Act, and the Dangerous Drugs Act. However, the Criminal Code nonetheless plays an important complementary role in regulating drug-related offences.

⁷⁹ Criminal Code Act (Cap. C38, Laws of the Federation of Nigeria, 2004)

⁸⁰ *Ibid*

The general provisions of the Criminal Code establish the essential principles of criminal intent and responsibility that underpin all offences, including drug-related crimes. Sections 24 to 29⁸¹ of the Code define the mental elements of crime, such as intent, knowledge, recklessness, and negligence which must be proven before a person can be convicted of a drug offence. These provisions are crucial because drug-related offences often require proof that the accused knowingly or intentionally possessed or trafficked in a prohibited substance. Moreover, under Section 7(a)-(d)⁸², anyone who aids, counsels, or procures the commission of a crime is deemed to be a principal offender. This means that not only the person who physically handles the drugs but also those who assist, plan, or facilitate the act, such as financiers, couriers, or distributors, can be held criminally liable under the Criminal Code.

Furthermore, the Code addresses conspiracy and attempts to commit offences under Section 516⁸³, which makes it an offence for two or more persons to conspire to commit a crime, even if the intended crime is not eventually completed. This provision is vital in the context of drug trafficking networks, where criminal liability extends beyond the physical act of possession or sale to include planning, organizing, or financing illegal drug operations. The existence of such a provision allows law enforcement agencies to intervene at the preparatory stage of a drug crime, thereby strengthening preventive control measures.

Despite its general nature, the Criminal Code remains interconnected with specialized drug legislation. The NDLEA Act and the Dangerous Drugs Act contain more specific provisions and penalties dealing with the possession, trafficking, cultivation, importation, and exportation of controlled substances. However, where these specialized laws are silent or ambiguous, the

⁸¹ *ibid*

⁸² *Ibid*

⁸³ *Ibid*

Criminal Code serves to fill the gap, particularly in matters of criminal liability, general defences, and procedural rules. For instance, defences such as insanity, mistake of fact, duress, and compulsion all outlined in the Code apply equally to drug-related offences. Thus, the Criminal Code ensures that the general principles of justice and fairness extend to cases under the specialized drug laws.

Judicial interpretation in Nigeria has affirmed that the Criminal Code and the NDLEA Act can operate concurrently without conflict. Courts have held that the Criminal Code continues to apply where offences overlap or where procedural deficiencies prevent prosecution under the NDLEA Act. For example, in certain instances where the prosecution could not secure a conviction under the NDLEA Act due to technicalities, courts have upheld charges under the Criminal Code for related offences such as conspiracy, aiding, or unlawful possession. This judicial stance underscores the integrative function of the Criminal Code within the broader structure of Nigeria's criminal justice system. In *Abdullahi v Federal Republic of Nigeria*,⁸⁴ although it does not state explicitly that "The Criminal code and the NDLEA Act can operate concurrently without conflict", it does recognize the NDLEA Act as a valid substantive criminal law for drug offences and does not treat the Criminal Code as displaced in that context.

In broader doctrinal commentary, Nigerian legal scholarship⁸⁵ acknowledges that general criminal law provisions (such as those in the Criminal Code) have not been entirely ousted by the NDLEA Act, especially for principles like criminal liability, attempt, conspiracy, aiding, etc.

⁸⁴ (2021) LPELR-55123(CA).

⁸⁵ Ijalana EF & Oluduro OF (2017). "The Limits of the Exercise of Police Investigatory and Prosecutorial Powers in Nigeria." *Journal of Law, Policy and Globalization*, 65: 230-238.

In summary, the Criminal Code of Nigeria functions as the general legal foundation upon which the nation's drug control framework is built. It establishes the principles of criminal responsibility and extends liability to all participants in drug-related offences, while providing complementary provisions that address harmful substances and public nuisance. Although specialized drug laws such as the NDLEA Act and the Dangerous Drugs Act define specific offences and penalties, the Criminal Code ensures continuity, coherence, and legal support in their interpretation and enforcement. Together, these statutes create a comprehensive legal framework that balances the objectives of punishment, deterrence, and public protection in Nigeria's approach to drug control.

3.4.3. THE DRUG CONTROL MASTER PLAN 2021- 2025

The National Drug Control Master Plan (NDCMP) 2021-2025 is a comprehensive strategic framework designed to tackle the multifaceted drug-related challenges facing Nigeria. Developed with insights from extensive research and lessons from previous drug control strategies, the plan adopts a balanced, inclusive, and evidence-based approach to curbing drug trafficking, production, and consumption in the country. It reflects a shift towards a more sophisticated and specialized drug control system, emphasizing collaboration among various government ministries, departments, and agencies (MDAs) to enhance policy coherence and operational effectiveness.⁸⁶ This comprehensive plan is notable for its collaborative development process, involving key stakeholders such as the National Drug Law Enforcement Agency (NDLEA) and civil society organizations, and is supported by international partnerships, including

⁸⁶ United Nations Office on Drugs and Crime (UNODC) (2021). *National Drug Control Master Plan (NDCMP) 2021-2025*. United Nations. Available at: https://www.unodc.org/conig/uploads/documents/NDCMP_2021-2025.pdf

funding from the European Union and the United Nations Office on Drugs and Crime (UNODC).

The NDCMP is structured around four strategic pillars, namely:

1. drug supply reduction,
2. drug demand reduction,
3. access to controlled medicines for medical and scientific purposes,
4. and governance and coordination.

The Supply Reduction pillar aims to disrupt drug trafficking networks and reduce the production and supply of illicit drugs, including narcotics and precursors. It emphasizes the need for evidence-based strategies to address the evolving drug landscape and incorporates measures to strengthen institutional capacities, such as the amendment of the NDLEA Act to improve the operational efficiency of the National Drug Law Enforcement Agency.

The Drug Demand Reduction pillar focuses on prevention, treatment, and rehabilitation services to curb drug use. Prevention efforts prioritize young people through school-based programs and community outreach, while treatment modalities emphasize abstinence alongside psychosocial support, including counseling and family involvement. The plan also emphasizes the importance of socio-economic reintegration for individuals who use drugs, thereby reducing stigma and promoting human rights.

Ensuring access to controlled medicines is another critical pillar, balancing the need for legitimate medical and scientific use with preventing misuse. The plan acknowledges past gaps in the availability of essential controlled drugs and seeks to improve regulatory frameworks for access while maintaining stringent controls to avoid diversion and abuse. This pillar supports healthcare needs for pain management and other medical purposes within legal boundaries.

Governance and Coordination form the fourth pillar, intended to enhance synergy among different MDAs involved in drug control policies and implementation. This pillar establishes mechanisms for monitoring, evaluation, and evidence-based policymaking, promoting coherence across the drug control landscape. By strengthening governance, the plan aims for transparent, accountable, and multisectoral management of drug-related issues.

These pillars aim to not only curb the illegal drug trade but also promote public health and social stability by enhancing treatment access and reducing the stigma associated with drug use. The plan outlines specific goals, such as improving health outcomes and ensuring the availability of medical substances while balancing stringent control measures with the need for legitimate medical access. The overarching goal of the NDCMP 2021-2025 is to improve health and security for all Nigerians by addressing the broad societal consequences of drug supply and use. Recognizing that the impact of drugs transcends individual users, the plan targets the wider social, economic, and health ramifications affecting families and communities. This holistic perspective underscores the plan's commitment to aligning Nigeria's drug control efforts with Sustainable Development Goals, specifically SDG 3 on health and well-being and SDG 16 focused on promoting peaceful and inclusive societies.

The NDCMP 2021-2025 responds to emerging drug threats and adapts to new patterns of drug production and use in Nigeria. It integrates specialized units within law enforcement agencies dedicated to disrupting drug supply chains and improving investigative techniques. Additionally, the plan takes heed of gender and social inequities affecting drug use and treatment outcomes, promoting inclusive interventions tailored to vulnerable groups.

Overall, the NDCMP 2021-2025 represents a vital step forward for Nigeria's drug control efforts, blending law enforcement with public health strategies to address drug use

comprehensively. Its holistic, multisectoral approach and incorporation of evidence-based methods seek to mitigate drug-related harms while fostering national security and public health. Continuous monitoring and adaptation will be key to its success in the evolving landscape of drug control in Nigeria.

In conclusion, the National Drug Control Master Plan 2021-2025 is a strategic, research-informed instrument designed to confront Nigeria's drug challenges sustainably. Through its four pillars, Supply Reduction, Demand Reduction, Access to Medicines, and Governance, it aims to reduce drug-related harms and enhance societal well-being. Continued commitment to the plan's goals and addressing implementation challenges can significantly advance Nigeria's public health and security landscape in relation to drug control. However, despite significant framework advancements, the implementation faces hurdles such as limited harm reduction services, including the absence of needle exchange programs or supervised injection facilities. The plan signals the need for expanded harm reduction measures and recovery management models aligned with international best practices, though progress in these areas remains nascent.⁸⁷

3.4.4. THE CONVENTION AGAINST ILLICIT TRAFFICKING

The issue of drug trafficking has emerged as a critical global concern, intertwining with various social, economic, and health problems. Drug trafficking encompasses the illegal trade of substances prohibited by law, including a variety of drugs such as cocaine, heroin, and methamphetamines. This illicit trade is not only a significant public health challenge but also

⁸⁷ Harm Reduction International (HRI) (2025). *Impact of PEPFAR funding cuts in harm reduction in Nigeria*. 11 March.

contributes to severe economic destabilization and exacerbates crime rates in affected regions.⁸⁸ The complexity of drug trafficking lies in its transnational nature, with trafficking networks often spanning multiple countries. These networks capitalize on the high profitability of drug sales, leading to the proliferation of organized crime groups that engage in various illegal activities to maintain their operations. The consequences of drug trafficking are extensive, affecting not only the countries where drugs are produced and consumed but also those involved in their transit. The United Nations has recognized the necessity for a coordinated international response to combat drug trafficking and related crimes. Efforts have been made through various conventions aimed at promoting international cooperation, enhancing law enforcement capabilities, and implementing effective legal frameworks. The Convention against Transnational Organized Crime, adopted in 2000, represents a significant step in addressing these issues by encouraging Member States to establish comprehensive measures against organized crime, including drug trafficking⁸⁹. As a result of these global initiatives, there has been increased awareness of the detrimental effects of drug trafficking, including its impact on public health, economic development, and social stability. Drug abuse not only compromises individual health but also poses substantial risks to communities through increased crime and social disintegration, leading to a cycle of poverty and addiction.

The United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (commonly known as the Vienna Convention 1988) is one of the major international drug control treaties. As of the latest information available, 191 parties have ratified or acceded to this Convention. This includes 186 out of the 193 United Nations member states. Notable non-parties include Equatorial Guinea, Kiribati, Papua New Guinea, Solomon Islands, Somalia,

⁸⁸ United Nations Office on Drugs and Crime (UNODC) (n.d.). *United Nations Convention against Transnational Organized Crime and the Protocols thereto*.

⁸⁹ International Association of Women Judges (IAWJ) (n.d.). "Advancing human rights and equal justice for all."

South Sudan, and Tuvalu. Other parties include entities such as the Holy See, the European Union, the Cook Islands, Niue, and the State of Palestine. The Convention against Illicit Trafficking refers primarily to international treaties and protocols established to combat the illegal trafficking of narcotic drugs and psychotropic substances. A notable example is the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, often called the Vienna Convention. This multilateral treaty aims to promote cooperation among countries to prevent, investigate, and prosecute drug trafficking and related crimes through harmonized legal frameworks and law enforcement efforts. Established as part of a broader effort to address transnational organized crime, the convention underscores the necessity for member states to implement stringent measures for prevention, confiscation, and secure handling of these dangerous materials. It is notable for fostering international cooperation and establishing frameworks for compliance, which are critical in tackling the complexities of illicit trafficking networks that often span multiple jurisdictions.

Nigeria, as a signatory to various international drug control conventions including the Vienna Convention, has incorporated these commitments into its domestic legal framework, primarily through laws empowering agencies like the National Drug Law Enforcement Agency (NDLEA) to enforce drug control and combat illicit trafficking. Nigeria's alignment with these conventions includes adherence to obligations such as extradition, asset recovery, precursor control, and mutual legal assistance to disrupt transnational drug crimes. Nigeria's enforcement of the Convention against Illicit Trafficking is facilitated by multi-agency coordination involving NDLEA, the Nigerian Police Force, immigration authorities, and international organizations like the United Nations Office on Drugs and Crime (UNODC). Efforts include intelligence sharing,

joint operations, and capacity-building initiatives to enhance investigation, prosecution, and prevention actions.

Additionally, Nigeria's broader international cooperation against illicit trafficking aligns with other conventions addressing organized crime and trafficking offenses, notably the United Nations Convention against Transnational Organized Crime (UNTOC) and its Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, which Nigeria has domesticated through its laws and operational strategies.

The Convention's implementation also involves compliance with human rights standards and respect for fundamental rights domestically, ensuring that anti-trafficking measures do not infringe on constitutional rights in Nigeria. This dual focus on enforcement and rights protection is vital for sustainable progress in combating illicit trafficking. In practice, Nigeria has launched national strategies and action plans consistent with these international commitments. These include initiatives to strengthen legal frameworks, improve border controls, enhance community awareness, and foster rehabilitation services for drug users, reflecting the Convention's comprehensive approach. Furthermore, Nigeria's participation in regional and bilateral agreements supports the Convention's objectives, enabling cross-border cooperation with neighboring countries to dismantle trafficking networks and control precursor chemicals used in illicit drug manufacture.

In summary, Nigeria's alignment with the Convention against Illicit Trafficking reflects its commitment to international cooperation, legal harmonization, and comprehensive drug control strategies, with the National Drug Law Enforcement Agency playing a central role within the framework established by these global treaties.

3.5. CRIMINAL SANCTIONS AND PROSECUTION TRENDS OF THE NDLEA ACT

The National Drug Law Enforcement Agency Act (NDLEA Act) in Nigeria plays a central role in the enforcement of criminal sanctions against drug offenses, applying stringent legal measures to combat the illicit drug trade. The NDLEA Act sets out severe penalties for drug-related crimes, including life imprisonment⁹⁰ and terms ranging from 15 to 25 years for trafficking, manufacturing, and possession without lawful authority⁹¹. Offenders found guilty of armed involvement in drug trafficking face life imprisonment. The Act further includes provisions that empower the NDLEA to seize and forfeit properties derived from drug offenses, aiming to financially incapacitate offenders and curb narcotics-related organized crime.⁹² The NDLEA's role is critical in addressing not only drug production and distribution but also the broader societal issues linked to substance abuse, making it a pivotal player in Nigeria's public health on paper and also our law enforcement landscape. Under the NDLEA Act, specific sections outline the sanctions for various drug-related offenses. Sections 11 to 20⁹³ detail the penalties, which can include substantial prison terms and asset forfeiture to the Federal Government. For instance, offenses involving the exportation of narcotic drugs are categorized as "Double Jeopardy Offences" under Section 22⁹⁴, imposing a minimum imprisonment term of 5 years without the option of a fine, further complicating the legal landscape for those accused of such crimes.⁹⁵ The NDLEA Act has also modified the legal process concerning drug abuse offenses by shifting the burden of proof

⁹⁰ Section 13 National Drug Law Enforcement Agency (NDLEA) Act, Cap N30, Laws of the Federation of Nigeria 2004

⁹¹ *Ibid* s. 19

⁹² *Ibid* s. 33

⁹³ *Ibid*

⁹⁴ *Ibid*

⁹⁵ *Supra* Note 69

from the agency to the accused individuals, a move that raises concerns about the violation of fundamental rights guaranteed under the Nigerian Constitution. This shift, outlined in Section 20,⁹⁶ has been criticized for potentially undermining the legal protections afforded to citizens, thereby exacerbating the punitive nature of the drug laws in Nigeria. While the NDLEA Act offers a potential alternative to imprisonment specifically for minors involved in drug-related offenses, the provisions are limited. The Act⁹⁷ suggests an avenue for less severe sanctions; however, there is a lack of specialized services designed to support minors like standard Juvenile facilities, which raises questions about the effectiveness and application of this provision in practice.

The National Drug Law Enforcement Agency (NDLEA) in Nigeria faces significant challenges in effectively prosecuting drug-related cases, with a prosecution rate reported at only 20% as of 2023. This abysmally low figure is attributed to systemic underfunding and issues of corruption within the agency, which complicates the enforcement of drug laws and the prosecution of offenders.⁹⁸ The NDLEA's struggle to prosecute cases is further compounded by an overwhelming number of drug-related offenses, which strain the criminal justice system. Despite these challenges, the NDLEA has shown some progress in its enforcement actions. In 2023, the agency reported the arrest of 52,901 traffickers and the conviction of 9,034 individuals. This marked an increase in proactive measures, with over 7.5 million kilograms of drugs seized throughout the year.⁹⁹

⁹⁶ *Ibid*

⁹⁷ *Ibid* s. 20(4)

⁹⁸ Oweibia M, Egberipou T, Timighe GC, Ogbe PD, Elemuwa UG & Wilson TR (2025). Drug Abuse in Nigeria; The Public Health Impact of Collective Actions and Inactions: A Systematic Review [Preprint]. medRxiv, 13 May. Available at: <https://www.medrxiv.org/content/10.1101/2025.05.13.25327537v1.full.pdf> (accessed 12 September 2025).

⁹⁹ Monareng C (n.d.). "Condemning Nigeria's Amendment of the NDLEA Act: A Violation of Human Rights and Failed Drug Policy." Students for Sensible Drug Policy International (SSDP-Intl) Blog.

Additionally, the agency conducted various public sensitization programs aimed at reducing drug demand, contributing to a noticeable decline in drug-related arrests and seizures in the first half of 2023. Under the leadership of its current chairman, the NDLEA has focused on aggressive anti-drug campaigns, which include the destruction of illegal drug plantations and extensive training programs for its personnel.¹⁰⁰ The agency has ramped up its operations against cannabis farms, leading to significant discoveries and demolitions of cultivation sites across Nigeria. Nonetheless, while these efforts reflect a commitment to combatting drug abuse, the underlying issues of funding and corruption continue to impede the NDLEA's ability to prosecute offenders effectively.

Another primary factor affecting prosecution trends within the National Drug Law Enforcement Agency (NDLEA) is budgetary constraints. The NDLEA reports that it is only able to prosecute approximately 20% of drug-related cases due to insufficient funding. This limited capacity to bring cases to court reflects not only systemic underfunding but also raises concerns about potential corruption within the agency itself, which has been noted as an underexplored issue contributing to low prosecution rates.

The legal framework governing the NDLEA's operations also significantly impacts prosecution trends. Recent amendments to the Act, which prescribe life imprisonment for serious drug offenses without the option of a fine, aim to strengthen legal responses to drug trafficking and abuse. The evolving landscape of drug law enforcement in Nigeria underscores the need for a comprehensive approach that balances strict law enforcement with compassionate drug policy reforms. Ongoing advocacy efforts are pushing for changes that would not only enhance the NDLEA's capacity to

¹⁰⁰ Kalu N (2025). "Amendment of NDLEA Act Will Strengthen Nigeria's Drug Control Efforts – Fagbemi." The Nation, 28 May. Available at: <https://thenationonlineng.net/amendment-of-ndlea-act-will-strengthen-nigerias-drug-control-efforts-fagbemi/> (accessed 13 September 2025).

address drug-related crimes effectively but also promote human rights and support the reintegration of affected individuals into society.

3.6. PUBLIC HEALTH INTERVENTION AND POLICY GAPS

The history of drug policy and laws in Nigeria dates back to the 1930s, with the establishment of various regulations aimed at combating drug abuse. Over the decades, successive governments have enacted laws intended to control the production, distribution, and use of illicit substances. However, these drug control laws have not effectively curtailed the increasing rates of drug abuse and trafficking, particularly noted over the past four decades. This research, so far, has highlighted that the development of drug policy in Nigeria has often occurred without comprehensive understanding of the underlying factors contributing to drug abuse which includes a lack of rigorous research on the motives for drug production and consumption, epidemiological trends, and the social and economic implications of drug misuse. As a result, the laws and policies formulated have frequently fallen short of their intended objectives, largely due to inadequate enforcement capacity, societal stigma, and barriers to harm reduction initiatives.

Public health interventions and policy gaps in relation to Nigeria's drug law reflect a critical intersection between drug abuse, enforcement practices, and public health strategies in a nation grappling with rising rates of substance use. Despite historical attempts to regulate drugs, including the establishment of the National Drug Law Enforcement Agency (NDLEA) in 1989, Nigeria continues to face significant challenges in curtailing drug abuse and trafficking, particularly among vulnerable populations. The current punitive legal framework has not only failed to diminish drug-related offenses but has also perpetuated stigma and hindered effective public health responses to

substance abuse.¹⁰¹ The inadequacy of Nigeria's drug policies is primarily attributed to a lack of comprehensive research on the socio-economic factors contributing to drug misuse, coupled with insufficient enforcement resources and corruption within law enforcement agencies. This scenario has resulted in a widespread perception of drug users as criminals rather than individuals in need of health support, which further complicates the implementation of harm reduction strategies.

Let us face facts, the criminalization of drug use often results in stigmatization and discrimination against individuals who use drugs, complicating public health responses and hindering harm reduction efforts. Reports indicate that law enforcement practices, including raids and arrests, disproportionately affect marginalized communities, often perpetuating cycles of poverty and crime rather than addressing the root causes of drug abuse.¹⁰²

Public health interventions aimed at mitigating drug abuse in Nigeria have gained significant attention in recent years. On paper, the National Drug Control Master Plan (NDCMP) 2021–2025 prioritizes harm reduction strategies, including needle-exchange programs and opioid substitution therapies, as crucial components of a comprehensive response to drug abuse and related health issues. Targeted public health initiatives are recommended to enhance awareness regarding the dangers of drug abuse, employing methods such as school-based prevention programs, community outreach initiatives, and public health campaigns. However, in reality, it is not the case. The public health response to drug use in Nigeria is hindered by significant policy gaps that reflect a lack of political commitment and an inefficient administrative framework. Despite the urgent need for

¹⁰¹ Alemika EO (2024). “Chapter 14: Nigeria’s Drug Laws and Policy Implications for Drug Abuse Prevention and Control.” CRISAfrica. Available at: <https://www.crisafrica.org/product/chapter-14-nigerias-drug-laws-and-policy-implications-for-drug-abuse-prevention-and-control-by-etannibi-e-o-alemika/> (accessed 12 September 2025).

¹⁰² Nelson EUE (2024). Harm Reduction Programmes for People Who Inject Drugs in Nigeria: Challenges in Implementation and Sustainability. Policy Brief 20, Swansea University / Centre for Research and Information on Substance Abuse. Available at: <https://www.swansea.ac.uk/media/Policy-Brief-20.pdf> (accessed 13 September 2025).

comprehensive interventions, the prioritization of substance use prevention within primary health care (PHC) remains inadequate.¹⁰³ The current punitive drug policies not only undermine efforts for harm reduction but also perpetuate misconceptions about the effectiveness of such strategies, linking harm reduction incorrectly to the broader issue of drug abuse rather than addressing it as a public health concern. Nigeria's drug laws are characterized by a heavy reliance on legal repression as a deterrent against drug production, distribution, and abuse, which have over time proven ineffective. This approach neglects essential preventive measures and treatment for drug-dependent individuals, resulting in a public health crisis that disproportionately affects the youth and vulnerable populations.

Barriers to the effective implementation of harm reduction strategies are multi-faceted, including resource constraints, lack of leadership support, and systemic stigma towards drug users. The stigma surrounding drug use exacerbates the challenges faced by individuals seeking treatment, often leading to limited access to necessary health services. In addition, the community's perception of human rights concerning drug use remains influenced by prevailing cultural norms, complicating efforts to promote a health-focused approach to substance abuse.¹⁰⁴

To address these policy gaps, Nigeria requires structural reforms that prioritize community engagement, funding for harm reduction programs, and a shift towards treating drug use as a public health issue rather than a criminal one. There is an urgent need for policies that facilitate the integration of harm reduction services, such as needle exchange programs and opioid substitution therapy, into the national health system to provide comprehensive support for individuals who

¹⁰³ Harvey J (2025). "Transforming Primary Care in Lagos: How SBIRT Training is Addressing Nigeria's Substance Use Crisis." *International Society of Substance Use Professionals (ISSUP)*, 23 June.

¹⁰⁴ Alare K & Muili A (2024). "The Opioid Crisis in Nigeria: A Call for Public Health and Policy Interventions." *The Lancet*.

inject drugs. Without these reforms, the public health landscape in Nigeria will continue to struggle against the rising tide of substance abuse and its associated societal challenges.

3.7. CRITIQUE OF THE NIGERIAN APPROACH

The critique of the Nigerian approach to drug policy examines the nation's longstanding reliance on punitive measures to address drug use and trafficking, a strategy rooted in historical colonial legacies and exacerbated by contemporary socio-economic challenges. Established under the National Drug Policy (NDP) in 1990, Nigeria's framework aims to regulate drug availability and combat substance abuse; however, critics argue that its focus on criminalization has led to ineffective enforcement, increased stigma, and a lack of access to treatment for those struggling with addiction. The Nigerian approach to drug policy is largely characterized by a strict, punitive framework that prioritizes prohibition, criminalization, and harsh enforcement measures. This model is deeply rooted in the National Drug Law Enforcement Agency (NDLEA) Act and related legislation, which prescribe severe penalties for drug production, trafficking, and use. While this approach reflects Nigeria's effort to comply with international drug control treaties and to combat the proliferation of narcotics, it has attracted significant critique from public health experts, human rights advocates, and policy analysts for its limited effectiveness in addressing the complexities of drug abuse and its social consequences such as poverty, unemployment, and inadequate access to healthcare services.

One of the primary critiques of Nigeria's drug policy is its overemphasis on criminal justice mechanisms at the expense of public health strategies. The dominant focus on enforcement often results in mass arrests and incarceration of drug users and low-level offenders rather than promoting rehabilitation or harm reduction. This punitive approach can worsen the stigma

attached to drug users, discourage affected individuals from seeking medical help, and contribute to prison overcrowding without substantially reducing drug demand or related harms. Consequently, the policy tends to perpetuate cycles of marginalization and social exclusion instead of fostering recovery and reintegration.¹⁰⁵ The Nigerian government's approach to drug policy has been widely criticized for its reliance on punitive measures, often referred to as "getting tough on drugs." Critics argue that this strategy has not only failed to curb the rising drug abuse problem but has also exacerbated it, leading to a cycle of ineffective enforcement and policy inertia.¹⁰⁶ Studies highlights that the nation's drug laws are overly focused on punishment rather than prevention and treatment, with inadequate resources allocated to addressing the needs of those affected by drug use and addiction.

Despite the existence of stringent laws, weak enforcement remains a significant issue, hampered by inadequate funding, poor coordination among agencies, and a lack of political will to implement reforms effectively. This has resulted in a mismatch between the policy framework and the realities on the ground, undermining efforts to address substance abuse in a meaningful way.

Furthermore, the Nigerian drug policy exhibits gaps in integrating evidence-based harm reduction interventions such as needle exchange programs, supervised consumption facilities, and Medication-Assisted Treatment (MAT). While recent policy frameworks like the National Drug Control Master Plan 2021–2025 signal increased attention to these approaches, their implementation remains limited, inconsistent and pretty much, non-existent across the country. The lack of robust health-centered responses undermines efforts to prevent adverse health

¹⁰⁵ Alemika EO (2024). "Chapter 14: Nigeria's Drug Laws and Policy Implications for Drug Abuse Prevention and Control." CRISAfrica. Available at: <https://www.crisafrica.org/product/chapter-14-nigerias-drug-laws-and-policy-implications-for-drug-abuse-prevention-and-control-by-etannibi-e-o-alemika/> (accessed 12 September 2025).

¹⁰⁶ Nnam, M. U., Onya, V. O., Obi, C. F., Ogbonnaya, C. E., & Arua, M. C. (2021). *Towards noncustodial harm reduction in substance abuse amongst youths: The need to incorporate social marketing interventions into the Nigerian legal framework*. *Scientific African*, 12, e00799. <https://doi.org/10.1016/j.sciaf.2021.e00799>

outcomes, including HIV/AIDS and hepatitis among injection drug users, and to reduce the socio-economic burden of drug dependence.¹⁰⁷

Another critique lies in the inadequate multisectoral coordination and insufficient funding for comprehensive drug prevention and treatment services. Nigeria's drug control efforts often suffer from fragmentation among enforcement agencies, health institutions, community organizations, and legislators. This disjointedness impairs the delivery of holistic services required to effectively address the socio-economic and psychological dimensions of drug abuse. Additionally, the legal environment fosters an adversarial relationship between drug users and enforcement agencies, limiting opportunities for constructive engagement and public health outreach.¹⁰⁸

Despite some progress, many Nigerians who struggle with drug use face harsh realities. The government's emphasis on punishment often means these individuals are seen more as criminals than as people in need of help and compassion. Families watch loved ones battle addiction with little hope, as the system prioritizes incarceration over healing. This approach ignores the deep social and economic roots of drug abuse such as poverty, unemployment, and trauma and can lead to further marginalization and social exclusion rather than support and recovery.

However, there are hopeful signs emerging through public health initiatives focused on harm reduction and rehabilitation, though these efforts are limited and face challenges including lack of resources and social stigma. Nigeria's drug policy could be transformed by expanding access to medical treatment, mental health care, and community-based support programs that

¹⁰⁷World Health Organization (WHO), 'Helping drug users return to a healthier lifestyle through harm reduction approach' *WHO Africa – Nigeria* (28 April 2025) <https://www.afro.who.int/countries/nigeria/news/helping-drug-users-return-healthier-lifestyle-through-harm-reduction-approach> accessed 15 November 2025.

¹⁰⁸ Jatau AI, Sha'aban A, Gulma KA, Shitu Z, Khalid GM, Isa A, Wada AS & Mustapha M (2021). "The Burden of Drug Abuse in Nigeria: A Scoping Review of Epidemiological Studies and Drug Laws." *Public Health Reviews*, 42:

treat users with dignity. Recognizing drug dependence as a health issue rather than a criminal one could open paths toward recovery and social reintegration. Moving beyond harsh penalties toward compassionate, inclusive strategies offers Nigeria a better chance to address the human toll of drug abuse and repair the damage to individuals and communities.

CHAPTER FOUR

COMPARATIVE STUDY OF THE DRUG LAW PARADIGM OF THE UNITED STATES AND THE NETHERLANDS TO THE DRUG PARADIGM IN NIGERIA

4.1. INTRODUCTION

The global landscape of drug policy presents a diverse array of approaches shaped by varying historical, cultural, social, and political contexts. A comparative study of the drug law paradigms of the United States and the Netherlands against that of Nigeria reveals fundamental differences in philosophy, implementation, and outcomes. Each of these countries exemplifies distinct models of drug regulation, that is, from punitive prohibitionist regimes to harm reduction and decriminalization frameworks providing a rich basis for comparative legal and policy analysis.

The United States has historically embraced a stringent prohibitionist approach to drug control, epitomized by the War on Drugs initiated in the early 1970s. U.S. drug policy is characterized by heavy criminalization, strict penalties for possession and trafficking, and a strong focus on interdiction and law enforcement. Legislation such as the Controlled Substances Act (1970)

created a rigid scheduling system for drugs, and mandatory minimum sentencing laws in the subsequent decades contributed to mass incarceration, disproportionately affecting minority populations. Despite recent movements toward medical marijuana legalization and some state-level decriminalization efforts, the U.S. largely maintains a criminal justice-centric model.

In stark contrast, the Netherlands is internationally renowned for its pragmatic and progressive drug policy that emphasizes harm reduction and controlled tolerance. Dutch drug law distinguishes between "soft" and "hard" drugs, allowing regulated sale and consumption of cannabis in licensed coffee shops while maintaining prohibition of more harmful substances. This policy framework aims to minimize health risks, reduce drug-related crime, and provide social support, underpinned by robust public health and social services. The Dutch model also incorporates comprehensive prevention, treatment, and social reintegration measures as part of its drug law paradigm.

Nigeria's drug law regime, meanwhile, is influenced largely by international drug conventions and the adoption of prohibitionist policies modeled on Western frameworks, primarily the U.S. The Nigerian laws, such as the National Drug Law Enforcement Agency (NDLEA) Act, enforce stringent criminal sanctions against trafficking, possession, and use of illegal drugs with a punitive orientation. However, Nigeria faces considerable challenges including inadequate infrastructure for treatment and harm reduction, pervasive corruption, and overlapping jurisdictional mandates that affect enforcement efficacy. Social stigma and limited public health responses complicate efforts to address drug dependence and addiction at scale.

A key point of divergence between these paradigms lies in the balance or imbalance between criminal justice and public health approaches. While the United States maintains a dominant punitive posture, the Netherlands incorporates harm reduction and decriminalization policies as

foundational elements, and Nigeria remains predominantly enforcement-driven with nascent or fragmented health-based responses. This comparative analysis will examine how these policy orientations impact drug use patterns, public health outcomes, social equity, and the rule of law in each country.

This chapter also underscores the importance of contextualizing drug law within local cultural, socioeconomic, and governance frameworks. It highlights how policy transfer without adaptation often encounters implementation barriers or unintended consequences, as seen in Nigeria's challenges. By juxtaposing the U.S. and Dutch paradigms with Nigeria's experience, the chapter illuminates the complex interplay between law, public health, human rights, and social development in crafting effective drug policies tailored to specific national contexts.

4.2. EVOLUTION OF U.S DRUG POLICY: FROM PUNISHMENT TO REFORM.

The evolution of drug policy in the United States is rooted in a complex interplay of social, economic, and political factors. Prior to the early 20th century, drugs in the U.S. were largely unregulated, and substances such as opium and cocaine were readily available to the public. Opium had been utilized for pain relief since the Revolutionary War, and its use, alongside other narcotics, surged in the late 1800s due to the increasing availability of these substances.¹⁰⁹

The mid-1800s saw state and local governments beginning to enact drug laws, paving the way for federal legislation in the subsequent decades. The Pure Food and Drug Act of 1906 marked a significant milestone in federal drug regulation by addressing issues related to tainted food and

¹⁰⁹ EBSCO Information Services (n.d.). "Drug Policy: Overview." *EBSCO Research Starters*. Available at: <https://www.ebsco.com/research-starters/law/drug-policy-overview> (accessed 26 October 2025).

drug quality. This legislation mandated ingredient labeling and prohibited misleading claims, particularly concerning addictive substances like opium, morphine, and cocaine. As a result, the oversight of drug regulation was entrusted to the U.S. Department of Agriculture's Bureau of Chemistry, which eventually evolved into the Food and Drug Administration (FDA) in 1930. The growing concern over drug use and addiction culminated in the Harrison Narcotics Tax Act of 1914, a response to public apprehensions about the rising prevalence of opiate use.

4.2.1. THE HARRISON NARCOTICS ACT 1914

The Harrison Narcotics Tax Act of 1914 was a landmark U.S. federal law regulating and taxing the production, importation, and distribution of opiates and coca products. It required anyone selling or distributing narcotics including importers, manufacturers, wholesalers, retailers, and physicians to register with the government and pay a tax. Detailed records of drug transactions had to be maintained and were subject to government inspection. Unauthorized possession of narcotics was made presumptively illegal unless prescribed in good faith by registered medical professionals, with penalties including fines and imprisonment up to five years. This legislation was the first major federal initiative to regulate and control narcotics, reflecting an evolving perspective on drug policy that would continue to develop throughout the 20th century.¹¹⁰

The Act legally defined narcotics to include opium and cocaine, drugs that were medically distinct but combined because both were considered euphorogenic and habit-forming. The law

¹¹⁰ EBSCO Information Services (n.d.). *Harrison Narcotics Tax Act (1914)*. EBSCO Research Starters. Available at: <https://www.ebsco.com/research-starters/science/harrison-narcotics-tax-act-1914> (accessed 26 October 2025).

was both a revenue measure and a means to suppress nonmedical drug use by making the narcotics trade transparent and confined to legitimate medical channels.¹¹¹

Internationally, it was influenced by the U.S.'s colonial governance in the Philippines and by global trade and public health concerns regarding opium, particularly in China. Domestically, it responded to rising awareness about opium addiction, opposition to unregulated patent medicines with opiates and cocaine, and social attitudes including racial prejudice toward Chinese immigrants and African Americans. Although the Harrison Act faced legal challenges over its constitutionality, the Supreme Court upheld it in *United States v. Jin Fuey Moy*¹¹². This law marked the beginning of federal drug control policy in the U.S. and laid foundational precedents for subsequent drug laws and the domestic drug war.

Thus, the evolution of U.S. drug policy started with the Harrison Narcotics Tax Act as a foundational regulatory measure targeting narcotics, escalating to rigid criminal penalties and federal enforcement, followed by gradual incorporation of public health-oriented reforms in the 21st century. This historical trajectory reflects complex social, political, and international dynamics shaping how drug use and addiction have been managed by the U.S. government over time.

4.2.2. NIXON'S INITIATIVES

President Nixon, who served from 1969 to 1974, integrated his predecessor's anti-drug initiatives into a broader tough-on-crime platform. In a 1968 speech, he pledged to wage a war against

¹¹¹ Gerstein DR and Harwood HJ (eds), *Treating Drug Problems: Volume 2 – Commissioned Papers on Historical, Institutional, and Economic Contexts of Drug Treatment* (Washington, DC: National Academies Press for the Institute of Medicine Committee for the Substance Abuse Coverage Study, 1992) “A Century of American Narcotic Policy”, available at: <https://www.ncbi.nlm.nih.gov/books/NBK234755/> (accessed 26 October 2025).

¹¹² 241 U.S. 394 (1916).

organized crime and specifically named narcotics as a serious national threat. Early in his administration, Nixon identified drug abuse as a “serious national threat” and prioritized aggressive federal response to combat narcotics use, trafficking, and addiction.¹¹³

In 1969, Nixon initiated Operation “Intercept”, a border control program deploying thousands of Customs agents to the U.S.-Mexico border to inspect and interdict drug shipments. Though operationally disruptive and only marginally effective in seizures, it pressured Mexico into signing anti-trafficking agreements, setting a precedent for U.S. supply-side drug policy and linking drug control to Cold War diplomatic strategies. Operation “Intercept” and the Nixon administration’s perceived diplomatic success of unilateral coercion—an enforcement tactic in kind with his campaign pledge to restore “law and order”—formed the proof-of-concept for the drug supply control ideology that has underpinned U.S. illicit narcotics strategy in Latin America for more than half a century.

The centerpiece of Nixon’s drug control legislation was the Comprehensive Drug Abuse Prevention and Control Act of 1970. This law repealed some mandatory minimum sentences, reduced penalties for simple possession, and gave judges discretionary power on first offenses, while increasing penalties for trafficking. Importantly, it established the Controlled Substances Act (CSA), categorizing drugs into schedules based on abuse potential and medical value. Nixon’s administration initially placed cannabis in Schedule I, indicating the highest potential for abuse and no accepted medical use, a categorization that sparked controversy and was subject to further study by the National Commission on Marijuana and Drug Abuse (Shafer Commission). To strengthen demand reduction, Nixon established the Special Action Office for

¹¹³ Coolidge Law Firm & Associates, *A Short Timeline of US Drug Policy* (25 January 2019) <https://coolidgelawfirmaz.com/timeline-of-us-drug-policy/> accessed 26 October 2025.

Drug Abuse Prevention (SAODAP) in 1971, appointing Jerome Jaffe as the first “Drug Czar.” This office aimed to coordinate treatment, prevention, and research programs federally, a significant shift from the historically predominant emphasis on law enforcement.¹¹⁴

The enforcement of drug laws in the United States has a complex history, evolving through various legislative measures and institutional changes aimed at controlling drug abuse and trafficking. Initially, the responsibility for enforcing drug regulations fell to the Treasury Department, which oversaw the Harrison Narcotic Tax Drug Act, a taxation measure related to controlled substances. In 1930, the Federal Bureau of Narcotics was established to focus specifically on narcotics violations, a role that transitioned to the Bureau of Narcotics and Dangerous Drugs in 1968 and eventually led to the creation of the Drug Enforcement Administration (DEA) in 1973, which currently manages drug enforcement operations in the U.S.¹¹⁵

The establishment of the Drug Enforcement Administration (DEA) in 1973 marked a significant escalation in drug enforcement efforts, aiming to unify various federal drug control agencies under one command. Nixon’s approach was a dual-front strategy addressing both supply and demand. Supply control focused on disrupting drug trafficking networks domestically and internationally, while demand control sought to expand rehabilitation and education programs to reduce drug abuse. Funding for drug programs increased dramatically under Nixon. He requested over \$350 million for anti-drug efforts, including expanding federal narcotics agents and enhancing technological capacities of enforcement agencies, alongside allocating millions for treatment and rehabilitation programs. Another notable enforcement innovation was the introduction of “no-

¹¹⁴ Nixon Foundation (2018). “No Final Victories – Lessons from President Nixon’s Drug Abuse Initiatives.” Published 4 May 2018. Available at: <https://blog.nixonfoundation.org/2018/05/no-final-victories-lessons-president-nixons-drug-abuse-initiatives/> (accessed 26 October 2025).

¹¹⁵ Arter ML (2024). “Drugs and Law Enforcement.” *EBSCO Research Starters*. Available at: <https://www.ebsco.com/research-starters/law/drugs-and-law-enforcement> (accessed 26 October 2025).

knock” raids, empowering law enforcement to enter homes without prior announcement to prevent destruction of drug evidence, reflecting Nixon’s tougher law-and-order stance.

Despite these efforts, Nixon’s War on Drugs increasingly prioritized punitive measures, particularly targeting minority communities, contributing to mass incarceration trends. Critics have argued that racial motivations underlaid drug policies that disproportionately impacted African American and Latino populations. In summation, Nixon’s drug policy initiatives combined expanded federal enforcement, international cooperation, legislative reform, and new demand reduction efforts into a comprehensive but controversial strategy. His administration’s framework laid the foundation for the modern War on Drugs, with long-lasting impacts on American law enforcement, public health, and criminal justice systems.

4.2.3. THE WAR ON DRUGS

The War on Drugs refers to a complex and controversial campaign initiated in the United States in the early 1970s aimed at reducing illegal drug use and trafficking through a combination of law enforcement, legislative measures, and public health initiatives. It gained momentum under President Richard Nixon, who famously declared drug abuse "America's public enemy number one" and implemented policies that sought to combat drug-related issues by intensifying enforcement and increasing penalties for drug offenses.¹¹⁶

The modern War on Drugs was formally initiated under President Richard Nixon in the early 1970s. On October 27, 1970, Nixon signed the Comprehensive Drug Abuse Prevention and Control Act, which established a framework for drug enforcement in the United States. This act

¹¹⁶ Walsh C (2021). “Solving Racial Disparities in Policing.” *The Harvard Gazette*, 23 February. Available at: <https://news.harvard.edu/gazette/story/2021/02/solving-racial-disparities-in-policing/> (accessed 26 October 2025).

marked a significant shift in drug policy, as it largely repealed mandatory minimum sentences for simple possession, which was reclassified from a felony to a misdemeanor, while increasing penalties for drug trafficking. During a news conference that day, Nixon famously labeled drug abuse as "America's public enemy number one," and pledged to wage an all-out offensive against it, aiming for a comprehensive governmental approach to the issue that included education and prevention measures alongside law enforcement. Nixon's administration linked drug abuse to broader concerns about organized crime, claiming it would be part of a national effort to combat various forms of societal decay, including urban poverty and crime.

The War on Drugs in the United States is a complex historical phenomenon that has evolved over more than a century. Its roots can be traced back to the early 20th century, when drug regulation began to take shape amid rising concerns over opiate and cocaine use. The opiate crisis had its origins in the Revolutionary War, where opium was utilized for pain relief. However, as the civilian population began to increasingly use opiates and cocaine in the late 1800s, state and local governments began enacting drug laws, marking the beginning of federal drug regulation following the turn of the century. Over the decades, the War on Drugs has evolved, incorporating elements of prevention and treatment, yet it remains a deeply polarizing topic due to its profound social implications and questionable efficacy. Notable for its significant impact on racial disparities within the criminal justice system, the War on Drugs has been criticized for disproportionately affecting minority communities despite similar rates of drug use across racial groups.

Throughout the 1970s and beyond, the strategies employed in the War on Drugs continued to evolve. Initially focused on law enforcement and punishment, the policy later included a significant emphasis on treatment and rehabilitation, with federal funding authorized for

educational and health initiatives aimed at combatting drug abuse. However, despite these attempts, the War on Drugs has been criticized for its effectiveness, with many scholars noting that the harsh punitive measures have not led to the anticipated decrease in drug abuse or trafficking and have instead contributed to the rise of illegal drug markets controlled by organized crime. The War on Drugs has also been scrutinized for its socio-political implications, particularly concerning racial disparities in drug enforcement and incarceration rates. The legacy of policing in America, which some scholars trace back to historical practices such as slave patrols, has persisted in the context of drug law enforcement, leading to disproportionate impacts on marginalized communities.

The War on Drugs has been shaped by a series of significant policies and legislative actions aimed at controlling drug use and trafficking in the United States. These measures have evolved over the decades, reflecting changing societal attitudes and political pressures. One of the most notable federal policies was the introduction of mandatory minimum sentencing laws, which established fixed prison terms for specific drug offenses. This approach was intended to create uniformity in sentencing but has often led to disproportionately harsh penalties, particularly for minority communities.¹¹⁷

Throughout the 1980s, under Presidents Reagan and Bush Sr., the War on Drugs intensified with increased funding for law enforcement. The Anti-Drug Abuse Act of 1986 introduced mandatory minimum sentences for drug offenses, particularly for crack cocaine, which disproportionately affected minority communities and contributed to mass incarceration. The crack-cocaine

¹¹⁷ Perry R A (2006). *Rockefeller Drug Laws Cause Racial Disparities, Huge Taxpayer Burden*. Testimony of the NYCLU before the New York State Assembly Committees. Available at: <https://www.nyclu.org/resources/policy/testimonies/rockefeller-drug-laws-cause-racial-disparities-huge-taxpayer-burden> (accessed 27 October 2025).

sentencing disparity, which established a 100:1 ratio between crack and powder cocaine sentences, exemplified this issue.¹¹⁸ The Fair Sentencing Act of 2010 aimed to address this disparity by reducing the ratio to 18:1, and subsequent reforms under the Biden administration sought to further eliminate these differences.¹¹⁹

The Controlled Substances Act of 1970 established the legal framework for drug regulation by categorizing substances into schedules based on their potential for abuse and medical value.

This act provided the government with broad powers to regulate and criminalize drug possession, distribution, and manufacture.

Alongside enforcement, public campaigns such as Nancy Reagan’s “Just Say No” aimed to educate youth and prevent drug initiation. However, these efforts often faced criticism for oversimplifying addiction and ignoring social determinants of drug abuse. Despite extensive law enforcement efforts, there has been a notable crisis of public confidence in drug policing. Many perceive these measures as ineffective and disproportionately targeting minority communities, leading to calls for a reevaluation of drug enforcement strategies. In the 1990s and 2000s, the War on Drugs faced growing scrutiny for its social and economic costs. Studies linked harsh sentencing laws to prison overcrowding and racial disparities in incarceration, sparking calls for reform and alternatives emphasizing treatment over punishment. A 2021 American Civil Liberties Union poll revealed that 83% of Americans considered the War on Drugs a failure, with

¹¹⁸ The Sentencing Project (2023). *One in Five: Racial Disparity in Imprisonment — Causes and Remedies*. Available at: <https://www.sentencingproject.org/reports/one-in-five-racial-disparity-in-imprisonment-causes-and-remedies/> (accessed 26 October 2025).

¹¹⁹ Tuttle C (2025). *Racial Disparities in Federal Sentencing: Evidence from Drug Mandatory Minimums*. Working Paper, Department of Economics, University of Texas at Austin. Available at: https://codytuttle.github.io/tuttle_mandatory_minimums.pdf (accessed 26 October 2025).

significant support for reducing or eliminating criminal penalties for drug possession.¹²⁰ This sentiment has been fueled by awareness of the negative societal impacts, including mass incarceration and the stigmatization of drug users.

The opioid epidemic in the 2000s and 2010s further highlighted the limitations of the War on Drugs. Pharmaceutical companies' role in opioid overprescribing and subsequent addiction crises prompted debates about balancing enforcement with public health strategies. The war on drugs has had profound effects on various aspects of society, particularly in relation to health, criminal justice, and racial disparities. Racial disparities are a prominent feature of the war on drugs. African American and Indigenous communities have faced disproportionate rates of drug-related arrests and sentencing. For instance, despite similar rates of drug use among racial groups, African Americans made up 35% of drug arrests, 55% of convictions, and 74% of individuals sentenced to prison for drug possession in 1998. This trend reflects a systemic bias that has led to the criminalization of drug use predominantly among minority populations, contributing to the creation of a permanent underclass with limited access to educational and job opportunities.

One significant consequence is the exacerbation of social determinants of health, which has been linked to the policies and enforcement strategies associated with the drug war. These policies have negatively influenced employment, education, housing, and access to benefits, resulting in poorer health outcomes for affected individuals and communities. The health consequences of drug use are profound, with issues such as high rates of infectious diseases (e.g., HIV, hepatitis, tuberculosis) among people who inject drugs. Evaluating current public health measures is critical for understanding their impacts on morbidity and mortality, as well as overall community health.

¹²⁰ Manhattan Institute (2024). "Drug Policing in the 21st Century: Concepts and Strategies for Policing the New Drug Crisis." Available at: <https://www.manhattan.institute/article/drug-policing-in-the-21st-century> (accessed 26 October 2025).

Research has highlighted harmful policies, such as the criminalization of drug use equipment, which exacerbate health risks by increasing pathogen transmission.¹²¹ Moreover, access to substance use treatment remains a crucial concern. In the United States, fewer than half of individuals struggling with addiction receive necessary treatment, and relapse rates can reach between 40% and 60%.¹²² Traditional treatment models often emphasize abstinence, which may not effectively address the diverse needs of individuals with substance use disorders. Such approaches can result in high dropout rates and fail to provide adequate support for those with co-occurring mental health issues.

Subsequently, Harm reduction approaches, including needle exchange programs, medication-assisted treatment for opioid addiction, and decriminalization of minor drug offenses, began to gain traction in some states and localities, challenging the punitive orthodoxies of earlier decades. Widespread distribution of naloxone also emerged as a vital strategy in reducing opioid overdose deaths. Community-based naloxone programs equip at-risk individuals and their support networks with tools to reverse overdoses, contributing to lower emergency department visits and fatalities related to opioid use. The increase in fentanyl-related deaths has further compounded these issues, highlighting the urgent need for effective harm reduction strategies that address these disparities.

A notable criticism of the war on drugs came from the Global Commission on Drug Policy, which concluded that the campaign has largely failed. The commission called for a fundamental shift toward policies focusing on public health, recommending the decriminalization of drug possession

¹²¹ Swansea University (n.d.). “Measuring the Effectiveness of Drug and Crime Control Policies.” Available at: <https://uniswales.ac.uk/measuring-effectiveness-drug-and-crime-control-policies> (accessed 27 October 2025).

¹²² Bou Harfouch L (2025). *Harm Reduction: An Evidence-Based Approach to the Drug War*. Policy Brief, Reason Foundation, 24 September 2025. Available at: <https://reason.org/policy-brief/harm-reduction-an-evidence-based-approach-to-the-drug-war/> (accessed 27 October 2025).

and personal use as part of a broader strategy to manage drug-related issues effectively. This perspective has gained traction among various countries and international organizations, particularly in the context of rising drug use and the ongoing public health crises exacerbated by the COVID-19 pandemic.¹²³

There is also an ongoing debate regarding the racial motivations behind the War on Drugs. Some studies and analyses suggest that the policies were deliberately designed to suppress specific populations, although this assertion is complex and contested. Former Nixon aides have disputed claims that the drug policies were racially motivated, asserting that such interpretations do not reflect their memories or the administration's approach to drug issues. Nevertheless, many legal experts and social activists, including New York Attorney General Letitia James, have stated that the War on Drugs has acted as a pretext for systemic discrimination against poor and minority communities, framing the issue as one of social justice.¹²⁴ In addition to racial concerns, critics have highlighted the economic costs associated with the War on Drugs. The financial burden of maintaining such punitive policies has been deemed unsustainable, particularly when compared to the relatively minor impacts of drug possession offenses on public safety.

In sum, the U.S. War on Drugs is a complex, evolving policy that has profoundly shaped criminal justice, public health, and social equity debates. It illustrates the tensions between law enforcement, medical treatment, social policy, and human rights in addressing substance abuse.

¹²³ United Nations Office on Drugs and Crime (UNODC) (2020). *UNODC Strategy 2021-2025*. Available at: <https://www.unodc.org/unodc/strategy/index.html> (accessed 26 October 2025).

¹²⁴ Mann B (2021). "After 50 Years of the War on Drugs, 'What Good Is It Doing for Us?'" *NPR*, 17 June. Available at: <https://www.npr.org/2021/06/17/1006495476/after-50-years-of-the-war-on-drugs-what-good-is-it-doing-for-us> (accessed 26 October 2025).

4.2.4. U.S PUBLIC HEALTH INTERVENTIONS AND DRUG DECRIMINALIZATION EFFORTS

The War on Drugs in the United States, officially initiated in the early 1970s, has profoundly shaped the country's drug policies and public health landscape. It was declared by President Richard Nixon in 1971, framing drug abuse as "public enemy number one" and leading to significant federal investment in law enforcement and punitive measures against drug-related offenses. Over the past four decades, this approach has resulted in extensive mass incarceration, particularly affecting communities of color, especially Black communities, who disproportionately face the consequences of aggressive drug enforcement policies. John Ehrlichman, a key advisor to Nixon, later acknowledged that the criminalization of drugs was a strategy aimed at disrupting specific social movements and communities.¹²⁵ Historically, U.S. drug policy has oscillated between periods of liberalization and conservatism, often reflecting broader societal attitudes toward substance use and public health. Despite the initial focus on punitive measures, the late 20th century saw emerging calls for public health-based approaches to drug use.

As historian David Musto noted, the public health perspective offers an alternative that prioritizes health and safety over punishment, emphasizing the need for harm reduction strategies that accommodate continued substance use while mitigating risks.¹²⁶ In the wake of escalating drug-related harms, particularly the HIV/AIDS epidemic among people who inject drugs, a shift toward evidence-based interventions became increasingly necessary. The Organization of American States, in a pivotal 2013 report, urged a reevaluation of the War on Drugs, advocating for a public

¹²⁵ National Association of Criminal Defense Lawyers (NACDL) (n.d.). *Race and the War on Drugs*. Available at: <https://www.nacdl.org/Content/Race-and-the-War-on-Drugs> (accessed 26 October 2025).

¹²⁶ Overdose Response Strategy (ORS) (2025). "Building Trust and Saving Lives: Naloxone Distribution and Tribal Community Collaboration in Arizona and Montana." Available at: <https://orsprogram.org/building-trust-and-saving-lives-naloxone-distribution-and-tribal-community-collaboration-in-arizona-and-montana/> (accessed 26 October 2025).

health framework that considers the decriminalization of drug use as essential to addressing drug-related issues effectively.¹²⁷ This report highlighted the pressing need for harm reduction approaches, which prioritize the health and dignity of individuals over criminalization, ultimately aiming to reduce the spread of diseases and prevent overdose deaths. The persistent challenges posed by drug policy have led to debates on alternative strategies, such as drug courts and diversion programs, which aim to integrate treatment within the criminal justice system rather than relying solely on punitive measures. Despite some evaluations indicating reductions in recidivism through drug court participation, the overarching system remains criticized for its flawed priorities and limited success in reducing drug use or related harms.¹²⁸

As the U.S. continues to grapple with the consequences of its drug policies, there is a growing recognition of the need for a comprehensive public health approach that includes harm reduction, treatment, and community engagement to foster more effective and equitable responses to drug use and addiction.

The United States has increasingly adopted public health interventions and drug decriminalization efforts as complementary strategies to traditional law enforcement approaches in addressing drug misuse and addiction as public health interventions in the context of drug use in the United States are increasingly informed by evidence-based practices that prioritize harm reduction, prevention, and treatment. These strategies advocate for a comprehensive approach to substance use that goes beyond traditional law enforcement methods and embraces public health principles.

¹²⁷ American Society of Addiction Medicine (ASAM) (n.d.). *Advancing Racial Justice and Health Equity in the Context of Addiction Medicine*. Available at: <https://www.asam.org/advocacy/public-policy-statements/justice> (accessed 27 October 2025).

¹²⁸ American Society of Addiction Medicine (ASAM) (n.d.). *Advancing Racial Justice and Health Equity in the Context of Addiction Medicine*. Available at: <https://www.asam.org/advocacy/public-policy-statements/justice> (accessed 27 October 2025).

Public health interventions aim to reduce the health harms associated with drug use by expanding access to evidence-based treatment, harm reduction services, and prevention programs. These include medication-assisted treatment (MAT) for opioid use disorder, needle exchange programs, overdose education, and naloxone distribution to reverse opioid overdoses.¹²⁹ Additionally, innovative treatments, such as agonist and partial agonist replacement therapies, along with medically supervised injection facilities, have shown efficacy in other countries but have yet to be fully explored in the U.S. context.

Drug decriminalization is a policy approach aimed at eliminating criminal penalties for drug possession and use, distinguishing it from legalization, which removes all penalties.¹³⁰ This strategy has gained traction in various jurisdictions worldwide, driven by a growing recognition of drug use as a public health issue rather than a criminal one. Advocates argue that decriminalization can reduce stigma, promote treatment, and decrease the burden on the criminal justice system.¹³¹ Decriminalization, which removes criminal penalties for possession of small amounts of drugs for personal use, seeks to reduce stigma and improve access to treatment and social services. By treating drug use as a health issue rather than a criminal offense, decriminalization policies aim to improve health outcomes and reduce incarceration rates.

¹²⁹ Office of the Surgeon General (US) (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health – Chapter 7: "Vision for the Future: A Public Health Approach"*. Washington, DC: US Department of Health and Human Services. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK424861/> (accessed 27 October 2025).

¹³⁰ Johnson S & Sue KL (2024). "Drawing on Black and Queer Communities' Harm Reduction Histories to Improve Overdose Prevention Strategies and Policies." *AMA Journal of Ethics*, 26(7): E580-586. doi:10.1001/amajethics.2024.580. Available at: <https://journalofethics.ama-assn.org/article/drawing-black-and-queer-communities-harm-reduction-histories-improve-overdose-prevention-strategies/2024-07> (accessed 26 October 2025).

¹³¹ American Public Health Association (APHA) (2013). *Defining and Implementing a Public Health Response to Drug Use and Misuse*. Available at: <https://www.apha.org/policy-and-advocacy/public-health-policy-briefs/policy-database/2014/07/08/08/04/defining-and-implementing-a-public-health-response-to-drug-use-and-misuse> (accessed 27 October 2025).

Oregon’s Measure 110, is a landmark example, decriminalizing possession of all nonprescribed drugs and reallocating funds toward addiction treatment, recovery programs, housing, and harm reduction. Oregon Measure 110, officially known as the Drug Addiction Treatment and Recovery Act, was a landmark initiative passed by Oregon voters in November 2020 that decriminalized the possession of small amounts of hard drugs, such as heroin, methamphetamine, and fentanyl. This measure marked a significant shift in drug policy from a punitive framework to a health-centered approach, emphasizing treatment and harm reduction as opposed to criminal penalties. This policy intended to reduce overdose deaths by linking users more effectively to health care systems and addressing racial disparities in drug law enforcement.¹³² By reducing drug possession to a class E violation, which carries nominal fines that can be waived upon completing a health assessment, Measure 110 aimed to alleviate the burden on the criminal justice system while increasing access to addiction recovery services funded through cannabis tax revenue.¹³³ Despite initial promise, Oregon’s implementation faced challenges including limited expansion of treatment capacity and increased rates of fatal overdose, prompting debates about the effectiveness and limitations of decriminalization without sufficient health system support.

The concept of decriminalizing drugs is not new, with several countries implementing various strategies over the past few decades. Portugal is a notable example, having decriminalized the possession of all illegal drugs in 2001. This policy shift treated drug possession as an administrative offense, leading to fines or community service instead of criminal charges. The approach resulted in significant improvements in public health indicators, including reduced rates

¹³² Albertson MD (2025). “The Life of OR Measure 110: Evolution, Implementation, and Impact.” *Anthós*, 14(1). Available at: <https://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1217&context=anthos> (accessed 27 October 2025).

¹³³ Mann B (2021). “After 50 Years of the War on Drugs, ‘What Good Is It Doing for Us?’” *NPR*, 17 June. Available at: <https://www.npr.org/transcripts/1240892448?ft=nprml&f=4516524> (accessed 27 October 2025).

of drug-related deaths and infections.¹³⁴ Other jurisdictions, such as Paraguay, Bolivia, Mexico, Poland, and Germany, have also explored decriminalization, each with varying levels of success and implementation strategies.

In the United States, decriminalization efforts are often framed within broader public health initiatives. Proponents argue that removing criminal charges can facilitate better access to health and social services, foster improved relations between law enforcement and people who use drugs (PWUD), and enhance public understanding of substance use as a health issue. Research into these outcomes is ongoing, utilizing frameworks that incorporate both quantitative and qualitative methods to assess the effects of decriminalization policies on various domains, including healthcare access and community safety. Moreover, health and human rights organizations have increasingly endorsed drug decriminalization as a means of promoting public health-oriented strategies for substance use management.¹³⁵

Decriminalization policies allow for civil penalties, such as fines or mandated counseling, in place of criminal charges, which often lead to incarceration and the long-term consequences of a criminal record.

U.S. public health interventions and drug decriminalization efforts represent a significant shift in the approach to substance use and addiction, prioritizing health over punitive measures in response to the longstanding War on Drugs initiated in the 1970s. This evolution in policy is underscored by increasing recognition of drug use as a public health issue rather than solely a criminal one,

¹³⁴ Russell C, Ali F, Imtiaz S, Butler A, Greer A, Rehm J et al. (2024). “The decriminalization of illicit drugs in British Columbia: a national evaluation protocol.” *BMC Public Health*, 24(1): 2879. doi:10.1186/s12889-024-20336-9. Available at: <https://www.bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-024-20336-9> (accessed 28 October 2025).

¹³⁵ Mohebbian M, Najafi S, Choi YN, Schütz C, Kassam R, Kazanjian A & Puyat J (2025). “Exploring the impact of drug decriminalization and legalization policies on mental health outcomes: A scoping review.” *PLOS Mental Health*, 2(10): e0000358. doi:10.1371/journal.pmen.0000358. Available at: <https://journals.plos.org/mentalhealth/article?id=10.1371/journal.pmen.0000358> (accessed 28 October 2025).

with advocates calling for evidence-based strategies that encompass harm reduction, prevention, and treatment.

The rationale behind these policies is rooted in the understanding that addressing substance use requires a comprehensive health-oriented approach, emphasizing harm reduction, prevention, treatment, and enforcement, often referred to as the "4 pillars approach" which are

1. harm reduction, prevention, treatment, and enforcement
2. Prevention
3. Treatment
4. Enforcement

Seattle's policy reflects a "4 pillars approach" similar to models adopted in various European countries and Canada, which emphasizes harm reduction, prevention, treatment, and enforcement. Seattle's 4 Pillar Approach is modeled on practices first developed in European cities like Geneva and Zurich and later adapted by Vancouver, emphasizing a coordinated and collaborative response involving health services, law enforcement, and community organizations.

Seattle's 4 Pillars Approach is a progressive and comprehensive drug policy framework that integrates four key components: prevention, treatment, enforcement, and harm reduction. This approach recognizes drug dependency primarily as a health issue, aiming to reduce the harms associated with drug use while maintaining public safety.

The first pillar, prevention, focuses on education and awareness to address the underlying causes of substance misuse. It includes programs targeted at specific populations and age groups that aim to inform individuals about the risks of drug use and ways to avoid addiction.

Treatment, the second pillar, involves a continuum of medical and psychosocial interventions to support individuals with addiction problems. This includes detoxification, counseling, medication-assisted treatment, and ongoing support to help people achieve and maintain recovery.

The enforcement pillar addresses the criminal behaviors associated with drug use, including trafficking and public disorder. Importantly, enforcement under this framework is balanced with interventions aimed at diversion and alternatives to incarceration, emphasizing public order without exacerbating health harms.

Harm reduction, the fourth pillar, aims to minimize the negative health consequences of drug use without necessarily requiring abstinence. Programs include needle exchange services, supervised consumption sites, overdose prevention education, and access to naloxone to reverse opioid overdoses. Harm reduction is a central component of modern public health strategies aimed at substance use. This approach focuses on minimizing the negative health impacts of drug use rather than insisting on total abstinence. It prioritizes the well-being of individuals, meeting them where they are in their substance use journey and addressing immediate health risks. Harm reduction initiatives, such as supervised injection facilities, have been shown internationally to reduce overdose deaths and lower transmission rates of infectious diseases like HIV and hepatitis, benefits that Seattle's approach seeks to replicate. Services provided under harm reduction include access to naloxone for overdose prevention, screening for injection-related infections, and syringe service programs.¹³⁶

¹³⁶ Fouch P (2023). "Decriminalization: A Way Out of the Unwinnable War on Drugs." *Appalachian Journal of Law*, 22(2). Available at: <https://appalachian.scholasticahq.com/article/74195-decriminalization-a-way-out-of-the-unwinnable-war-on-drugs> (accessed 26 October 2025).

Seattle's model differentiates itself by balancing enforcement with support services, aiming to reduce the stigma around addiction and promote public health while maintaining community safety and order. Early results from cities using a similar 4 pillar framework demonstrated reductions in public drug use, fewer drug-related deaths, and decreased rates of infectious diseases, indicating the effectiveness of a comprehensive approach over punitive policies alone. Critically, the 4 Pillar Approach acknowledges that abstinence may not be a realistic immediate goal for some individuals. It therefore supports pragmatic, achievable objectives that improve health outcomes and foster long-term recovery.

Pu Seattle's 4 Pillar Approach to drug policy is a balanced and evidence-based framework designed to address the multifaceted challenges of substance use disorder through prevention, treatment, enforcement, and harm reduction, fostering a compassionate yet effective response that benefits individuals and communities alike.

Research supports that legal reforms paired with expanded social and health services may reduce drug-related harms more effectively than punitive enforcement alone, although outcomes depend heavily on implementation capacity and community context.

In summary, U.S. public health interventions and drug decriminalization efforts represent a paradigm shift toward treating drug use as a complex health and social issue, aiming to improve treatment access, reduce overdose deaths, and mitigate social inequities perpetuated by criminalization policies. However, challenges remain in scaling effective services and achieving sustained positive health outcomes at the population level.

4.2.5. COMPARISON OF ENFORCEMENT STRATEGIES, TREATMENT APPROACHES AND OUTCOMES WITH NIGERIAN DRUG LAWS.

The comparison of drug enforcement strategies, treatment approaches, and outcomes between the United States and Nigeria highlights significant similarities and disparities in addressing substance use disorders and drug-related crimes.

In the United States, enforcement strategies prioritize dismantling large-scale drug trafficking networks while aiming to incorporate public health perspectives. The 2025 Office of National Drug Control Policy (ONDCP) emphasizes advanced border security, real-time field detection technologies, and targeting international drug cartels, especially regarding synthetic opioids like fentanyl. Federal enforcement agencies, notably the DEA, coordinate extensive surveillance and interdiction programs, leveraging data intelligence and collaborative efforts across federal, state, and local jurisdictions to address an evolving illicit drug landscape. Alongside hard enforcement, the U.S. pursues prevention and education campaigns, exemplified by initiatives like the DEA’s “One Pill Can Kill,” designed to raise public awareness about the dangers of synthetic drugs. Law enforcement funding is concurrently directed toward expanding personnel across agencies tasked with violent crime and drug-related offenses, focusing on curbing supply chains and violent crime linked to drug trafficking.¹³⁷

The United States employs a multifaceted approach to drug enforcement, focusing on both supply reduction and demand reduction strategies. One prominent aspect of this strategy is the collaboration among law enforcement agencies, community organizations, and treatment providers to address substance use disorders effectively. For example, a 2014 report by the Police Executive Research Forum indicated that several states are diverting drug offenders with substance

¹³⁷ Office of National Drug Control Policy (2024). *National Drug Control Strategy: FY 2025 Budget Summary*. The White House, Executive Office of the President. Available at: <https://bidenwhitehouse.archives.gov/wp-content/uploads/2024/06/National-Drug-Control-Strategy-FY-2025-Budget-Summary.pdf> (accessed 28 October 2025).

use disorders into treatment programs rather than punitive measures, which has shown to reduce drug offenses in targeted jurisdictions by as much as 55%.¹³⁸ Additionally, harm reduction strategies, including overdose prevention training for law enforcement and community policing initiatives, have been implemented in areas with rising drug markets.¹³⁹

Internationally, the U.S. maintains a strong commitment to combating drug trafficking through a coordinated effort with foreign governments. The U.S. Drug Enforcement Administration (DEA) and the Department of Defense (DOD) play vital roles in monitoring drug trafficking routes and supporting foreign law enforcement training.¹⁴⁰

In Nigeria on the other hand, enforcement is heavily centralized under the National Drug Law Enforcement Agency (NDLEA), with a pronounced punitive focus on arresting traffickers, seizing illicit substances, and prosecuting drug offenses. In Nigeria, the National Drug Law Enforcement Agency (NDLEA) was established in 1989 to combat drug trafficking and abuse in response to international conventions against drug trafficking. The agency focuses on both law enforcement and educational campaigns to deter drug abuse and promote community awareness of the dangers associated with drug use. However, there are concerns that the current strategies may be overly confrontational and may require a shift towards more conventional approaches that incorporate community engagement and support services for those affected by drug abuse. The

¹³⁸ The Pew Charitable Trusts (2018). *More Imprisonment Does Not Reduce State Drug Problems: Data show no relationship between prison terms and drug misuse*. Available at: <https://www.pew.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems> (accessed 28 October 2025).

¹³⁹ López G, Orchowski LM, Reddy MK, Nargiso J & Johnson JE (2021). "A review of research-supported group treatments for drug use disorders." *Substance Abuse Treatment, Prevention, and Policy*, 16: 51. doi:10.1186/s13011-021-00371-0. Available at: <https://www.substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-021-00371-0> (accessed 28 October 2025).

¹⁴⁰ Janson S, Nyenga L, Saleem H, Mayo-Wilson LJ, Mushy SE, Iseselo MK, van Draanen J, Tucker J, McPherson M & Conserve DF (2024). "Residential and Inpatient Treatment of Substance Use Disorders in Sub-Saharan Africa: A Scoping Review." *Substance Abuse Treatment, Prevention, and Policy*, 19:6. doi:10.1186/s13011-023-00589-0. Available at: <https://www.substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-023-00589-0> (accessed 28 October 2025).

NDLEA possesses broad arrest and prosecution powers but operates within constraints such as inadequate funding, logistical challenges, and reported corruption, which hamper effectiveness and limit the scope of interdiction efforts.

While U.S. strategies emphasize combining enforcement with prevention and treatment, Nigeria's drug enforcement disproportionately prioritizes interdiction and punitive sanctions at the expense of comprehensive public health responses. Enforcement practices often lack integration with treatment initiatives, creating gaps in addressing addiction as a health condition versus solely a criminal matter. The U.S. on the other hand, has adopted a more comprehensive approach that integrates law enforcement with treatment and community support. The emphasis on harm reduction and collaboration in the U.S. contrasts with Nigeria's more punitive stance. Addressing drug-related issues in a less confrontational manner and focusing on rehabilitation could potentially enhance the effectiveness of Nigeria's drug enforcement strategies.¹⁴¹ The United States has evolved its drug policies over the decades, transitioning from a punitive approach to a more integrated strategy that emphasizes harm reduction, treatment, and community engagement. This shift is largely driven by increasing awareness of the complexities of substance abuse and a growing consensus on the need for rehabilitation rather than incarceration, especially in light of the opioid crisis and calls for comprehensive drug reform.¹⁴²

Regarding treatment approaches, the U.S. offers a spectrum of evidence-based options, including medication-assisted treatment (MAT) with methadone and buprenorphine, behavioral therapies, and support services. These are increasingly integrated with the criminal justice system through

¹⁴¹ National Association of State Alcohol and Drug Abuse Directors (NASADAD) (n.d.). "Prevention Resources." Available at: <https://nasadad.org/prevention-resources/> (accessed 28 October 2025).

¹⁴² United States Department of State (2025). *2025 International Narcotics Control Strategy Report (Volumes I & II)*. Bureau of International Narcotics and Law Enforcement Affairs. Available at: <https://www.state.gov/2025-international-narcotics-control-strategy-report> (accessed 28 October 2025)

diversion programs and drug courts. Harm reduction efforts, such as needle exchanges and naloxone distribution, are federally supported and expanding with dedicated budgets aimed at reducing overdose deaths and transmission of infectious diseases.

Conversely, Nigeria's drug treatment infrastructure remains underdeveloped and fragmented. Despite provisions for treatment and rehabilitation within Nigerian drug policy, access to quality care is limited by scarce resources, insufficient treatment centers, social stigma, and lack of trained personnel. Harm reduction programs, including opioid substitution therapies and needle exchanges, are largely absent or in their infancy, constraining opportunities for reducing drug-related harms. As a matter of fact, the most functional drug treatment infrastructures are owned by private or religious bodies as opposed to the Government.

In terms of outcomes, the U.S. has seen mixed progress: reductions in opioid prescribing and expansions of treatment have had positive impacts, yet overdose deaths related to fentanyl and synthetic analogs continue to rise, underscoring ongoing challenges. The emphasis on data-driven enforcement and public health integration shows potential but faces hurdles in equitably reaching vulnerable populations.¹⁴³ Nigeria faces increasing drug use challenges despite vigorous enforcement. Pervasive socioeconomic factors, limited rehabilitation availability, and policy focus on punitive measures contribute to ineffective drug control outcomes and growing public health concerns. The dominance of enforcement over treatment exacerbates marginalization of users and delays progress in addiction care.

¹⁴³ United States Drug Enforcement Administration (DEA) (2025). "DEA Releases 2025 National Drug Threat Assessment." Press Release, 15 May. Available at: <https://www.dea.gov/press-releases/2025/05/15/dea-releases-2025-national-drug-threat-assessment> (accessed 28 October 2025).

Both countries acknowledge the complexity of illicit drug problems but differ significantly in balancing enforcement with health-centered responses. The U.S. shows ongoing effort to integrate these dimensions, while Nigeria’s approach remains predominantly enforcement-first with emerging recognition of the need for health investments. A key lesson from this comparison is that enforcement alone, absent robust and accessible treatment and harm reduction, is insufficient for sustainable drug control. Policy adjustments that elevate treatment infrastructure, reduce stigma, and employ evidence-based harm reduction are essential for improving outcomes. Therefore, a comprehensive drug policy must harmonize enforcement to dismantle illicit supply chains with public health strategies that effectively prevent and treat addiction. Nigeria’s evolving drug law regime would benefit substantially from increased investment in treatment capacity and community-based interventions modeled in part on practices seen in countries like the U.S.

In conclusion, the enforcement strategies, treatment modalities, and outcomes in the United States and Nigeria illustrate the critical need for multidimensional drug policies that combine rigorous, data-informed interdiction with accessible, stigma-free health services to address the multifaceted challenges posed by drug abuse and trafficking.

4.3. ANALYSIS OF THE DUTCH DRUG POLICY: A HARM REDUCTION MODEL

The Dutch drug policy represents a pioneering model centered on pragmatism and harm reduction rather than moral prohibition. Officially grounded in the Opium Act of 1976, the policy differentiates between “soft” drugs like cannabis, which are tolerated under regulated conditions, and “hard” drugs such as heroin and cocaine, which remain strictly illegal and subject to heavy

penalties. This legal distinction reflects a focus on minimizing public health risks and social harms rather than attempting outright eradication of all drug use.

At the heart of the policy is the concept of *gedoogbeleid*, or tolerance policy, under which the possession of small amounts of cannabis for personal use is not prosecuted, and regulated sales occur in licensed coffee shops. While cannabis production and sale remain technically illegal, law enforcement generally does not pursue small-scale personal users or coffee shop activities, emphasizing resource prioritization toward more serious offenses. This institutionalized discretion creates a de facto decriminalization without full legalization.

The Dutch harm reduction framework extends beyond cannabis tolerance to comprehensive public health initiatives targeting drug users of harder substances. Needle exchange programs, supervised consumption rooms, and accessible treatment and rehabilitation services form the backbone of efforts to reduce overdose deaths, prevent disease transmission, and encourage social reintegration. Recent reforms, such as the July 2025 introduction of group substance bans on emerging psychoactive drugs, showcase a continued commitment to adapt and regulate new challenges within a pragmatic framework. These measures aim to encompass entire classes of synthetic drugs to prevent legal loopholes exploited by the evolving illicit market.

Municipalities retain regulatory authority to impose additional restrictions on coffee shops and local drug policies, allowing responsiveness to community concerns while maintaining the underlying public health orientation. This balance of national tolerance and local discretion exemplifies the flexibility of the Dutch approach. While the policy faces criticism from both advocates for complete legalization and proponents of stricter prohibition, its evidence-based foundation prioritizes realistic, manageable outcomes over idealistic drug eradication. The Dutch

model is credited with controlling drug prevalence below expected levels and limiting associated social harms.

In summary, Dutch drug policy exemplifies a forward-thinking harm reduction paradigm that balances controlled tolerance of soft drugs with firm enforcement against hard drugs, supported by robust public health services and adaptive legal mechanisms. Its pragmatic blend of legal tolerance with health-centered interventions positions it as a leading example in contemporary drug policy discourse.

4.3.1. EVALUATION OF THE UNIQUE REGULATORY FRAMEWORK AND HARM REDUCTION STRATEGIES ADOPTED IN THE NETHERLANDS

The historical evolution of Dutch drug policy is rooted in a series of legislative changes and social movements that reflect the country's shifting attitudes towards drug use and harm reduction. The origins of drug regulation in the Netherlands can be traced back to the first "Opium Act" enacted in 1919, following the Hague Convention of 1912, which established a framework for controlling narcotics on a national level.¹⁴⁴ The Dutch drug policy is renowned for its distinctive approach that prioritizes harm reduction and public health over strict criminalization, making it a significant case study in global drug policy reform. Rooted in the historical evolution of drug legislation beginning with the Opium Act of 1919, the Netherlands' framework has evolved dramatically, particularly since the introduction of the revised Opium Act in 1976. Dutch drug policy is internationally recognized for its pragmatic and risk-based approach, rooted primarily in the Opium Act of 1976, which establishes a clear legal framework distinguishing between “soft” and “hard” drugs. This

¹⁴⁴ Fonseca MD (2020). “From prohibition to harm reduction? An analysis of the Dutch harm reduction approach in Brazilian law and practice.” *International Journal of Drug Policy*, 77: 102653. doi:10.1016/S0955-3959(20)30183-3. Available at: <https://www.sciencedirect.com/science/article/pii/S0955395920301833> (accessed 1 November 2025).

policy fundamentally differs from prohibitionist models by emphasizing harm reduction and public health alongside law enforcement. The Dutch model aims to minimize the adverse social and health consequences of drug use while attempting to keep the illegal drug market under control through regulated tolerance.¹⁴⁵

From 1965 to 1975, the Netherlands began to form a distinctive drug policy that deviated from the prevailing prohibitionist approaches seen globally. The initial years of this period were characterized by rising concerns about drug use and its associated social issues, prompting a reconsideration of existing laws. The enactment of the revised Opium Act was pivotal; it aimed to separate the markets and contexts for soft and hard drugs, emphasizing risk reduction and harm mitigation rather than outright criminalization of users. The emergence of harm reduction as a guiding principle in Dutch drug policy also mirrored broader societal changes. The movement gained traction in the 1970s amid increasing public health concerns and rising drug use, leading to a more nuanced understanding of addiction and its societal implications. This approach recognized the rights of individuals, aiming to empower them through accessible health and legal services, which was a departure from earlier punitive measures.¹⁴⁶

Central to Dutch policy is the distinction under the Opium Act between drugs listed in List I (hard drugs such as heroin, cocaine, and ecstasy) and List II (soft drugs such as cannabis and hashish). While the possession and trade of all drugs remain technically illegal, the Netherlands operates a tolerance policy particularly for small quantities of soft drugs. Use itself is not

¹⁴⁵ Law & More Legal Blog (2025). “Drugs Legislation in the Netherlands: Complete Guide for 2025.” Available at: <https://lawandmore.eu/blog/drugs-legislation-in-the-netherlands-complete-guide-for-2025/> (accessed 28 October 2025).

¹⁴⁶ Institute for Municipal and Regional Policy (IMRP), University of Connecticut (2021). *Holland’s Approach to Drug Use*. Available at: <https://imrp.dpp.uconn.edu/wp-content/uploads/sites/3351/2021/09/HollandsApproachToDrugUse.pdf> (accessed 30 October 2025).

punishable, although possession, production, and sale are subject to legal restrictions. This framework allows regulated cannabis sales in licensed coffee shops under strict conditions to limit organized crime involvement and protect public health.

A major recent development in Dutch drug legislation includes the introduction of a substance group ban in July 2025, targeting new psychoactive substances (designer drugs). This measure addresses loopholes previously exploited by producers who released ever-changing chemical variants of illegal substances, effectively broadening the scope of prohibited drugs to encompass entire families of substances rather than individual compounds. This reform aims to strengthen law enforcement's capacity to tackle synthetic drug proliferation while maintaining public health safeguards.

The Dutch government balances a firm stance on the production, trafficking, and sale of hard drugs with a more tolerant and pragmatic approach toward soft drug use. The authorities actively dismantle drug laboratories and combat organized crime structures involved in drug manufacturing and distribution, reflecting the dual policy objective of crime prevention and public health protection. Enforcement actions are complemented by comprehensive addiction treatment and prevention programs offered nationally.

Municipalities hold a degree of autonomy under the general local ordinance allowing them to impose stricter local regulations on drug policy implementation, such as limiting the number or locations of coffee shops or enforcing curfews. These local variations enable tailored responses to community needs and public safety concerns, while still operating within the national legal framework.

The Netherlands has a long and complex history with cannabis regulation, dating back to the early 20th century when cannabis was legal in the Dutch colonies. Over time, public attitudes shifted,

and by the 1950s, the Opium Act was amended to classify cannabis as an illegal substance, resulting in increased prosecutions for marijuana-related offenses.¹⁴⁷ However, a growing recognition of widespread cannabis use led to the introduction of a policy of tolerance in the 1970s, which allowed for the sale of cannabis in designated coffee shops under strict conditions. The Netherlands' drug tolerance policy, often referred to as "gedoogbeleid," is a distinctive approach to drug regulation that allows for the controlled sale and possession of cannabis in designated coffee shops. This policy, initiated with the revision of the Opium Act in 1976, differentiates between "hard drugs" and "soft drugs," with cannabis categorized under the latter, reflecting the country's commitment to harm reduction and pragmatic drug management.¹⁴⁸

The Dutch tolerance policy allows for the regulated sale and possession of cannabis in designated coffee shops, which must adhere to strict guidelines known as the "AHOJ-G" criteria: no advertising, a minimum age of 18 for customers, a maximum of 5 grams of cannabis per person, and no public disturbance. The Netherlands' unique stance has garnered international attention, making it a case study for drug policy reform and challenging conventional prohibitionist frameworks.

Despite the tolerance of cannabis sales, the Dutch legal framework faces contradictions, particularly the "back door" problem, where the cultivation and supply of cannabis remain illegal¹⁴⁹ which highlights a significant inconsistency within the legal framework. While coffee shops can legally sell cannabis, the cultivation and supply remain illegal, necessitating that these

¹⁴⁷ Municipality of Maastricht (2024). "Controlled Cannabis Supply Chain Experiment." Available at: <https://www.gemeentemaastricht.nl/en/controlled-cannabis-supply-chain-experiment> (accessed 30 October 2025).

¹⁴⁸ Hofmann R (2021). "The Cannabis Dilemma – Is the Legalisation of Cannabis in Europe Possible?" *Maastricht University Blog*, 26 November. Available at: <https://www.maastrichtuniversity.nl/blog/2021/11/cannabis-dilemma-%E2%80%93-legalisation-cannabis-europe-possible> (accessed 1 November 2025).

¹⁴⁹ van Ooyen-Houben MMJ & Kleemans ER (2015). "Drug Policy: The 'Dutch Model'." *Crime and Justice*, 44: 165–220. doi:10.1086/681551.

establishments source their products from illicit suppliers. This creates a paradox where legal businesses rely on unregulated markets, raising concerns about product safety, public health, and the perpetuation of criminal networks. It also allows for a pragmatic approach in addressing drug use and trafficking, reflecting the complexities of Dutch drug policy. Critics argue that this contradiction undermines the intended benefits of the policy and complicates law enforcement efforts aimed at addressing drug-related crime.

International obligations further complicate the landscape of Dutch drug policy, as the country must navigate commitments under treaties such as the United Nations Convention on Psychotropic Substances, which categorize cannabis as a controlled substance. The ongoing debates about drug policy reform in the Netherlands reflect broader societal shifts and increasing pressure from both domestic and international actors, leading to discussions about potential reforms to address the back door problem and improve the integrity of the cannabis market.

Put simply, this policy aimed to separate the markets for hard and soft drugs but resulted in various societal issues, including public health concerns and drug-related crime. In response to these challenges, the Dutch government proposed the Controlled Cannabis Supply Chain Experiment, often referred to as the "weed experiment, or the "Closed Coffee Shop Chain Experiment", an initiative examining whether cannabis production can be safely and legally regulated to close the gap between the tolerated sale in coffee shops and the illegal production side. This policy shift reflects ongoing efforts to control the entire cannabis supply chain, aiming to further reduce criminal involvement and increase transparency.¹⁵⁰

¹⁵⁰ Netherlands Government (2024). "Controlled Cannabis Supply Chain Experiment: Background Information and Experiment Design." Available at: <https://www.government.nl/topics/controlled-cannabis-supply-chain-experiment/background-information-and-experiment-design> (accessed 30 October 2025).

The experiment was initiated following the 2017-2021 coalition agreement, which highlighted the need for a small-scale trial in up to ten municipalities to explore whether legalized and controlled cannabis cultivation could mitigate the public order and health issues associated with the previous policy. Under this initiative, participating coffee shops will sell cannabis that is produced by government-approved growers, ensuring quality control and a regulated supply chain.¹⁵¹ The Dutch Food and Consumer Product Safety Authority (NVWA) is tasked with enforcing compliance and quality standards, while an independent evaluation committee will assess the experiment's outcomes concerning public health, safety, and crime.

The Netherlands Closed Coffee Shop Chain Experiment aims to evaluate the feasibility of regulating the cannabis supply chain through a government-monitored system. In this system, licensed growers are authorized to produce cannabis specifically for participating coffeeshops, thereby safeguarding quality and curbing illegal cultivation and trade. The experiment officially commenced on April 7, 2025, and is set to run for a minimum of four years, with a possibility of extending to five and a half years, depending on legislative outcomes with a structured framework designed to transition the cannabis market towards regulation while addressing public health and safety concerns.¹⁵²

Licensed growers will produce cannabis exclusively for participating coffee shops, with the Dutch Food and Consumer Product Safety Authority overseeing compliance and quality standards. This controlled model is designed to mitigate the complexities associated with the previous tolerance

¹⁵¹ Sense Shop (2025). "Dutch Coffee Shops: New Regulations Change the Cannabis Market." Published 16 March 2025. Available at: <https://senseshop.dk/en/hollandske-coffee-shops-nye-regler-cannabis-marked/> (accessed 28 October 2025).

¹⁵² Norton Rose Fulbright (2020). Netherlands Legislative Overview. Global Publication, February 2020. Available at: <https://www.nortonrosefulbright.com/fr-mo/knowledge/publications/24014f2b/netherlands-legislative-overview> (accessed 28 October 2025).

policy, known for its paradoxical "Back Door" problem, where the sale of cannabis was legal while its supply remained illegal.¹⁵³

Despite its ambitious goals, the experiment has faced criticism and scrutiny from various stakeholders. Coffeeshop owners have reported persistent supply issues and concerns over the quality of regulated products, raising fears that consumers might revert to the illicit market. Moreover, the government's ability to effectively implement the experiment has been questioned, particularly in light of previous challenges with cannabis legalization efforts.¹⁵⁴ As the experiment unfolds, its success will depend on the cooperation of all stakeholders in navigating these complexities and achieving the desired outcomes of public health improvement and crime reduction.

While it may be true that the Dutch drug policy is Harm Reduction as opposed to criminalization, that statement does not reflect the whole truth. In the Netherlands, penalties for production and trafficking of hard drugs remain strict and are designed to target organized crime and protect public safety. Under the Opium Act and recent legislative amendments as of 2025, involvement in the production, trafficking, or distribution of hard drugs classified under List I substances such as heroin, cocaine, ecstasy, and methamphetamine is punishable by significant criminal sanctions. Those convicted of producing or trafficking hard drugs face imprisonment, with maximum sentences reaching up to 12 years, or in certain aggravated cases, up to life imprisonment. Fines can also be imposed, and courts often apply asset forfeiture laws to

¹⁵³ Molina D (2025). "The Dutch Experiment: Navigating the Transition to a Regulated Cannabis Market in the Netherlands." Vicente LLP Insights, 8 October. Available at: <https://vicentellp.com/insights/the-dutch-experiment-navigating-the-transition-to-a-regulated-cannabis-market-in-the-netherlands/> (accessed 30 October 2025).

¹⁵⁴ Cannabis Career (2024). "The Dutch Weed Experiment – A Move Towards a Regulated Cannabis Chain." *Cannabis Career News*, 8 March 2024. Available at: <https://cannabiscareer.nl/en/blogs/news/experiment-gesloten-coffeeshopketen-weed-experiment?srltid=AfmBOort4zjLsojGS7RaVJchthDbf77OTZFH8-ap2ETjJ4MMCggnFIL> (accessed 31 October 2025).

confiscate proceeds derived from drug trafficking activities. The judiciary considers factors such as the scale of operations, past criminal records, and links to organized crime when determining penalties. Trafficking offenses also attract heavy penal consequences, especially when involving large quantities or when cross-border smuggling is involved. The Netherlands cooperates actively with international law enforcement agencies to disrupt transnational drug trafficking networks, reflecting its commitment to addressing production and distribution of hard drugs in a comprehensive and coordinated manner.

Recent legal reforms, including the tightening of drug laws in 2025, reflect the government's heightened focus on dismantling drug manufacturing networks and combating synthetic drug proliferation. These measures aim to strengthen enforcement tools available to prosecutors and police, allowing swifter action against large-scale hard drug operations.

Local prosecutors and courts consistently adopt a zero-tolerance approach toward hard drug trafficking, reinforcing that while possession and use of small amounts of soft drugs are tolerated under strict regulation, hard drug offenses remain a serious criminal matter with correspondingly high penalties.

Thus, the Netherlands maintains a clear dichotomy in its drug penalty structure: tolerance with regulation for soft drug use contrasted with firm and stringent penalties for hard drug production and trafficking, aiming to protect public health and order by targeting the more harmful substances aggressively.

The Dutch experience underscores that drug policy effectiveness relies not solely on legal prohibition but also on comprehensive harm reduction, public health investment, and community-sensitive implementation. This multi-layered strategy aims to reduce harm, contain

criminal activity, and foster social inclusion for people affected by drug use.¹⁵⁵ Overall, Dutch drug policy stands as a complex yet coherent system combining legal distinction, tolerance, strict law enforcement on production and trafficking, and robust public health interventions. Its ongoing refinements emphasize both harm reduction and crime prevention, positioning it as a progressive model in global drug policy discourse.

4.3.2. COMPARISON OF DECRIMINALIZATION AND PUBLIC HEALTH ORIENTED INITIATIVES WITH NIGERIAN AND AMERICAN APPROACHES

A comparative analysis of the Dutch decriminalization and public health-oriented drug policy with the approaches in Nigeria and the United States reveals distinct national paradigms shaped by differing priorities, resources, and socio-political contexts. The comparison of drug policy approaches among the Netherlands, Nigeria, and the United States reveals contrasting strategies in addressing drug use and public health issues.

The Netherlands stands out for its pragmatic drug policy, which decriminalizes possession of small amounts of “soft” drugs like cannabis and focuses on harm reduction rather than criminalization. Emerging in the 1970s, the Dutch model separates the markets for soft and hard drugs by regulating the former through licensed coffee shops while targeting the latter with strict enforcement. It

¹⁵⁵ Gal N (2025). “Impact of New Drug Laws in the Netherlands: Expert Insights and Prevention Efforts.” *The Amsterdammer*, 7 February. Available at: <https://theamsterdammer.org/2025/02/07/news/impact-of-new-drug-laws-in-the-netherlands-expert-insights-and-prevention-efforts/> (accessed 30 October 2025).

prioritizes public health and social integration, aiming to minimize drug-related harms through comprehensive harm reduction services such as needle exchange programs, supervised consumption spaces, and easy access to addiction treatment. These initiatives have significantly reduced rates of infectious diseases and improved access to medical care and social services, thereby lowering health risks and broader social harms associated with drug use. Despite its success, the policy continues to face international criticism, with some labeling the Netherlands a “drugs paradise” and exerting pressure for more stringent regulations.¹⁵⁶

In stark contrast, Nigeria’s approach to drug use and mental health remains predominantly enforcement-driven, marked by an inadequate and outdated legal framework that perpetuates stigma and discrimination. Although the Nigerian Constitution recognizes the rights of individuals with mental health conditions, enforcement is weak, and the existing Mental Health Act, 2011 which was signed into law in Nigeria on January, 2023 is criticized for vague definitions and insufficient provisions for treatment and rehabilitation. As a result, punitive measures dominate the landscape under frameworks such as the National Drug Law Enforcement Agency (NDLEA) Act, imposing stringent criminal sanctions against drug use, production, and trafficking.¹⁵⁷ While the National Drug Control Master Plan 2021–2025 expresses commitments to more health-centered and demand-reduction strategies, treatment and harm reduction services remain limited, with rehabilitation often restricted to psychiatric hospitals or faith-based centers and very few

¹⁵⁶ Busz M, Schiffer K, Voets A & Pomfret A (2024). “Reframing Dutch Drug Policies: A New Era for Harm Reduction.” *Harm Reduction Journal*, 21: 163. doi:10.1186/s12954-024-01071-1. Available at: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-024-01071-1> (accessed 28 October 2025).

¹⁵⁷ Yusuf F (2025). “Drug Legislation and Substance Use Policies in Nigeria.” *Journal of Public Policy and Administration*, Vol. x No. x. Available at: https://www.researchgate.net/publication/393086660_Drug_Legislation_and_Substance_Use_Policies_in_Nigeria (accessed 30 October 2025).

programs like needle exchanges. Consequently, individuals with drug-related issues struggle to access necessary support, hindering effective public health responses.¹⁵⁸

The United States presents a complex mixed model, historically rooted in the punitive “War on Drugs”, which emphasized enforcement and incarceration and contributed to mass imprisonment, particularly among minority communities. Despite these efforts, such punitive measures did not significantly improve public health outcomes or reduce drug-related harm. In recent decades, however, there has been a growing shift toward integrating public health strategies with enforcement, reflected in expanded medication-assisted treatment for opioid use disorder, naloxone distribution, syringe exchange programs, and the establishment of safe consumption sites.¹⁵⁹ These harm reduction initiatives illustrate increasing recognition of the need for health-oriented policies. Nonetheless, resistance to change remains strong in many regions, particularly in the southern United States where punitive attitudes towards drug use persist, and drug enforcement continues to be robust, especially against trafficking and synthetic opioids like fentanyl.¹⁶⁰

Key distinctions emerge in how each country balances criminal justice and public health. The Netherlands prioritizes decriminalization and health services to manage drug use as a social health issue, minimizing legal penalties for users of soft drugs. Nigeria’s framework is overwhelmingly punitive with limited public health infrastructure to manage addiction

¹⁵⁸ Viko IJ & Essien QE (2021). “Comparative Analysis of the Legal Approach to Mental Health in Nigeria and Netherlands.” *The Nigerian Juridical Review*, 16: 62–78. Available at: <https://tnjr.uneclaw.ng/index.php/tnjr/article/download/13/21> (accessed 30 October 2025).

¹⁵⁹ White S (n.d.). “Messaging on Harm Reduction: How to Talk to Stakeholders.” *Opioid Principles – Johns Hopkins Bloomberg School of Public Health*. Available at: <https://opioidprinciples.jhsph.edu/harm-reduction-messaging/> (accessed 29 October 2025).

¹⁶⁰ McGinty EE, Pescosolido B, Goldman HH & Barry CL (2018). “Public support for safe consumption sites and syringe exchange programmes: Findings from a national survey of Americans.” *Preventive Medicine*, 111: 73-77. doi:10.1016/S0091-7435(18)30061-6. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0091743518300616> (accessed 30 October 2025).

comprehensively. The U.S. occupies an intermediary stance with simultaneous continued criminalization coupled with expanding health interventions.

Resource availability and institutional capacities further differentiate these approaches. The Netherlands' well-funded health system and long-standing harm reduction philosophy enable robust services, while Nigeria struggles with underfunded health facilities, social stigma, and limited harm reduction infrastructure. The U.S. invests large sums in law enforcement and public health but faces systemic inequities in access and outcomes.

Outcomes echo these policy divides: the Netherlands reports lower rates of drug-related harm despite tolerance policies; Nigeria faces rising drug use rates and public health challenges amidst strict enforcement; the U.S. grapples with opioid epidemics and incarceration crises but shows progress where treatment and harm reduction are accessible.

Overall, the divergent approaches highlight a broader debate regarding the efficacy of punitive versus health-centered drug policies. While the Netherlands demonstrates the potential benefits of prioritizing public health, Nigeria's and the United States' struggles underscore the challenges of implementing effective harm reduction strategies within restrictive legal frameworks.

In sum, while all three countries seek to address substance use's health and social impacts, the Dutch model exemplifies a harm reduction and decriminalization approach yielding better health and social metrics. Nigeria and the U.S. reflect more hybrid or enforcement-heavy traditions with growing recognition of the role of health-centered initiatives, signaling potential pathways for policy evolution.

4.3.3. IDENTIFICATION OF POTENTIAL AREAS OF CROSS-POLLINATION BETWEEN THE POLICIES OF NIGERIA, THE UNITED STATES AND NETHERLANDS

The identification of potential areas of cross-pollination between the drug policies of Nigeria, the United States, and the Netherlands highlights the diverse approaches taken by these nations in addressing drug-related challenges. Each country's drug policy is shaped by its unique socio-political context, historical experiences, and public health priorities. While the U.S. policy, often termed "the war on drugs," emphasizes strict law enforcement and punitive measures against drug use, the Netherlands adopts a more health-oriented framework that prioritizes harm reduction and public health outcomes. Nigeria, navigating a burgeoning drug crisis exacerbated by trafficking and counterfeit drugs, reflects elements of both punitive and emerging health-focused strategies. Notably, the drug policies of these nations present significant opportunities for cross-pollination, particularly in areas such as harm reduction strategies, cannabis regulation, and comprehensive drug policy frameworks. The U.S. and Nigeria share enforcement-heavy traditions, while the Netherlands emphasizes health-oriented harm reduction. Both Nigeria and the U.S. could learn from the Dutch model by integrating decriminalization of minor drug offenses with expanded health and social services, reducing incarceration and related social harms. The Netherlands' experience with harm reduction, including needle exchange programs and drug testing initiatives, could provide valuable insights for the U.S. and Nigeria, where rising drug use poses significant public health risks.

One critical area for shared learning lies in harmonizing enforcement with public health objectives. Nigeria and the U.S. could adopt Dutch-style decriminalization policies for small-scale possession and use of soft drugs, thereby reducing incarceration rates and alleviating the

burden on the criminal justice system. These reforms could direct resources toward health-centered approaches focused on treatment, prevention, and social reintegration, which have been cornerstones of Dutch success in controlling drug-related harm.

Conversely, the enforcement strategies employed by the U.S. might offer lessons for the Netherlands in combatting organized crime linked to drug trafficking, while Nigeria could adapt best practices from both countries to enhance its own drug policy framework amidst growing substance abuse rates. Controversies surrounding drug policy persist, particularly in the U.S., where aggressive enforcement measures have been criticized for their ineffectiveness and negative social impacts, including the exacerbation of addiction rates. Similarly, Nigeria grapples with public health concerns arising from counterfeit drugs and insufficient regulatory oversight, while the Netherlands faces challenges related to rising organized crime and public nuisance.

The Dutch model's regulated cannabis market, featuring licensed coffee shops, offers a practical framework to separate soft and hard drug markets, curtail criminal enterprise, and generate tax revenues. Given ongoing cannabis legalization in several U.S. states and Nigeria's struggle with managing cannabis-related use and trafficking, adopting such regulatory strategies could reduce illegal market influence while safeguarding public health.

Also, diversion and judicial alternatives to incarceration are well-developed in the U.S., especially through drug courts that channel offenders into treatment programs. Nigeria could incorporate these models to mitigate prison overcrowding and improve rehabilitation outcomes.

The Netherlands complements such mechanisms with a legal framework that treats drug consumption as a health issue rather than a criminal one, facilitating more compassionate and effective interventions.

Municipal or community-level flexibility in drug policy implementation is another area for potential policy cross-fertilization. Dutch municipalities exercise autonomy to impose local regulations tailored to specific social needs, balancing tolerance with public safety. Similarly, U.S. federalism supports state-level experimentation with drug laws. By decentralizing policy enforcement, Nigeria could foster context-sensitive programs that better address their diverse population needs.

Public education and prevention efforts in the U.S. and Netherlands emphasize culturally relevant, evidence-based messaging that enhances early intervention and reduces drug initiation rates. Nigeria could strengthen its drug prevention strategies by adopting these models, improving awareness and addressing social determinants linked to drug abuse.

Lastly, data-driven and research-informed policymaking underpins progressive drug control in the Netherlands and the U.S. as Nigeria stands to benefit greatly by developing comprehensive monitoring systems and investing in empirical research to continuously evaluate and adapt drug policies in response to emerging trends and outcomes.

Thus, these three contrasting drug policy frameworks, when viewed comparatively, reveal crucial entry points for mutual learning. Integrating enforcement with public health, expanding harm reduction, regulating markets, instituting diversion, decentralizing policy, enhancing prevention, and embracing empirical evaluation can collectively inform more balanced, effective, and humane drug control paradigms tailored to each nation's context. This cross-pollination offers the promise of advancing global drug policy reform anchored in social justice and health equity. In all, cross-pollination is not a matter of one model replacing another, but a strategic exchange: combining Dutch harm-reduction, American regulatory frameworks, and Nigerian enforcement networks to create more balanced, humane, and effective drug policies.

4.4. IMPACTS OF DRUG POLICY ON PUBLIC HEALTH AND CRIMINAL LIABILITY

The impact of drug policy on public health and criminal liability is a significant area of discourse that examines how laws and regulations governing drug use influence health outcomes and societal dynamics. This intersection has gained increasing attention due to the growing public health crises related to substance misuse, including rising rates of overdose deaths and the spread of infectious diseases. The ongoing debate centers around whether punitive measures or health-focused approaches yield better outcomes for individuals and communities affected by drug use.

Drug policy plays a decisive role in shaping public-health outcomes because it determines how a society responds to drug use as a health challenge, a criminal offence, or a combination of both.

From a public health perspective, punitive drug policies often exacerbate health risks by discouraging users from seeking medical assistance for fear of arrest or stigmatization. Harsh criminalization creates barriers to accessing addiction treatment and harm reduction services such as needle exchange programs, opioid substitution therapy, and supervised consumption facilities. This can result in higher rates of overdose deaths, infectious disease transmission, and untreated psychiatric comorbidities among people who use drugs, negatively impacting community health. Public-health-driven systems view addiction as a medical condition that needs treatment, counselling, and preventive education. Such systems invest in rehabilitation centers, opioid-replacement therapy, needle-exchange programs, and mental-health support, all of which reduce the risk of overdose, HIV transmission, and long-term dependency. In contrast, punitive drug policies push drug use underground, where users avoid hospitals and hide symptoms due to fear of arrest. This widens the gap between healthcare providers and vulnerable populations,

ultimately increasing medical emergencies, street drug markets, and preventable disease outbreaks among drug-using communities.

Conversely, public health-oriented drug policies that emphasize decriminalization and harm reduction tend to improve health outcomes by reducing stigma and encouraging healthcare engagement. The Dutch model exemplifies this, employing regulated cannabis tolerance and extensive harm reduction infrastructure, thereby lowering drug-related morbidity and mortality while concurrently managing social impacts. Such models foster a balance between minimizing public health risks and maintaining social order without resorting to excessive punishment.

Criminal liability also determines how society labels and reacts to drug users. In many jurisdictions, possession of even small quantities attracts imprisonment and a permanent criminal record. While policymakers argue that strict penalties deter crime, in practice they often overburden courts and prisons, punish first-time or low-risk users, and reduce employment and reintegration opportunities for affected individuals. Criminalization also strengthens stigma: when addiction is defined legally as deviance rather than illness, users are less likely to seek help and more likely to suffer social exclusion. Countries with heavy criminal penalties frequently report prison overcrowding, high recidivism, and limited access to treatment for inmates with addiction histories. A legal framework that integrates public health concepts within criminal liability such as diversion programs, decriminalization of possession, and alternatives to imprisonment can mitigate these adverse effects. Incorporating health-based assessments within judicial processes allows courts to prioritize treatment over incarceration, reducing recidivism and promoting social reintegration.

A growing number of systems worldwide are testing a balanced approach that separates violent traffickers from dependent users. Under these models, criminal penalties remain strong for

trafficking, organized drug networks, and drug-related violence, but minor possession is redirected to health-based interventions. Some jurisdictions channel users into mandatory rehabilitation, counselling, job skills training, or monitoring programs instead of prison. Evidence from these reforms shows several benefits: reduced prison congestion, increased treatment enrolment, uninterrupted employment for recovering users, and improved family stability. The justice system also becomes more cost-efficient, as resources shift from punishing low-level possession to dismantling trafficking networks and large-scale supply systems.

Thus, drug policy functions as both a legal instrument and a public-health strategy, and its structure determines whether a country prioritizes punishment, treatment, or a balanced combination of both. When drug laws are supported by rehabilitation pathways, medical services, and community education, societies experience fewer drug-related deaths, lower infection rates, and stronger reintegration outcomes. Conversely, punitive approaches that rely solely on criminal liability without therapeutic alternatives often produce worse health outcomes, higher incarceration rates, and a cyclical pattern of addiction driven by stigma, imprisonment, and social exclusion. In summary, balanced legal frameworks that integrate harm reduction, decriminalization, and judicial alternatives provide the most effective means of reducing harm, protecting communities, and treating drug dependence as a solvable health and social issue rather than a perpetual criminal pipeline.

4.4.1. ANALYSIS OF THE ROLE OF STIGMA, DISCRIMINATION AND SOCIAL DETERMINANTS OF HEALTH IN SHAPING PUBLIC HEALTH RESPONSES TO DRUG USE

Stigma, discrimination, and social determinants of health play a critical role in shaping public health responses to drug use, often complicating efforts to provide effective care and support for

individuals with substance use disorders. The analysis of stigma, discrimination, and social determinants of health (SDOH) reveals significant influences on public health responses to drug use.¹⁶¹ Stigma, defined as a mark of disgrace, leads to the marginalization of individuals with substance use disorders (SUDs), adversely affecting their access to healthcare and treatment options.¹⁶² This issue is particularly notable as it exacerbates health disparities, especially among marginalized communities, including racial minorities and individuals with intersecting identities, such as mental health challenges and non-heterosexual orientations or members of the LGBTQIA community. The complexities surrounding stigma and discrimination not only hinder individual health outcomes but also impact systemic approaches to public health. The interaction between stigma and SDOH illustrates a critical barrier to effective drug use interventions. Forms of stigma, including public stigma and structural stigma, create environments where individuals are discouraged from seeking help due to fear of discrimination and negative societal perceptions.¹⁶³ To some, the negative social attitudes and stereotypes surrounding drug use can deter people from seeking treatment or harm reduction services due to fear of judgment, marginalization, or legal repercussions. This stigma not only affects users themselves but also influences policy design, resource allocation, and clinical practices, which may further entrench health disparities. The impact of stigma is multifaceted, affecting not only individuals with substance use disorders but also healthcare providers, treatment efficacy, and broader public health outcomes. Stigma manifests in various forms, including

¹⁶¹ NHS Inform (n.d.). “Challenging Drug and Alcohol Stigma.” Available at: <https://www.nhsinform.scot/campaigns/challenging-drug-and-alcohol-stigma/> (accessed 30 October 2025).

¹⁶² Zwick J, Appleseth H & Arndt S (2020). “Stigma: How it Affects the Substance Use Disorder Patient.” *Substance Abuse Treatment, Prevention, and Policy*, 15: 50. doi:10.1186/s13011-020-00288-0. Available at: <https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-020-00288-0> (accessed 30 October 2025).

¹⁶³ End Overdose Epidemic (n.d.). “Stigma.” Available at: <https://end-overdose-epidemic.org/awareness/stigma/> (accessed 30 October 2025).

1. public stigma,
2. structural stigma,
3. courtesy stigma, and
4. self-stigma.

Public stigma refers to the negative beliefs and attitudes held by society towards individuals with substance use disorders.¹⁶⁴

Structural stigma, on the other hand, encompasses the discriminatory laws, policies, and institutional practices that reinforce negative stereotypes and limit access to necessary services.¹⁶⁵

Courtesy stigma is the stigma experienced by those associated with stigmatized individuals, while self-stigma occurs when individuals internalize negative societal beliefs about themselves, leading to feelings of shame and hopelessness.¹⁶⁶

Stigmatization frequently takes the form of discriminatory attitudes and actions that impact the treatment and perception of individuals with SUDs. For instance, those who are openly identified as drug users may face overt discrimination in healthcare settings, leading to delayed or inadequate treatment. Patients have reported experiences of “scornful maltreatment” by healthcare providers, highlighting the detrimental effects of stigma on the quality of care they receive. This maltreatment often manifests as isolation within healthcare systems, where drug users are served last or redirected through multiple facilities, further complicating their access to care.

¹⁶⁴ Wogen J & Restrepo MT (2020). “Human Rights, Stigma, and Substance Use.” *Health and Human Rights Journal*, 22(1): 51-60. Available at: <https://www.hhrjournal.org/2020/06/18/human-rights-stigma-and-substance-use/> (accessed 30 October 2025).

¹⁶⁵ U.S. Department of Labor (n.d.). “Addressing Stigma.” *Career OneStop: Recovery-Ready Workplace Hub*. Available at: <https://www.dol.gov/agencies/eta/RRW-hub/Getting-started/Addressing-stigma> (accessed 30 October 2025).

¹⁶⁶ Mburu G, Ayon S, Tsai AC, Ndimbii J, Wang B, Strathdee SA & Seeley J (2018). ““Who has ever loved a drug addict? It’s a lie. They think a ‘teja’ is as bad person”: multiple stigmas faced by women who inject drugs in coastal Kenya.” *Harm Reduction Journal*, 15: 29. doi:10.1186/s12954-018-0235-9. Available at: <https://www.harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-018-0235-9> (accessed 30 October 2025).

Harm reduction strategies, including needle exchange programs and safe consumption sites, are pragmatic approaches that aim to mitigate the adverse consequences of substance use rather than mandating immediate abstinence.¹⁶⁷ By leveraging community resources, clinicians can support patients at various stages of their recovery journey, helping them to engage with health services in a non-judgmental environment.¹⁶⁸ Additionally, harm reduction strategies such as syringe services programs (SSPs), medication-assisted treatment, and supervised injection facilities have proven effective in reducing transmission rates of HIV and hepatitis C among people who inject drugs.¹⁶⁹

Discrimination against people who use drugs manifests in healthcare, employment, housing, and justice systems, limiting access to essential services and perpetuating cycles of poverty, poor health, and social exclusion. Health professionals sometimes hold biased views that affect the quality of care provided, leading to under-treatment or mismanagement of drug-related conditions. These discriminatory experiences discourage engagement with health systems, reducing the effectiveness of public health interventions.

Moreover, social determinants of health like socioeconomic status, education, housing stability, social support, and community safety profoundly influence drug use patterns, vulnerability to addiction, and treatment outcomes. Communities facing systemic disadvantages often bear disproportionate burdens of drug-related harms due to limited access to prevention, healthcare,

¹⁶⁷ Patterson E (2024). “Social Determinants of Health and Substance Abuse: Understanding the Intersection.” ICANotes Blog, 24 October. Available at: <https://www.icanotes.com/2024/10/24/social-determinants-of-health-and-substance-abuse/> (accessed 29 October 2025).

¹⁶⁸ Muncan B, Walters SM, Ezell J & Ompad DC (2020). “They look at us like junkies”: influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City. *Harm Reduction Journal*, 17: 53. doi:10.1186/s12954-020-00399-8. Available at: <https://www.harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00399-8> (accessed 30 October 2025).

¹⁶⁹ Adams JM & Volkow ND (2020). “Ethical Imperatives to Overcome Stigma Against People With Substance Use Disorders.” *AMA Journal of Ethics*, 22(8): E702-E708. doi:10.1001/amajethics.2020.702.

and social services. Addressing these upstream determinants is essential for creating equitable public health responses that go beyond individual behaviors to encompass broader structural factors.¹⁷⁰

Decriminalizing drug possession not only reduces incarceration rates but also facilitates greater access to treatment and harm reduction services. Evidence suggests that such policies can redirect resources from the criminal justice system to healthcare services, thus minimizing health disparities and addressing the stigma associated with drug use.¹⁷¹ Additionally, policy reforms focused on decriminalization and social reintegration seek to dismantle punitive frameworks that exacerbate stigma and discrimination. These approaches help reframe drug use as a health issue rather than a moral failing or criminal behavior, encouraging supportive responses from both health and social systems.

Public health models that acknowledge and incorporate the realities of stigma and social determinants can foster more compassionate, inclusive, and effective drug policies. Harm reduction strategies exemplify this by providing nonjudgmental services aimed at reducing adverse health outcomes without requiring abstinence, thereby lowering barriers to care among marginalized populations. Community engagement and education play pivotal roles in combating stigma and discrimination, promoting awareness that drug dependence is a complex biopsychosocial condition. Inclusive public messaging and provider training help shift societal attitudes and improve health equity for people who use drugs.¹⁷²

¹⁷⁰ Aronowitz S & Meisel ZF (2022). “Addressing Stigma to Provide Quality Care to People Who Use Drugs.” JAMA Network Open, 5(2): e2146980. doi:10.1001/jamanetworkopen.2021.46980. Available at: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788647> (accessed 30 October 2025).

¹⁷¹ American Public Health Association (APHA) (2013). Defining and Implementing a Public Health Response to Drug Use and Misuse. Available at: <https://www.apha.org/policy-and-advocacy/public-health-policy-briefs/policy-database/2014/07/08/08/04/defining-and-implementing-a-public-health-response-to-drug-use-and-misuse> (accessed 30 October 2025).

¹⁷² Khazaei-Pool M, Naghibi SA, Pashaei T & Ponnet K (2024). “Developing practical strategies to reduce addiction-related stigma and discrimination in public addiction treatment centers: a mixed-methods study protocol.”

As discussions surrounding drug policy evolve, the need for a holistic understanding of how stigma, discrimination, and SDOH intersect becomes increasingly vital. This understanding can inform the development of more effective interventions and policies aimed at supporting individuals with SUDs, ultimately contributing to improved public health outcomes and greater social equity in healthcare access.¹⁷³

4.4.2. EXPLORATION OF THE LEGAL AND JUDICIAL IMPLICATIONS OF DRUG LAWS ON CRIMINAL JUSTICE SYSTEMS

The exploration of the legal and judicial implications of drug laws on criminal justice systems focuses on how legislation surrounding drug use and distribution has shaped societal norms, influenced law enforcement practices, and impacted marginalized communities. Over the past century, drug laws in the United States, for example, have evolved from early regulatory frameworks, such as the Harrison Narcotics Tax Act of 1914, to more punitive measures that have significantly contributed to mass incarceration and systemic racial disparities. This evolution has sparked ongoing debates about the effectiveness of such laws, particularly in light of the disproportionate effects they have on communities of color and economically disadvantaged populations.

The historical development of drug laws and enforcement in the United States has profoundly shaped the criminal justice system and the experiences of marginalized communities. The origins of contemporary law enforcement can be traced back to institutions such as the "Slave Patrol,"

Addiction Science & Clinical Practice, 19: 40. doi:10.1186/s13722-024-00472-8. Available at: <https://ascpjournals.biomedcentral.com/articles/10.1186/s13722-024-00472-8> (accessed 30 October 2025).

¹⁷³ Spooner C & Hetherington K (2005). *Social Determinants of Drug Use* (NDARC Technical Report No. 228). Sydney: National Drug & Alcohol Research Centre, University of New South Wales. Available at: <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/TR.228.pdf> (accessed 30 October 2025).

established in the early 1700s in the Carolinas. These patrols were designed to maintain control over enslaved populations through terror and excessive force, setting a precedent for the use of coercive policing methods that persists today.¹⁷⁴

The notable controversies surrounding drug laws center on issues of racial injustice and the balance between public safety and rehabilitation. For instance, the 100-to-1 sentencing disparity between powder and crack cocaine has drawn criticism for its racially discriminatory implications, prompting calls for reform.¹⁷⁵

Recent legislative efforts, such as the First Step Act of 2018, seek to address some of these injustices by promoting more equitable sentencing practices and allowing for judicial discretion, while also recognizing the need for a shift from punitive approaches to treatment-oriented solutions for drug addiction. As societal perceptions of drug use evolve, decriminalization efforts have emerged as a potential path forward, reflecting a growing recognition of addiction as a public health issue rather than solely a criminal matter. This trend has led to legislative changes in various states, sparking debates about the implications of such policies for public health, safety, and economic stability.¹⁷⁶

While advocates argue that decriminalization can reduce incarceration rates and racial disparities, concerns remain regarding its impact on crime rates and community safety, highlighting the complexities of reforming drug laws in contemporary society.

¹⁷⁴ National Association for the Advancement of Colored People (NAACP) (n.d.). Criminal Justice Fact Sheet. Available at: <https://naacp.org/resources/criminal-justice-fact-sheet> (accessed 30 October 2025).

¹⁷⁵ Muenster E (2022). “The First Step Act Took One Step Forward and Two Steps Back.” *Houston Law Review*, 60(1): 135-174. Available at: <https://houstonlawreview.org/article/55526-the-first-step-act-took-one-step-forward-and-two-steps-back> (<https://houstonlawreview.org/article/55526-the-first-step-act-took-one-step-forward-and-two-steps-back>) (accessed 30 October 2025).

¹⁷⁶ Common Sense Institute (2024). *The Consequences of Drug Decriminalization*. Available at: <https://www.common senseinstituteus.org/colorado/research/housing-and-our-community/the-consequences-of-drug-decriminalization> (accessed 30 October 2025).

Nigeria's drug laws, on the other hand, have far-reaching legal and judicial implications that significantly shape the country's criminal justice system. The National Drug Law Enforcement Agency (NDLEA) Act and related statutes underpin Nigeria's approach to drug control, criminalizing unauthorized importation, manufacturing, trafficking, possession, and use of controlled substances such as cocaine, heroin, and LSD. The penalties prescribed under these laws are stringent, ranging from lengthy prison terms to life imprisonment, especially for offenders caught with arms or involved in conspiracy or aiding drug-related crimes.¹⁷⁷ These harsh sanctions extend to premises owners who facilitate drug activities and encompass the forfeiture of assets and properties obtained through drug offenses, directing such confiscated property to the federal government. Law enforcement agencies, empowered by the NDLEA Act, wield broad powers including warrantless searches, seizures, arrests, and the ability to freeze financial accounts linked to drug crimes.

The judiciary also holds a pivotal role in enforcing these drug laws, with the Federal High Court having exclusive jurisdiction over drug offense prosecutions,¹⁷⁸ ensuring cases are dealt with through specialized and expedient legal processes. The court system grapples with balancing punitive measures and rehabilitative provisions, though in practice, punishment dominates through long sentences and fines. Rehabilitation and social reintegration are legislated as goals, especially for juvenile offenders under the Child's Rights Act, which precludes severe penalties like capital punishment for minors and favors treatment approaches.

¹⁷⁷ National Human Rights Commission of Nigeria (NHRC) (n.d.). Response of the Nigeria National Human Rights Institution to the Call for Submissions on the Issue of Detention. Available at: <https://www.ohchr.org/sites/default/files/Documents/Issues/Detention/Call/NHRIs/NigeriaNHRI.pdf> (accessed 31 October 2025).

¹⁷⁸ Section 26(1) NDLEA Act

Consequently, the impact of drug laws on the criminal justice system is profound. The focus on punishment causes overcrowding in prisons and burdens courts with lengthy drug offense trials. The limited implementation of rehabilitation programs challenges efforts to reduce recidivism and address the public health aspect of drug addiction. Further, the criminalization approach raises human rights concerns around drug users, who often face stigma and harsh legal consequences without adequate support systems. Critics argue Nigeria requires reforms that integrate more rehabilitative and public health-oriented policies alongside traditional criminal justice responses to better handle drug-related issues and reduce systemic strain.¹⁷⁹

In sum, Nigeria's drug laws impose rigorous criminal sanctions enforced through specialized judicial mechanisms, shaping a criminal justice system that prioritizes control and deterrence but faces challenges in rehabilitation and human rights protections. This legal framework, while robust in aiding law enforcement, calls for nuanced reforms to harmonize punishment with treatment and social reintegration for more effective drug law governance.¹⁸⁰

Taking a look at the Netherlands, Drug policy in the Netherlands is often described as one of the most liberal in the world, but in reality, it is a highly regulated and strategically calibrated legal regime. Rather than adopting outright legalization, Dutch legislation classifies drugs, regulates their availability, and channels criminal justice resources towards the most harmful offences. The Opium Act forms the core legal instrument governing drug control, distinguishing between "hard" drugs (such as heroin, cocaine and methamphetamine) and "soft" drugs (such as cannabis). This

¹⁷⁹ Egboka A (2017). The Death Penalty and Poverty: Promoting Access to Justice for the Poor in Nigeria. Presentation, Legal Defence & Assistance Project/Nigeria. Available at: <https://worldcoalition.org/wp-content/uploads/2020/09/AdaobiEgboka-1.pdf> (accessed 31 October 2025).

¹⁸⁰ Alemika EO (2024). "Chapter 14: Nigeria's Drug Laws and Policy: Implications for Drug Abuse Prevention and Control." In *[Title of Edited Volume]*. Uyo: Centre for Research and Information on Substance Abuse. Available at: <https://www.crisafrica.org/product/chapter-14-nigerias-drug-laws-and-policy-implications-for-drug-abuse-prevention-and-control-by-etannibi-e-o-alemika/> (accessed 31 October 2025).

statutory separation creates the foundation for a harm-reduction-based criminal justice model, where possession of small quantities of soft drugs is technically illegal but *tolerated* under strict administrative guidelines.

This approach has profound judicial implications. First, it allows prosecutors and courts to apply the “expediency principle,” meaning that criminal justice authorities may decline to prosecute minor cannabis-related offences in the public interest. As a result, enforcement is selective, prosecutorial discretion is broad, and judicial dockets are significantly reduced. Instead of criminalizing users, the Dutch system diverts resources toward large-scale traffickers, organized criminals, and hard-drug operations. Courts therefore spend less time on low-level possession cases and can prioritize serious drug trafficking, money laundering, and cross-border organized crime prosecutions.

Economically, the policy reduces incarceration costs and limits long-term criminal records for drug users, preventing many from entering the revolving door of the prison system. The Dutch judiciary also integrates administrative and public health mechanisms such as addiction services, municipal supervision, and compulsory treatment orders thereby ensuring that drug misuse triggers health interventions rather than punitive ones. This hybrid justice–health framework stands in contrast to strictly prohibitionist jurisdictions where prisons absorb the burden of addiction treatment failures. Furthermore, coffeeshop tolerance policies like allowing controlled retail sale of cannabis under license helps create a controlled environment that limits street-level drug markets and reduces police confrontation with users. However, the “backdoor problem” persists: coffeeshops may sell cannabis legally under tolerance guidelines, but the wholesale supply chain remains illegal. This inconsistency continues to generate judicial controversy and leaves space for

organized criminal networks. Courts and prosecutors must navigate this contradiction, balancing public safety with the intention of harm reduction.

At a societal level, the Dutch model influences policing culture. Officers are trained to view drug users as individuals needing health intervention rather than as criminals. The criminal justice system thus reinforces de-stigmatization, contributing to higher rates of voluntary treatment, lower overdose rates, and fewer drug-related arrests. Yet the Netherlands still imposes strong penalties for drug exportation and trafficking, especially to neighboring EU states further illustrating that leniency for users does not translate into leniency for profit-driven criminality. Internationally, Dutch drug laws test the boundaries of the UN drug control treaties. Although the Netherlands technically complies, since cannabis remains illegal in law, the nation's tolerance policy has prompted criticism from more punitive states. Dutch courts and policymakers therefore operate in a delicate balance between domestic harm-reduction priorities and international legal obligations.

In summary, the Dutch case shows that drug laws can restructure the criminal justice system away from mass criminalization and towards public health, targeted enforcement, and judicial efficiency. The system reduces unnecessary prosecution, limits prison overcrowding, and prioritizes serious organized crime. While not without contradictions, particularly in supply-chain legality, it demonstrates that criminal justice outcomes can improve when drug policy focuses on managing harm rather than insisting on absolute prohibition. Ultimately, the interplay between drug laws and the criminal justice system continues to prompt critical discussions about justice, equity, and public health. Policymakers are increasingly challenged to develop comprehensive approaches that prioritize rehabilitation and address the root causes of substance use, while also

considering the historical context and ongoing consequences of drug legislation on affected communities.¹⁸¹

4.5. INTERSECTION OF PUBLIC HEALTH AND CRIMINAL JUSTICE

The relationship between public health and criminal justice has evolved from a purely punitive orientation to a more nuanced, interdisciplinary approach that recognizes crime as both a legal and social phenomenon. The intersection of these fields is increasingly important worldwide, as many individuals entangled in the criminal justice system face significant health challenges that traditional punitive responses fail to address. These health issues are often overlooked in traditional criminal justice approaches, which tend to focus primarily on punishment rather than well-being. Public health focuses on preventing harm, reducing disease, and improving well-being, while criminal justice emphasizes law enforcement, deterrence, and proportional punishment. These systems converge most clearly where social behavior, illness, and crime overlap such as substance abuse, mental illness, sexual health, and communicable diseases. Integrating public health principles into criminal justice policies is therefore essential for creating more humane and effective systems that protect both individuals and communities.

One major intersection emerges in drug policy. Criminal justice systems traditionally treat drug use and possession as criminal offences, leading to arrest, incarceration, and long legal consequences. Public-health systems, however, see drug addiction as a chronic, relapsing medical condition requiring treatment, harm reduction and rehabilitation. Countries that integrate both

¹⁸¹ Collins K (2025). “Decriminalization in the 21st Century.” *Eukaryon: An Undergraduate Journal of Life Science Scholarship, Lake Forest College*, Vol. ? (no volume specified). Available at: <https://www.lakeforest.edu/academics/student-honors-and-research/student-publications/eukaryon/decriminalization-in-the-21st-century> (accessed 31 October 2025).

perspectives tend to adopt mechanisms such as drug treatment courts, non-custodial sentencing, opioid substitution therapy, counselling, syringe-exchange programs and supervised consumption sites. These approaches reduce overdose deaths, lower the spread of HIV and hepatitis, and prevent recidivism, bridging punitive and therapeutic responses. Public health perspectives encourage looking at violence and crime as symptoms of broader social and health issues. Instead of responding solely through law enforcement and punishment, public health advocates for preventive measures that tackle root causes like poverty, education disparities, and neighborhood disadvantage. This approach supports community resilience and reduces the likelihood of involvement with the criminal justice system by addressing underlying factors before they escalate into crime.¹⁸²

Another critical health problem observed within the criminal justice population is the high prevalence of mental health disorders. Many incarcerated individuals struggle with untreated mental illnesses, often exacerbated by the stress and isolation of incarceration. Substance use disorders are also common, creating a dangerous cycle where addiction leads to criminal behavior and subsequent incarceration, which then worsens the addiction. Addressing these issues requires a shift from punitive responses to treatment-focused approaches that prioritize recovery and support. A large proportion of individuals in prisons suffer from mental health problems, with approximately 53.5% affected, and many lack access to necessary treatment upon reentry into society, further underscoring the urgent need for reform.¹⁸³ Public-health responses,

¹⁸² Moore MH (1995). "Public Health and Criminal Justice Approaches to Prevention." *Crime and Justice*, 19: 237-314. doi:10.1086/449232.

¹⁸³ American Public Health Association (APHA) (2021). Advancing Public Health Interventions to Address the Harms of the Carceral System. Available at: <https://www.apha.org/policy-and-advocacy/public-health-policy-briefs/policy-database/2021/01/14/advancing-public-health-interventions-to-address-the-harms-of-the-carceral-system> (accessed 31 October 2025).

including crisis-intervention teams, psychiatric diversion schemes, community-based therapy and forensic hospitals, do more to resolve underlying behavioral risks than imprisonment alone. This reduces repeat offences, alleviates prison overcrowding, and respects human-rights obligations under international law.

Another essential concept at this intersection is recognizing the criminalization of health-related behaviors as a determinant of poor health. For example, drug use is often treated as a criminal issue rather than a health condition. This perspective criminalizes vulnerable populations and exacerbates health disparities. Moving toward decriminalization and health-centered policies can alleviate the burden on the justice system and better serve individuals with health needs. Also, Infectious diseases pose another significant challenge at this intersection, especially in prison settings where overcrowding and poor sanitation facilitate the spread of illnesses such as HIV, hepatitis C, and tuberculosis. Communicable diseases also demonstrate the overlap of public health and criminal justice. Prisons are high-density environments that accelerate infection, so correctional health programs, vaccination campaigns, medical screening and sanitary reforms are necessary not only for inmates but for wider community protection. Once incarcerated persons are released, untreated disease spreads into the public population, proving that prison health *is* public health.¹⁸⁴ Without appropriate prevention and treatment strategies integrated into the justice system, these public health threats can continue to propagate, undermining broader community health goals.¹⁸⁵

¹⁸⁴ Vera Institute of Justice (n.d.). *The Intersection of Public Health and Criminal Justice*. Available at: <https://www.vera.org/research/the-intersection-of-public-health-and-criminal-justice> (accessed 30 October 2025).

¹⁸⁵ NASTAD (2023). *Criminalization as a Determinant of Public Health*. Available at: <https://nastad.org/sites/default/files/2023-04/NASTAD%20Criminalization%20as%20a%20%20Determinant%20of%20Public%20Health%20041023.pdf> (accessed 31 October 2025).

The conditions of incarceration themselves often worsen chronic health conditions such as diabetes, hypertension, and asthma. Many justice-involved individuals come from marginalized communities with limited access to healthcare even before incarceration. The lack of proper medical care and the stressful environment of prisons and jails further deteriorate their health. This reality underlines the importance of viewing criminal justice from a public health perspective, recognizing incarceration as a social determinant of health that can deeply affect communities.¹⁸⁶

Incorporating health-focused strategies within criminal justice systems has the potential to reduce recidivism rates significantly. When individuals receive mental health care, substance use treatment, and social support during and after incarceration, they are better equipped for successful reintegration into society. Such measures not only improve individual lives but also enhance public safety by addressing contributing behavioral and social determinants.¹⁸⁷

Historically, the intertwining of public health and criminal justice has led to a cycle of harm, where punitive measures such as American's "three strikes" laws and truth-in-sentencing legislation have not only increased incarceration rates but have also failed to address the root causes of criminal behavior. As a result, health inequities continue to be perpetuated, disproportionately affecting marginalized communities, particularly people of color.¹⁸⁸ Ultimately, addressing the intersection of public health and criminal justice requires systemic change aimed at humanizing the justice

¹⁸⁶ *Ibid*

¹⁸⁷ Glepha (2023). "How a Public-Health Approach Benefits Communities and the Police." Available at: <https://glepha.com/how-a-public-health-approach-benefits-communities-and-the-police/> (accessed 31 October 2025).

¹⁸⁸ Cloud D (2016). "Ending Mass Incarceration is a Public Health Imperative." *Grantmakers in Health – Views from the Field*, 12 October. Available at: <https://www.gih.org/views-from-the-field/ending-mass-incarceration-is-a-public-health-imperative/> (accessed 30 October 2025).

system. It involves acknowledging that health and justice are deeply intertwined and that the well-being of individuals within the justice system impacts broader social health. By adopting integrated approaches that emphasize prevention, treatment, and rehabilitation, societies can create more equitable, effective, and compassionate systems that benefit everyone.

4.5.1. ASSESSMENT OF THE IMPACT OF PUNITIVE MEASURES ON DRUG OFFENDERS, INCLUDING INCACERATION RATES, RECIDIVISM, AND REHABILITATION EFFORTS

The impact of punitive measures on drug offenders varies significantly among countries like Nigeria, the United States, and the Netherlands, reflecting diverse legal and policy approaches. In Nigeria, drug offenses often attract severe penalties, including long-term imprisonment and even the death penalty for traffickers. The National Drug Law Enforcement Agency (NDLEA) Act, as recently amended, introduced harsher punishments, including capital punishment for hard drug offenses. Despite this, these severe punitive measures have not effectively curbed drug abuse or trafficking; Nigeria still records millions of drug abuse cases annually, and advocates argue for shifting toward harm reduction and rehabilitation-focused policies to address the epidemic and underlying social issues.

Punitive drug control measures have had a profound effect on incarceration patterns worldwide. In jurisdictions where possession and personal use are treated as criminal offences, prison populations have expanded significantly, often without a corresponding decrease in drug consumption. Mandatory minimum sentences, strict bail conditions, and zero-tolerance policing

practices funnel large numbers of low-level or first-time offenders into custodial institutions. As a result, prisons become overcrowded and correctional resources are stretched thin, while governments carry the financial burden of sustaining large inmate populations. Moreover, punishment-based systems tend to disproportionately affect economically disadvantaged individuals who lack access to legal representation or treatment programs, reinforcing social inequality rather than addressing the roots of substance use.¹⁸⁹ The United States has one of the highest incarceration rates globally, with drug offenses contributing substantially to the prison population. As of 2019, 16% of federal prisoners were incarcerated for drug offenses, predominantly trafficking, and a significant number of state prisoners are also serving sentences for drug-related crimes. Despite a recent decrease in drug-related prison populations, the punitive "War on Drugs" policies have led to severe overcrowding in prisons and disproportionate incarceration of racial minorities. Recidivism among drug offenders remains high, as many released inmates struggle with substance use disorders and lack access to adequate treatment and social services, highlighting gaps in rehabilitation efforts.¹⁹⁰

Contrasting sharply with Nigeria and the US is the Dutch approach, which treats drug use primarily as a public health rather than a criminal justice issue. The Netherlands adopts a policy of decriminalization for certain drug uses, distinguishing between soft and hard drugs. Punitive measures are limited and typically reserved for trafficking or large-scale offenses, not individual use. The penalties for drug-related offenses are significantly lower, with first-time offenders facing

¹⁸⁹ Awwal-Bolanta O L & Ogunjana B O (2024). "An Overview of the Effectiveness of Rehabilitation Methods for Drug Offenders in Nigeria's Criminal Justice System." *Journal of Law and Global Policy*, 9(2): 64-73. doi:10.56201/JLGP.v9.no2.2024.pg64.73. Available at: <https://iiardjournals.org/get/JLGP/VOL.%209%20NO.%202%202024/AN%20OVERVIEW%20OF%20THE%2064-73.pdf> (accessed 31 October 2025).

¹⁹⁰ Saul CR (2024). "US Incarceration Rates for Drug Offenses Explained." Law Offices of Scott B. Saul Blog, 15 December 2024. Available at: <https://www.criminaldefenselawyer-miamidade.com/blog/us-incarceration-rates-for-drug-offenses-explained/> (accessed 31 October 2025).

minimal consequences compared to the stringent punitive measures seen in the U.S. and Nigeria. This model is designed to address the root causes of drug misuse, promoting rehabilitation and social reintegration. Harm reduction programs such as needle exchanges, methadone maintenance, and safe consumption spaces are widely implemented, leading to reduced drug-related crime, improved health outcomes, and lower incarceration rates among drug users.¹⁹¹

According to the Black's Law Dictionary, Black's Law Dictionary defines recidivism as the tendency of a convicted criminal to relapse into criminal behavior and reoffend after being punished. It is a relapse into criminal behavior that often involves being arrested and imprisoned again after a previous release. Recidivism refers to the tendency of previously incarcerated individuals to relapse into criminal behavior, often resulting in re-arrest, reconviction, or reimprisonment. This phenomenon is a significant concern across various criminal justice systems worldwide, particularly in the context of drug offenses, where rates are alarmingly high. In a systematic review of recidivism rates across 21 countries, including the United States, Nigeria, and the Netherlands, researchers found that recidivism rates vary widely, with two-year reconviction rates for drug-related offenses ranging from 18% to 55%.¹⁹² The punitive model also contributes to high levels of recidivism among drug offenders. Imprisonment rarely tackles the underlying social, psychological, or medical issues connected to drug dependence. Many incarcerated offenders receive little or no therapeutic intervention and are released back into the same social environments that facilitated their drug use. The stigma of a criminal record, along

¹⁹¹ Schatz E, Schiffer K & Kools JP (2011). The Dutch Treatment and Social Support System for Drug Users: Recent Developments and the Example of Amsterdam. IDPC Briefing Paper, International Drug Policy Consortium, January. Available at: <https://www.tni.org/files/publication-downloads/idpc-briefing-paper-dutch-treatment-systems.pdf> (accessed 4 November 2025).

¹⁹² FundsforNGOs (n.d.). "Exploring the Effectiveness of Rehabilitation Centers for Drug Addicts: Expected Outcomes." Available at: <https://www.fundsforngos.org/proposals/exploring-the-effectiveness-of-rehabilitation-centers-for-drug-addicts-expected-outcomes/> (accessed 4 November 2025).

with reduced employment and housing opportunities, further elevates the risk of relapse and re-offending. Consequently, many individuals cycle repeatedly through courts and prisons, creating a revolving-door effect that undermines public safety and drains criminal justice resources.

Recidivism among drug offenders in the US is closely linked to untreated substance use disorders. Studies show that formerly incarcerated individuals often face unemployment, homelessness, and social isolation, which are strong predictors of relapse and reoffending. Parolees with substance use problems are at higher risk of parole revocation. This cycle of re-incarceration places significant financial and social burdens on the justice and healthcare systems. Rehabilitation programs that incorporate mental health and addiction treatment, alongside social support, are crucial but remain unevenly available across jurisdictions. Recidivism is a critical concept in understanding the efficacy of criminal justice policies and rehabilitation programs. In the United States, recidivism is commonly measured by rates of re-arrest or reconviction within a specific follow-up period post-release, typically three years. Studies suggest that nearly 35% of individuals are rearrested within the first year of release, with this figure escalating to approximately 85% over a nine-year period.¹⁹³ This alarming trend underscores the challenges of reintegrating former offenders into society, particularly those with substance use histories, who often face compounded difficulties related to employment and social stigma. In Nigeria, the recidivism rate has been estimated to be as high as 52.4%, with some reports indicating even higher rates between 70% and 80%.¹⁹⁴ Factors contributing to this issue include inadequate

¹⁹³ FundsforNGOs (n.d.). "Exploring the Effectiveness of Rehabilitation Centers for Drug Addicts: Expected Outcomes." Available at: <https://www.fundsforngos.org/proposals/exploring-the-effectiveness-of-rehabilitation-centers-for-drug-addicts-expected-outcomes/> (accessed 4 November 2025).

¹⁹⁴ Falodun K (2021). "Religious rehab centres fill gap as Nigeria grapples with soaring drug use." *The Guardian*, 21 September. Available at: <https://www.theguardian.com/global-development/2021/sep/21/religious-rehab-centres-fill-gap-as-nigeria-grapples-with-soaring-drug-use> (accessed 4 November 2025).

rehabilitation programs and social reintegration support, as well as the stigmatization of former prisoners, which makes it difficult for them to find stable employment and re-establish social connections. In the Netherlands, similar trends are observed, where recidivism rates for drug offenders remain concerning despite comprehensive rehabilitation efforts. The country has implemented various strategies aimed at reducing recidivism, including community-based rehabilitation programs and harm reduction approaches.

The Dutch system emphasizes rehabilitation and social support over punishment. Comprehensive treatment programs accompany legal reforms, aiming to help drug users reduce or stop their dependence and reintegrate into society. Coordination between public health authorities, police, and justice systems ensures a balanced approach where public order concerns are addressed without compromising health services. This integrated model has shown positive societal impacts, including decreased rates of drug-related crime and better overall community health metrics.

Rehabilitation efforts within punitive systems are similarly constrained. While some correctional institutions offer drug treatment or counselling, such programs are often underfunded, oversubscribed, or overshadowed by security-driven priorities. Addicted offenders may undergo withdrawal without medical supervision, confront violent prison conditions, or develop psychological distress, further complicating recovery. In contrast, systems that adopt a public health approach demonstrate significantly better outcomes. When offenders are diverted to community-based treatment, medication-assisted therapy, counselling, or structured re-entry programs, they are more likely to achieve stable recovery and less likely to return to crime. Thus, evidence increasingly suggests that punitive responses deepen the harms associated with drug use,

while rehabilitative and health-centered interventions are more effective at reducing both recidivism and long-term dependence.

In all three countries, punitive measures impact not only incarceration rates but also the likelihood of rehabilitation and successful reintegration. Nigeria's harsh punitive framework, including the death penalty, has faced criticism for failing to deter drug offenses effectively and exacerbating harm among offenders without addressing root causes such as poverty or addiction. Calls from civil society urge Nigeria to adopt harm reduction strategies modeled on international examples that emphasize health and rehabilitation over punishment.¹⁹⁵ In the US, despite some reforms toward reducing sentencing for minor drug offenses, the legacy of punitive drug laws continues to drive high incarceration rates. Rehabilitation efforts are hampered by insufficient access to comprehensive substance use treatment in prisons and communities. Racial disparities in drug law enforcement contribute to systemic injustices, amplifying the negative social effects of incarceration on marginalized populations. Rehabilitation programs paired with policy changes that reduce reliance on incarceration are essential to break the cycle of recidivism. The Netherlands presents a model where drug policy reform focused on public health significantly reduces the need for incarceration. By decriminalizing personal drug use and investing in extensive harm reduction and treatment initiatives, the country has managed to lower recidivism rates among drug offenders and improve social outcomes. This approach underscores that non-punitive, health-oriented strategies can effectively manage drug issues without overburdening the criminal justice system.

¹⁹⁵ Muogbo P (2025). "Death Penalty Has Failed to Win the War on Drugs in Nigeria." *African Liberty*, 2 July. Available at: <https://www.africanliberty.org/2025/07/02/death-penalty-has-failed-to-win-the-war-on-drugs-in-nigeria/> (accessed 31 October 2025).

In summary, punitive measures on drug offenders have led to high incarceration rates in Nigeria and the US, with mixed success in preventing drug offenses and reducing recidivism. These measures often neglect rehabilitation and contribute to social and health harms. The Dutch experience demonstrates the effectiveness of integrating public health approaches into drug policy by prioritizing harm reduction, treatment, and social support, resulting in better health and social outcomes and lower incarceration rates. This comparative perspective suggests that adopting health-centered drug policies could benefit jurisdictions currently relying heavily on punitive measures. The varying outcomes of drug policies in the U.S., Nigeria, and the Netherlands underscore a critical debate about the efficacy of punitive versus rehabilitative approaches. While punitive measures often exacerbate recidivism and health crises, harm reduction strategies provide promising alternatives that could lead to more sustainable solutions to drug-related issues. The contrasting experiences of these countries offer valuable insights into the broader implications of drug policy on public health and criminal justice systems globally.

4.5.2. EXPLORATION OF HOLISTIC APPROACHES THAT INTEGRATE HEALTH AND LEGAL PERSPECTIVES TO PROMOTE HARM REDUCTION AND SOCIAL JUSTICE

Holistic approaches that integrate health and legal perspectives are increasingly recognized as essential to promoting harm reduction and social justice, particularly in the context of drug use and criminal justice. These approaches move beyond traditional punitive models toward strategies that emphasize health, dignity, and human rights. Central to these models is the

validation and empowerment of people who use drugs, ensuring they have equitable access to healthcare, housing, income security, and social inclusion regardless of race, class, or gender.¹⁹⁶

One practical example is the incorporation of harm reduction principles into drug courts. Harm reduction is a public health strategy that focuses on minimizing the negative consequences of drug use rather than insisting on abstinence. This framework has emerged as a response to the limitations of traditional public health models, which often overlook the social determinants of health that disproportionately affect marginalized populations. Academic consensus further stresses the importance of addressing social determinants of health within these frameworks. Scholars argue that inequities in housing, education, and economic opportunities must be tackled alongside substance use treatment to break cycles of criminal justice involvement and health disparities. Holistic models that provide access to stable housing, employment, and social services alongside medical care show improved reintegration and quality of life among justice-involved populations.¹⁹⁷ By prioritizing the well-being of individuals who use drugs (PWUD), harm reduction emphasizes meeting individuals "where they are" and providing supportive resources that empower them to lead healthier lives while reducing risks associated with substance use. Drug courts offer a legally supervised alternative to incarceration for individuals with substance use disorders, focusing on treatment to reduce drug-related harms while promoting abstinence and legal compliance. These courts use a team approach involving judges, prosecutors, defense attorneys, treatment providers, and case managers who collaborate to

¹⁹⁶ Garcia A & Lucas D (2021). Bridging the Gap: A Practitioner's Guide to Harm Reduction in Drug Courts. Innovating Justice Initiative. Available at: https://www.innovatingjustice.org/wp-content/uploads/2021/08/Guide_TA_BridgingtheGap_08102021.pdf (accessed 4 November 2025).

¹⁹⁷ Ray, S., Husain, B., Agarwal, S. and Briscoe, N., "A Holistic Harm Reduction Center Model: A Commentary," *Journal of Drugs Addiction & Therapeutics* (2024). Available at: <https://onlinescientificresearch.com/articles/a-holistic-harm-reduction-center-model-a-commentary.pdf> (accessed 4 November 2025).

support recovery and reduce recidivism. Yet, for full integration of harm reduction ideals, drug courts need to adjust mandates like enforced abstinence, which often conflict with harm reduction's acceptance of ongoing drug use. Marlatt advocates for harm reduction as a pragmatic, compassionate approach that views drug users not as criminals but as individuals in need of health services, thereby promoting dignity and reducing stigma.¹⁹⁸

Holistic harm reduction models also emphasize trauma-informed care, recognizing that many individuals affected by drug use and involvement with the justice system have experienced significant trauma. Incorporating trauma-informed psychological support alongside medical care and education helps address the root causes of substance use and reduces the risk of relapse. Brief mindfulness therapies and counseling are integrated to increase self-awareness and coping strategies, allowing individuals to manage triggers without judgment or self-blame.¹⁹⁹ A comprehensive harm reduction center includes multi-disciplinary teams comprising Licensed Practical Nurses, harm reduction managers, and mental health professionals. These centers provide clean supplies to prevent disease transmission, medication-assisted treatment referrals, patient education, and community outreach. They prioritize collecting and analyzing participant data to tailor services effectively and improve outcomes continuously. Such centers are designed to meet people where they are, rather than imposing strict abstinence or punitive measures.

Integrating legal perspectives into harm reduction practices recognizes that legal issues such as housing instability, employment discrimination, and access to social services are significant

¹⁹⁸ National Harm Reduction Coalition (n.d.). *Principles of Harm Reduction*. Available at: <https://harmreduction.org/about-us/principles-of-harm-reduction/> (accessed 4 November 2025).

¹⁹⁹ Ray, S., Husain, B., Agarwal, S. and Briscoe, N., "A Holistic Harm Reduction Center Model: A Commentary," *Journal of Drugs Addiction & Therapeutics* (2024). Available at: <https://onlinescientificresearch.com/articles/a-holistic-harm-reduction-center-model-a-commentary.pdf> (accessed 4 November 2025).

barriers to achieving health equity. Medical-legal partnerships (MLPs) exemplify this integration by embedding legal resources within healthcare settings, enabling healthcare providers and legal advocates to collaborate in addressing the health-harming legal needs of vulnerable populations.²⁰⁰

Social justice within this framework also means addressing broader social determinants of health, such as systemic racism, poverty, housing instability, and lack of employment opportunities. Holistic models work to enhance social inclusion and equity by linking justice-involved individuals to housing, job training, family support, and community resources. This social support network is essential for sustainable recovery and reintegration into society. The collaboration between health and justice professionals in these approaches fosters trust and deeper therapeutic relationships, essential for retaining individuals in treatment and reducing criminal justice involvement. It shifts the narrative from punishment to care, recognizing substance use disorders as complex health conditions that require long-term support rather than quick fixes or incarceration. Scholarly consensus highlights that holistic approaches blending health and legal perspectives are vital for effective harm reduction and social justice. Such approaches treat drug use as a complex health issue rather than solely a criminal problem, advocating for nonjudgmental, client-centered strategies that meet people where they are. They emphasize reducing harm and improving quality of life over mandating abstinence, while addressing social inequalities like poverty, trauma, and racism that influence drug-related risks.²⁰¹ Challenges remain, including reconciling abstinence-based mandates in some legal

²⁰⁰ Lewis, R.K. (2025). "Harm reduction strategies in the community." *Journal of Prevention & Intervention in the Community*, 53(2): 174–180. doi:10.1080/10852352.2025.2495370. Available at: <https://www.tandfonline.com/doi/full/10.1080/10852352.2025.2495370> (accessed 4 November 2025).

²⁰¹ Navarrete J, et al. (2025). "Implementation of Harm Reduction Services for People Who Use Drugs Provided by Pharmacy Staff: A Scoping Survey." *Harm Reduction Journal*, 22:103. Available at: <https://www.ncbi.nlm.nih.gov/articles/PMC11931890/> (accessed 4 November 2025).

settings with harm reduction philosophies that accept managed use and the lived realities of drug users. Resolving these tensions demands open dialogue, policy innovation, and sometimes reimagining the very goals of the criminal justice system in relation to public health.

Overall, scholarly opinion frames harm reduction as both a practical public health response and a social justice movement addressing structural inequities alongside individual behaviors. This integrated framework promotes dignity, equity, and more humane treatment for people who use drugs, contrasting traditional punitive models that exacerbate harm and injustice. In sum, holistic approaches integrating health and legal perspectives offer a promising path to promoting harm reduction and social justice. By combining trauma-informed care, legal reform, social equity, and community-based support, these models address the multifaceted nature of drug use and criminal justice involvement. They prioritize dignity, reduce harm, and create opportunities for recovery and social inclusion, ultimately fostering healthier communities and more just societies.²⁰²

4.5.3. CONCLUSION

Conclusively, A comparative analysis of the drug law paradigms in the United States, the Netherlands, and Nigeria reveals that drug control is never merely a legal question; it is a deeply social, political, and public health matter that reflects the priorities, anxieties, and historical experiences of each nation. The United States represents a predominantly criminal-justice-oriented model whose legacy of prohibition, mass incarceration, and punitive enforcement continues to shape its institutional responses. Although recent policy shifts like the decriminalization of

²⁰² Substance Abuse and Mental Health Services Administration (SAMHSA) (2025). *Community Expansion of Evidence-Based Harm Reduction Strategies for People Who Use Drugs*. Rockville, MD: SAMHSA. Available at: <https://www.drugsandalcohol.ie/43238/1/community-harm-reduction.pdf> (accessed 4 November 2025).

marijuana/cannabis in many states, increased attention to treatment courts, and harm-reduction reforms—signal a slow evolution, punitive ideology remains structurally embedded. The Dutch model, by contrast, demonstrates that decriminalization, tolerance, and harm reduction can coexist with public order and effective control of high-risk drugs. Its legal differentiation between “soft” and “hard” drugs, regulated cannabis markets, and health-centered interventions offer evidence that liberal drug policy does not necessarily equate to moral collapse or social instability, but rather can reduce disease transmission, minimize incarceration, and preserve police resources for serious crime.

Nigeria occupies a tension-filled middle ground. Our legal framework, largely influenced by international prohibitive conventions and domestic security concerns, retains a strongly punitive stance under the NDLEA Act and Criminal Code. Yet Nigeria faces a rapidly evolving drug landscape: rising youth involvement, trafficking networks, and increasing social acceptance of certain drugs, particularly cannabis. The system’s heavy reliance on criminalization has produced overcrowded prisons, slow trials, and limited rehabilitative capacity, while public health infrastructure remains inadequate to meaningfully address addiction as a medical condition. Unlike the Netherlands, community-based harm reduction is still politically sensitive; unlike the United States, policy reform momentum is slower and often overshadowed by national security narratives. As a result, Nigeria struggles with the paradox of aggressive enforcement without corresponding social investment.

The truth is, no single model is entirely transferable, but valuable lessons emerge. The Dutch experience demonstrates the importance of acknowledging drug use as a social reality rather than a moral aberration, while the United States underscores both the failures of punitive excess and

the value of treatment-led judicial innovation. For Nigeria, the challenge is therefore not to abandon enforcement, but to rebalance it with prevention, education, treatment, and rehabilitation. A policy framework that views users as citizens in need of support as opposed to criminals to be put away from society has the potential to reduce recidivism, ease pressure on prisons, curb the spread of drug-related diseases, and reorient enforcement toward traffickers rather than small-scale users.

At the end of it all, the comparative study highlights that drug control is most effective when law and health do not operate as adversaries or two ends of a divide, but as complementary systems. Nations that treat drug abuse exclusively as a crime tend to punish symptoms while neglecting causes; those that blend enforcement with health-based responses tend to build more resilient communities and reduce long-term social harm. Nigeria stands at a strategic crossroads: demographic pressure, shifting drug markets, and global reform trends demand a modern approach rooted in evidence, not fear. The future of Nigerian drug policy may well depend on its willingness to integrate the preventive ethos of public health with the legitimate demands of criminal justice. In doing so, Nigeria can craft a uniquely African, context-sensitive paradigm that protects its citizens, its youth, strengthens institutions, and recognizes that humane, science-based drug control is not a sign of weakness, but a marker of national maturity.

CHAPTER 5

FINDINGS, ANALYSIS AND POLICY RECOMMENDATIONS

5.1 SUMMARY OF KEY FINDINGS

The harsh truth is that the drug policy in Nigeria represents a set of laws and enforcement practices formulated largely in response to international pressures rather than empirical evidence on local drug use or its social consequences. The drug law paradigm in Nigeria represents a deeply entrenched system characterized predominantly by punitive enforcement strategies rooted in both colonial-era legislation and subsequent legislative developments as opposed to comprehensive, multi-dimensional control which prioritizes harm reduction and rehabilitation of users. The “Nigerian system” treats offenders as criminals instead of victims and patients, prepared to be locked away in Kirikiri Maximum Prisons or at the back of a dilapidated Police station cell. The following are issues that bedevil the Nigerian drug paradigm:

1. PREDOMINANTLY PUNITIVE STRUCTURE:

A central finding of this research is that Nigeria’s drug control framework remains overwhelmingly punitive, with criminal prosecution positioned as the primary response to drug possession, use, and dependency. This approach so far, has produced high arrest and incarceration rates without corresponding reductions in drug consumption or trafficking. The law makes only limited distinction between high-risk traffickers and low-level users, resulting in a system where addicted persons are processed as criminals rather than patients in need of medical, psychological, or community-based intervention. The consequence is a costly enforcement-heavy model that

neither deters drug use nor dismantles trafficking networks effectively. The truth is this approach consumes vast enforcement resources while showing little to no evidence of deterrent success.

2. WEAK PUBLIC HEALTH INFRASTRUCTURE

Another major problem is the absence of a coordinated public health infrastructure to treat drug dependence. The Nigerian Health system, as it is, is not sufficient enough to treat regular diseases, because of poor funding, corruption, and the government outrightly not caring about the plight of its citizens, talk more of rehabilitation centers for people struggling with drug addictions. Rehabilitation centers are often left to private person and even commonly, religious centers, hence making them insufficient, under-funded, or unevenly distributed, while evidence-based harm reduction measures such as safe consumption counselling, substitution therapy, or sterile syringe programs remain politically controversial. As a result, drug-related health burdens such as HIV transmission, mental health complications, and overdose incidents persist in the shadows of criminalization. The policing of drug users therefore displaces the health response rather than complementing it, deepening stigma and discouraging treatment-seeking behavior.

3. SOCIAL INBALANCE AND INEQUITY

Another critical finding is that Nigeria's enforcement practices disproportionately burden the poor, the unemployed, and urban youth populations. A quick look at the Nigerian social media space would leave a foreign observer in a state of shock. One would find a plethora of videos of the "Nigerian rich" and celebrities using hard drugs and substances even in the presence of law enforcements. Many arrests target petty possession or street-level dealing done by the poor and members of low-income neighbors, leading to overcrowded correctional facilities, protracted pre-trial detention, and already strained court dockets. In many cases, the criminal justice system

becomes a revolving door: people are arrested, jailed, released without rehabilitation, and return to the same conditions that contributed to drug use in the first place. Recidivism becomes a structural outcome, not necessarily a personal choice.

4. INSTITUTIONAL AND OPERATIONAL LIMITATIONS

Additionally, institutional and administrative limitations weaken the effectiveness of Nigeria's anti-drug agencies. Challenges include Bureaucracy, insufficient forensic capacity, inadequate data collection, and fragmented coordination between law-enforcement, health authorities, and social welfare institutions. Without reliable national data on drug prevalence, overdose rates, or treatment outcomes, policy decisions are often reactionary rather than evidence-driven. This stands in stark contrast to the data-backed, research-guided policy environment observed in the Netherlands and emerging in parts of the United States.

5. RELIGIOUS AND MORAL FRAMING OF DRUG USE & ABUSE

Public attitudes shaped by moral, religious, and cultural narratives reinforce stigma, fueling resistance to health-based reforms. Drug use is widely framed as a moral failure rather than a complex behavioral and medical issue. This stigmatization pushes drug users into social invisibility, makes families reluctant to seek help, and limits political appetite for progressive reform. The result is a policy climate where punitive law appears the safest option despite its long-term ineffectiveness.

5.2. ANALYSIS OF NIGERIA'S POSITION IN GLOBAL DRUG POLICY

Nigeria occupies a complex and somewhat paradoxical position within the global drug policy landscape. On one hand, it is a signatory to the major international drug control conventions such as the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic

Substances, and the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances reflecting a strong commitment to prohibition, criminalization, and punitive enforcement. This alignment places Nigeria firmly within the traditional, security-driven framework historically championed by the United States and by United Nations drug control bodies. As a result, national drug policy has been constructed around deterrence, moral condemnation of drug use, and the preservation of public order through criminal sanctions.

However, while many countries that originally advocated punitive control (particularly within North America and Western Europe) have begun shifting toward health-based and harm-reduction models, Nigeria remains largely resistant to such transformation. The Netherlands has legitimized decriminalization, regulated cannabis use, and prioritized public health over incarceration. Even in the United States, where the “War on Drugs” originated, multiple states have legalized recreational cannabis and expanded treatment-led interventions showing a policy retreat from decades of mass incarceration and punitive excess. By contrast, Nigeria’s statutory and institutional framework has changed only marginally, retaining stringent criminal penalties and offering limited rehabilitation or evidence-based harm reduction.

This places Nigeria not among the global reformist bloc, but within the group of countries that continue to privilege criminal justice responses over public health approaches. At international forums, Nigeria routinely supports conservative positions against drug liberalization, maintaining that decriminalization threatens cultural values, national security, and youth protection. Yet the domestic reality complicates this stance: rising drug prevalence, overcrowded prisons, youth unemployment, and the increasing social normalization of cannabis use indicate that punitive enforcement has not produced the intended deterrent outcomes. Consequently, Nigeria’s response remains lopsided: strong on policing, weak on prevention and rehabilitation.

5.3. POLICY RECOMMENDATIONS FOR REFORMING NIGERIA’S DRUG LAWS

1. ADOPT A BALANCED PUBLIC HEALTH/ CRIMINAL JUSTICE MODEL

Nigeria does not need to abandon enforcement to reform drug policy; rather, it must find the perfect balance between legal sanction and health intervention. Criminal law should remain focused on large-scale traffickers, organized criminal networks, and violent offenders whose actions pose genuine threats to national security. However, individuals who use drugs, or who are found in possession of small quantities for personal use, should be diverted into medical and psychological support systems instead of prisons. This dual-structured model reflects the modern consensus that drug abuse is not solely a moral or criminal matter, but a socio-medical problem requiring multidimensional responses. Such an approach has proven effective in the Netherlands and is increasingly reflected in reforms across many U.S. states.

2. INTRODUCE HARM REDUCTION AND EVIDENCE BASED TREATMENT SERVICES

Sustainable reform depends on integrating public health infrastructure into drug policy. Nigeria requires a network of accessible, community-based rehabilitation and counselling centers that provide medical detoxification, mental health screening, and long-term therapy. Successful harm-reduction strategies employed in the Netherlands such as substitution therapies, overdose prevention, and early intervention services further illustrates that compassionate health interventions can reduce drug-related mortality, curb HIV transmission, and break cycles of dependency. By prioritizing treatment over punishment, Nigeria would reduce both recidivism and the social cost of repeated incarceration.

3. DECRIMINALIZE AND IMPLEMENT DIVERSION FOR LOW LEVEL POSSESSION

The painful pill to swallow is admitting that the strict criminalization of personal-use possession has not deterred drug consumption in Nigeria; instead, it has contributed to overcrowded prisons and prolonged pre-trial detention or what is popularly in Nigeria as “awaiting trial”. A policy of decriminalization or compulsory diversion to treatment would reflect a more rational, humane, and cost-effective system. Under this framework, those found with smaller quantities especially dependent users would be mandated to undergo mandatory treatment, counselling, or community supervision rather than imprisonment. This model, successfully implemented in multiple jurisdictions including Portugal and several U.S. states, preserves public order while addressing addiction at its root.

4. REFORM SENTENCING AND EMPLOYMENT OF NON-CUSTODIAL SENTENCING

The criminal justice system should move away from automatic imprisonment for minor drug offences. Non-custodial options like community service, probation supervision, supervised rehabilitation, and suspended sentences has been proven to reduce prison congestion and support public health goals. Specialized drug courts, which have gained prominence in the United States, provide an alternative judicial pathway in which judges, prosecutors, health professionals, and social workers jointly manage offenders through treatment plans rather than incarceration. Such courts lower reoffending rates, reduce state expenditure on imprisonment, and recognize addiction as a treatable medical condition.

5. NATIONAL SENSITIZATION CAMPAIGNS

Cultural stigma remains one of the strongest obstacles to drug policy reform in Nigeria. Public messaging that views addiction as a medical condition as opposed to a moral failing would encourage affected individuals and families to seek help earlier. Educational programs in schools, community centers, religious institutions, and healthcare facilities could reshape public perception and reduce the shame that drives users into secrecy. Countries that have adopted stigma-reduction strategies consistently report better treatment uptake and lower social isolation among drug-dependent individuals.

6. CONTROLLED REGULATION OF CANNABIS MARKETS

Given the increasing normalization of cannabis use in Nigeria, a regulatory framework merits serious consideration. A drug paradigm that consists of a controlled model whether similar to the Netherlands' tolerance system or the licensed commercial markets of certain U.S. states would remove cannabis from the illicit economy, reduce the influence of criminal networks, and generate tax revenue that could be reinvested in treatment and public education. Regulation would also allow the government to enforce age restrictions, potency controls, and quality standards, thereby mitigating risks associated with unregulated street products.

5.4. CONCLUSION

Taken together, the findings and analysis of this study reveals that Nigeria's drug control framework, though rooted in legitimate concerns about public order and national security, has become unbalanced, heavily punitive, and ultimately ineffective in addressing the complex realities of drug use and addiction. The overwhelming reliance on arrest, prosecution, and incarceration has created a cycle in which drug-dependent individuals move through police cells and prisons without treatment, rehabilitation, or reintegration. The evidence from comparative

jurisdictions shows that where punishment has failed, public health approaches have succeeded: the Dutch model of harm reduction and controlled tolerance, as well as recent reforms across the United States, demonstrate that humane policy does not undermine social stability, but fortifies it. Nigeria stands at an important crossroads, that is, to head deeper into being heavily punitive with no proven end product when it concerns drug administration or a gradual shift towards a public health-inclusive framework supported by treatment, harm-reduction services, non-custodial sentencing, and data-driven policymaking which offers a path that is both realistic and culturally adaptable. Such reform does not require abandoning enforcement, but rather prioritizing human dignity alongside legal control. It allows the criminal law to focus on real criminality like, trafficking networks, organized crime, and transnational drug syndicates while ensuring that vulnerable citizens are not punished for medical conditions they did not choose.

In the words of Nelson Mandela, *“There can be no keener revelation of a society’s soul than the way in which it treats its children.”* The same can be said of how a nation treats those who are ill, addicted, marginalized, or struggling at the edges of society. A drug policy that offers only punishment is a policy that abandons the very people it claims to protect. But a system that combines justice with compassion, not only creates safer streets but also stronger, healthier communities. Nigeria’s future drug paradigm must therefore reflect both global evidence and local realities: firm where it must be firm, but humane where it can afford to be humane. Reform is not a sign of weakness, but of a nation that has attained maturity. It signals a nation capable of learning from experience, embracing science, and recognizing that every Nigerian life, whether sober, struggling, or recovering, still holds value, dignity, and potential.

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