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Drug Abuse: A Philosophical and Ethical Inquiry with a Historic Literature Review and Challenges of Combating it among Public Secondary School Students in Federal Capital Territory (FCT), Abuja, Nigeria

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Abstract: This study looks at the challenges of fighting drug abuse among public secondary school students in the Federal Capital Territory (FCT), Abuja, Nigeria. It also examines what school principals can do to solve this problem. Drug abuse among young people is a major worry in Nigeria because it hurts students' grades, behavior, health, and school discipline. This paper uses a mixed approach. First, it uses an empirical survey method. We collected data from 185 teachers and school leaders in FCT public secondary schools using a structured questionnaire called the Challenges and Strategies for Combating Drug Abuse Questionnaire (CSCDAQ). The results show that peer pressure, poor parental supervision, easy access to drugs, poverty, lack of school counselors, social media, and weak school rules are the biggest challenges. To fight this, principals must use better counseling, work with parents and the National Drug Law Enforcement Agency (NDLEA), enforce rules strictly, and run awareness campaigns. Second, this paper provides a deep philosophical and ethical study of the term "drug abuse". We argue that "drug abuse" is not a neutral scientific word. Instead, it is a value-loaded concept based on moral judgments about human choice, duty, harm, and society. By looking at Western ethical frameworks—such as duty-based ethics, outcome-based ethics, character ethics, and care ethics—and tracing the history of drug use from ancient times to today, we show that every era defines drug abuse based on its own religious and political beliefs. The paper concludes that to truly address drug abuse in Nigerian schools and society, we must avoid pure punishment and simple medical views. Instead, we need a fair approach that respects human dignity, addresses poverty and unfair social systems, and treats human suffering with care.

Keywords: Combating Drug Abuse, Public Secondary School Students, Peer Pressure, Addiction Ethics, Moral Philosophy, Autonomy, Harm Principle, Virtue Ethics, Historical Literature Review, Substance Use Disorder, Social Justice, Public Health Ethics.

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1. Introduction

Background of the Study

The most critical moral questions in human society are often hidden behind professional language. They arrive dressed in the vocabulary of medicine, law, economics, or public health. These fields carry the authority of science and seem to be neutral. However, the concept of "drug abuse" is a perfect example of a deeply moral issue hidden behind scientific terms. Beneath medical terms like "substance use disorder" and legal terms like "drug trafficking," lie deep ethical questions: What does it mean to make a free choice? What do we owe to people who are suffering? When can the government tell a

person what they can or cannot put into their own body? How should society share the burden of a problem that society itself helped create?

These questions are highly relevant to education today [1]. Drug abuse among secondary school students has become one of the most serious social problems in the Nigerian education system. Teenagers in public secondary schools increasingly abuse substances like cannabis (Indian hemp), tramadol, codeine syrup, cigarettes, alcohol, and other dangerous drugs. This behavior creates massive worries for parents, teachers, principals, and the government. It ruins students' moral behavior, damages their academic success, causes emotional instability, and destroys their future goals [2], [3].

In the Federal Capital Territory (FCT), Abuja, public secondary schools face a rising tide of bad behavior, school violence, absenteeism, cheating in exams, secret cult activities, and failing grades linked directly to drug abuse. Students are heavily influenced by their friends, bad elements on social media, broken homes, and severe economic pressures. In several public schools located in the satellite towns surrounding Abuja, teachers and principals have caught students drinking alcohol, smoking cannabis, or taking heavy prescription pills before stepping into the classroom.

This problem is global, but the situation in Nigeria is made much worse by local structural crises. These include high youth unemployment, deep family poverty, national insecurity, weak parental supervision, and a severe shortage of trained guidance counselors in public schools [4].

Statement of the Problem

Despite many public campaigns, lectures, and government arrests, drug abuse among public secondary school students in Abuja continues to rise. The current approach used by many schools relies heavily on suspension, expulsion, and public shame. This punitive approach treats the student purely as a bad agent making bad choices, ignoring the social pressures and psychological pain driving the behavior.

At the same time, academic literature is divided. On one hand, we have dense, philosophical essays about the ethics of drug use that completely ignore the messy, practical reality of a school principal dealing with an intoxicated teenager in Abuja [5]. On the other hand, we have purely statistical educational surveys that count how many students use drugs but offer no deep ethical or structural understanding of why they do it or how our systems fail them.

The core problem is the disconnect between moral philosophy and practical educational data. Without a unified study that uses ethical principles to understand the real-world survey data from public schools, our policy responses will remain ineffective, purely punitive, or overly medicalized.

Purpose of the Study & Research Questions

The main goal of this study is to investigate the challenges of fighting drug abuse among public secondary school students in the Federal Capital Territory (FCT), Abuja, and to design better strategies for school principals [6], [7].

To guide this interdisciplinary study, we address four major research questions:

1. What does philosophical and ethical history teach us about the meaning and definitions of drug use and abuse?
2. How do different Western ethical frameworks and social justice views evaluate drug use and laws?
3. What are the specific challenges facing public secondary schools in FCT, Abuja, in their fight against student drug abuse?
4. What strategic measures can school principals adopt to effectively address student drug abuse in FCT, Abuja?

Defining "Drugs" and the Moral Meaning of "Abuse"

To understand this topic, we must look closely at the word "drug". It is a very loose category. Coffee and tea contain caffeine, which is a drug. Alcohol and aspirin are drugs. Fentanyl and psilocybin (magic mushrooms) are also drugs. The legal label of a "controlled substance" does not match how dangerous a drug actually is [8]. For example, alcohol causes more preventable deaths every year than all illegal drugs combined, yet it is sold openly in supermarkets and advertised during family sports events. Meanwhile,

psilocybin mushrooms, which are not physically addictive and cannot cause a fatal overdose, are treated as highly illegal Schedule I substances under international law. These differences show that the legal classification of a drug is shaped by history, politics, and corporate lobbying rather than pure medical science.

The World Health Organization (WHO) breaks this down into four stages: ordinary drug use, hazardous use, harmful use, and dependence. Each stage changes how we judge the user morally. In medicine, the American Psychiatric Association's DSM-5 removed the old words "abuse" and "dependence" and replaced them with a single term: "substance use disorder". This was a deliberate ethical move to stop shaming people for moral failure and instead recognize their condition as a medical issue needing care [9], [10].

The word "abuse" is explicitly moral. It means a person has broken a social rule, caused harm, or acted badly. Philosopher Thomas Szasz argued that modern talk about "drug abuse" is just a secular version of old religious speeches against sin and vice. It serves to label certain people as outcasts who need fixing. Furthermore, legal philosopher Joel Feinberg pointed out the difference between actions that cause natural harm and actions that are morally wrong. To evaluate drug use ethically, we cannot just ask if it causes harm. We must ask: Who is being harmed? Was the choice made freely? What social conditions forced this choice?

Therefore, this paper defines drug abuse as: a pattern of using mind-altering substances that causes or risks causing real harm to the user or others, happening in conditions where the user feels a strong compulsion, has less control, or ignores clear dangers, all understood within a specific social and cultural background [11].

Historical Ideas on Intoxication: Antiquity to the 20th Century

The history of human thought shows that every era has redefined drug use to fit its own moral, religious, and political beliefs.

[Ancient Greece > Medieval Era > 19th Century > 20th Century]

Reason vs Appetite > Sin & Free Will > Disease Model > Criminalization

(Plato / Aristotle) > (Thomas Aquinas) > (Rush / Trotter) > (War on Drugs)

Ancient Antiquity: In ancient Greece, wine was the main intoxicant. In Plato's Symposium, the philosopher Socrates is praised because he can drink wine all night without getting drunk. For Plato, morality meant that human reason must always control our primitive desires and appetites; intoxication was dangerous because it put desires in charge of reason. Aristotle focused on responsibility. He argued that if a person freely chooses to get drunk, they are fully responsible for any crimes they commit while drunk, because their initial choice to drink was free. Aristotle also used the word *akrasia* (weakness of will) to describe a person who knows that excess drinking is bad but does it anyway due to weak self-control [12]. Outside Europe, the Indian Arthashastra demanded strict state control over alcohol sales due to its economic and social dangers. The Buddhist Dhammapada banned intoxicants because they destroy the mindfulness needed for all virtues. Islamic law strictly banned intoxicants (*khamr*) because they endanger *aql* (human reason), which is God's greatest gift to mankind. The Roman Stoic Seneca called drunkenness a form of "voluntary madness" where a person throws away their rational self-mastery.

The Medieval and Early Modern Periods: Thomas Aquinas viewed deliberate drunkenness as a mortal sin because it insults human reason. However, he noted that a long-term habituated drinker has less freedom and is therefore less blameworthy than someone who gets drunk out of pure recklessness. In the 16th and 17th centuries, global trade brought tobacco, coffee, and opium into Europe. King James I of England wrote a famous paper condemning tobacco as physically filthy and morally lazy. In the Ottoman Empire, Sultan Murad IV even used the death penalty to stop tobacco use. Islamic scholars debated heavily whether coffee should be banned like alcohol. They eventually decided coffee was permissible because it stimulated the mind rather than dulling it, proving that societies judge substances based on moral utility, not just chemistry [13]. In 1804, Scottish doctor Thomas Trotter wrote that habitual drunkenness is a physical disease of the medical will, opening the path to modern medical treatment.

The Nineteenth Century: Dr. Benjamin Rush in the United States and the Temperance Movement argued that heavy drinking was a disease that enslaved the human will. In Britain, the work of Dr. Norman Kerr established addiction medicine. However, historians Virginia Berridge and Griffith Edwards showed that the sudden outlawing of opium in Victorian England was driven by racial prejudice against Chinese immigrants and class anger toward poor laborers rather than pure health facts. Friedrich Engels provided a structural analysis, showing that poor factory workers drank heavily because their working conditions under industrial capitalism were so miserable and hopeless [14]. Drinking was a quick way to dull their pain.

The Twentieth Century: This era built the global system of drug prohibition. Laws like the US Harrison Act of 1914 and the UN Single Convention of 1961 made non-medical drug use highly illegal. Historian David Musto proved that early American drug laws were deeply racist: cocaine was banned out of fear of Black Americans, opium to target Chinese immigrants, and cannabis to control Mexican migrant workers. On the opposite side, thinkers like Walter Benjamin and Aldous Huxley experimented with substances like hashish and mescaline, arguing that altered states of consciousness could expand philosophical thought and artistic insight [15]. In 1935, Alcoholics Anonymous (AA) was formed, introducing the spiritual model of recovery based on admitting one is "powerless" over addiction. In response, modern choice-theorists like Gene Heyman challenged this strict disease view, showing that people with addictions still respond to incentives and make choices, meaning addiction is a complex mix of choice and constraint. The 1980s AIDS epidemic gave rise to the Harm Reduction movement. Led by public health pioneers like Gerry Stimson, harm reduction prioritized keeping drug users alive (by giving clean needles) over making empty moral speeches against drug use.

Context of Drug Abuse in Nigeria: Review of Local Literature

To properly ground this thesis, we must look at local Nigerian studies. Nigerian scholar Odejide conducted extensive research on adolescent substance abuse. He observed that Nigerian teenagers are highly vulnerable to substance experimentation because they desperately want to imitate their peer groups and fit into social circles.

Furthermore, recent data from the National Drug Law Enforcement Agency and the United Nations Office on Drugs and Crime (UNODC) reveal that Nigeria is experiencing a severe substance crisis, with a national drug use prevalence of 14.4%, which is significantly higher than the global average [16]. Local educational researchers like Abdu-Raheem have documented that peer pressure is the single most powerful predictor of student drug use across public schools in West Africa.

Nnachi showed that the breakdown of the traditional African extended family system and the rise of "broken homes" leave many teenagers without moral or emotional anchors. When public schools lack functional guidance and counseling units, students dealing with emotional trauma or academic failure turn to cheap, readily available substances like tramadol, codeine, or local inhalants (like premium motor spirit or vulcanizing gum) as a coping mechanism.

2. Materials and Methods

Research Design

This study uses an interdisciplinary philosophical-empirical design. It combines quantitative data from a descriptive school survey with a qualitative philosophical analysis. The empirical survey captures the real-world opinions of educators in Abuja [17]. The philosophical analysis uses Western and African ethical theories to interpret what those numbers actually mean. This prevents the paper from becoming a detached philosophical essay or a mindless statistical chart.

Population, Sample, and Sampling Technique

The target population comprised all secondary school teachers and school administrators working within the public education sector in the Federal Capital Territory (FCT), Abuja. The study was carried out across all six Area Councils of the FCT:

1. Abuja Municipal Area Council (AMAC)
2. Bwari

3. Gwagwalada
4. Kuje
5. Abaji
6. Kwali

Using a simple random sampling technique, a sample size of 185 respondents was selected. Every educator in the chosen schools had an equal opportunity to participate, ensuring the sample was fair and representative.

Instrument for Data Collection

The primary tool was a structured questionnaire designed by the researchers titled Challenges and Strategies for Combating Drug Abuse Questionnaire (CSCDAQ). It had two main parts: Section A gathered basic demographic information about the teachers, while Section B listed 20 specific statements regarding school challenges and management strategies [18]. Respondents rated each item using a standard four-point Likert scale:

- Strongly Agree (SA) = 4 points
- Agree (A) = 3 points
- Disagree (D) = 2 points
- Strongly Disagree (SD) = 1 point

Validity and Reliability

To ensure the questionnaire measured what it was supposed to measure, it was submitted to three university experts: two in Educational Management and one in Guidance and Counseling. Their expert corrections regarding word clarity and structural layout were fully integrated into the final copy.

To test the reliability of the tool, a pilot study was conducted with 20 teachers from public schools within the FCT that were not part of the final sample. The pilot data were analyzed using the Cronbach Alpha method. A reliability coefficient of 0.81 was obtained. Since this value is well above 0.70, the instrument was deemed highly reliable and stable for field use.

Method of Data Collection and Analysis

The researchers, along with trained research assistants, hand-delivered the questionnaires directly to the teachers in their respective schools. Out of 185 copies distributed, all 185 copies were successfully completed and retrieved, representing a 100% response rate.

The data were analyzed using mean scores and basic descriptive statistics. A criterion mean of 2.50 was set as the decision boundary. Any questionnaire statement that scored an empirical mean of 2.50 or higher was officially Accepted as a significant challenge or strategy. Any item scoring below 2.50 was Rejected.

$$\text{Formula: } \{\text{Criterion Mean}\} = \frac{4 + 3 + 2 + 1}{4} = 2.50$$

3. Result and Discussion

Presentation of Results

Table 1: Challenges of Combating Drug Abuse among Public Secondary School Students in FCT, Abuja

This table displays the barriers and difficulties that educators face when trying to stop drug use in schools.

S/ N	Items / Questionnaire Statements	S A	A	D	S D	Mean	Decision
1	Peer group influence encourages students to abuse drugs.	95	60	20	10	3.30	Accepted
2	Poor parental supervision contributes to drug abuse among students.	90	65	18	12	3.26	Accepted

S/ N	Items / Questionnaire Statements	S A	A	D	S D	Mean	Decision
3	Easy access to illicit drugs increases drug abuse in schools.	88	7 0	1 7	10	3.28	Accepted
4	Poverty and economic hardship expose students to drug abuse.	85	6 8	2 0	12	3.22	Accepted
5	Lack of counselling services affects efforts to combat drug abuse.	92	6 3	1 8	12	3.27	Accepted
6	Negative influence of social media promotes drug abuse among students.	86	6 9	1 8	12	3.24	Accepted
7	Weak implementation of school disciplinary policies encourages drug abuse.	84	7 1	1 9	11	3.23	Accepted
8	Broken homes contribute to students' involvement in drug abuse.	89	6 6	1 8	12	3.25	Accepted
9	Lack of collaboration between schools and parents hinders control of drug abuse.	91	6 4	1 8	12	3.27	Accepted
10	Inadequate government intervention affects the fight against drug abuse.	87	6 7	1 9	12	3.23	Accepted
	Grand Mean					3.26	Accepted

Source: Field Survey Data (2026)

Table 2: Strategic Measures Principals Can Adopt to Address Drug Abuse in FCT, Abuja
This table presents the action steps that school leaders can take to handle and reduce drug problems.

S/ N	Items / Questionnaire Statements	S A	A	D	S D	Mean	Decision
1	Principals should organize regular drug awareness campaigns in schools.	98	6 0	1 7	10	3.33	Accepted
2	Guidance counsellors should be employed in all public secondary schools.	94	6 6	1 5	10	3.32	Accepted
3	Principals should collaborate with parents to monitor students' behaviour.	96	6 3	1 6	10	3.32	Accepted
4	Strict enforcement of school rules can reduce drug abuse among students.	92	6 7	1 6	10	3.30	Accepted

S/ N	Items / Questionnaire Statements	S A	A	D	S D	Mean	Decision
5	Schools should collaborate with NDLEA for anti-drug programmes.	95	6 5	1 5	10	3.33	Accepted
6	Drug education should be included in school curriculum.	90	7 0	1 5	10	3.30	Accepted
7	Principals should organize seminars and workshops on drug abuse.	91	6 8	1 6	10	3.29	Accepted
8	Teachers should closely monitor students with suspicious behaviours.	93	6 6	1 6	10	3.31	Accepted
9	Government should provide rehabilitation support for affected students.	89	7 0	1 6	10	3.29	Accepted
10	Community leaders should support schools in combating drug abuse.	92	6 7	1 6	10	3.30	Accepted
	Grand Mean					3.31	Accepted

Source: Field Survey Data (2026)

Summary of Empirical Findings

The numbers in Table 1 reveal that every single item scored well above the 2.50 benchmark. The highest challenge is peer group influence (Mean = 3.30), followed closely by easy drug access (Mean = 3.28), lack of counseling services (Mean = 3.27), and poor parent-school communication (Mean = 3.27). The overall grand mean of 3.26 confirms that student drug abuse in Abuja is a deep, multifaceted crisis driven by social, structural, and institutional shortfalls.

Table 2 shows complete agreement among educators on solutions, with a very high grand mean of 3.31. School leaders strongly believe that the most effective weapons are regular school awareness campaigns (Mean = 3.33), direct institutional collaboration with the NDLEA (Mean = 3.33), employing full-time guidance counselors (Mean = 3.32), and building active partnerships with parents (Mean = 3.32).

Here, we combine our real-world survey findings from public schools in Abuja with foundational ethical theories.

Analyzing Abuja's Student Challenges through Ethical Frameworks

Kantian Deontology: Duties, Freedom, and Respecting Human Dignity

A Kantian analysis of the data begins with the *categorical imperative* (our unconditional moral duty): we must always treat human beings as valuable in themselves, never merely as tools or objects. Immanuel Kant argued that every person has a perfect duty to preserve their own rational mind. Becoming an addict through habitual drug use destroys our ability to make logical choices. It reduces a human being to the level of an animal driven by pure appetite.

However, Kantian ethics also criticizes the way schools punish students. When a principal expels a student or uses them as a bad example to scare other children, they are treating that student merely as a tool for social control. This violates the student's inner human dignity. Our survey shows that "Lack of counseling services" scored a high mean

of 3.27. This proves that public schools are failing their moral duty. Instead of counseling students as valuable persons, schools often ignore them or cast them out.

Consequentialism: Evaluating Policies by Their Real Outcomes

Consequentialism does not care about abstract rules; it only asks: "What policy brings the best results and the least harm to the community?" Economists Peter Reuter and Franz Trautmann (2009) documented that strict drug wars across the world have failed to reduce drug use. Instead, they widen class inequalities and block people from seeking medical help.

Our data from Abuja confirm this outcome-based view. Item 3 ("Easy access to illicit drugs") has a mean of 3.28, and Item 10 ("Inadequate government intervention") has a mean of 3.23. This shows that despite fifty years of strict anti-drug laws and police arrests in Nigeria, drugs are still easily available to teenagers in satellite towns. The current punitive approach fails the test of consequentialism because it causes more harm (school dropouts, criminal records for youths) without actually reducing substance abuse.

Virtue Ethics: Character, Habits, and the School Environment

Virtue ethics—developed by Aristotle and renewed by modern philosophers like Rosalind Hursthouse and Alasdair MacIntyre—asks: "What kind of community must we build if we want our children to grow up good?" It focuses on developing habits like self-control, courage, and practical wisdom. Crucially, MacIntyre noted that a person's character is shaped by their social environment.

Our survey perfectly supports this theory. Item 1 ("Peer group influence") scored 3.30, and Item 8 ("Broken homes") scored 3.25. A student in an Abuja satellite town who is surrounded by family chaos and drug-using peers is living in an environment where cultivating virtue is extremely difficult. Virtue ethics teaches us that instead of simply blaming a student's weak character, the school community must take responsibility for building a supportive, drug-free environment where good habits can grow.

Care Ethics: Relationships, Empathy, and Student Pain

Care ethics—pioneered by Carol Gilligan and Nel Noddings—argues that morality should be based on real human relationships and care for those who are weak or hurting. When applied to our study, care ethics focuses on what abstract rules ignore: the emotional pain of a teenager struggling with drugs [19].

Our survey shows that Item 9 ("Lack of collaboration between schools and parents") scored 3.27. Care ethics views this as a dangerous failure of our social network. A care-based approach does not ask: "What punishment does this bad student deserve?" Instead, it asks: "What is this child missing, what pain are they trying to numb, and how can the school and family work together to provide love and healing?"

Structural Justice and Social Determinants of Student Drug Abuse in Nigeria

One of the biggest mistakes in mainstream drug policy is its obsession with individual blame. It views drug abuse entirely as a personal choice or a chemical brain defect, while remaining completely silent about unfair social systems [20]. This focus on individual guilt is a moral failure that protects powerful social forces while punishing the poor and weak.

Bioethicist Norman Daniels argued that true justice requires fixing the "social determinants of health"—the housing, income, schools, and social safety nets that shape people's lives [21], [22]. Our survey data reveal that drug abuse among Abuja students is a systemic issue:

Item 4 ("Poverty and economic hardship") accepted at 3.22.

Item 2 ("Poor parental supervision") accepted at 3.26.

In Abuja's satellite towns (like Nyanya or Kubwa), working-class parents often work multiple jobs or hustle in the informal economy from dawn to dusk just to buy food [23], [24]. They do not leave their children unsupervised because they are lazy or careless; they do it because advanced market capitalism forces them to choose between constant work or starvation.

As psychologist Bruce Alexander showed in his "dislocation theory" and famous *Rat Park* experiments, when living beings are isolated, poor, and stripped of a stable community, they fall into a "psychosocial void" (an emotional emptiness) [25]. They use drugs to survive the misery of their environment. If you put a rat in a rich, happy social park, it rejects drugs; if you put it in a cold, lonely cage, it drinks drug-water until it dies.

In the same way, student drug abuse in public secondary schools in Nigeria is not a random collection of individual sins. It is a predictable symptom of an unravelling social fabric caused by poverty and systemic state neglect [26].

Ethics of Policy Responses in the School Context: Beyond Punishment

School principals have traditionally relied on two main models: strict punishment or demanding total abstinence. Our interdisciplinary study shows why we must move beyond these limited choices.

[SCHOOL POLICY VISIONS]

[PUNITIVE MODEL]	[HARM REDUCTION MODEL]
<ul style="list-style-type: none"> - Suspensions & Expulsions - Treats students as tools - Fails outcome-based metrics 	<ul style="list-style-type: none"> - Guidance & Counseling - Rebuilds parental trust - Focuses on restoration

The Punitive Model: This model uses suspension and police threats to enforce discipline. As shown by our survey, this does not stop drug access (Mean = 3.28). It violates Kantian respect by treating vulnerable youths as problems to throw away, and it violates care ethics by responding to a child's cry for help with isolation and state violence [27], [28].

The Abstinence-Only Model: This model tells students to "just say no." While total abstinence is a great goal, treating it as the *only* acceptable outcome means that students who fail or slip up are denied life-saving care [29]. They are branded as moral failures and expelled, which pushes them deeper into addiction and crime.

The Restorative/Harm Reduction Model: Table 2 shows that educators overwhelmingly support a care-centered approach [30]. Employing guidance counselors (Mean = 3.32) and collaborating with the NDLEA for educational workshops (Mean = 3.33) are forms of harm reduction within education. It shifts the school's role from a prison that punishes to a sanctuary that protects student health and restores human dignity.

4. Conclusion

This study investigated the challenges of combating drug abuse among public secondary school students in FCT, Abuja, and analyzed them through an ethical lens. The empirical data and philosophical arguments converge on one clear conclusion: **student drug abuse is an irreducibly moral and structural issue, not a simple disciplinary problem.**

Our survey proved that peer pressure, family poverty, easy drug access, and a lack of school counselors are the primary drivers of this crisis. Our philosophical analysis showed that responding to these challenges with harsh punishments or individual blame is both ethically wrong and practically useless. To build a just and effective educational system, Nigeria must reject pure condemnation and move toward an integrated approach that respects student dignity, repairs broken relationships, and addresses the underlying social inequalities that drive young people to drugs.

Recommendations

Based on the empirical findings and ethical frameworks established in this paper, the following measures are recommended for action:

Deploy Professional Guidance Counselors: The Federal Capital Territory Secondary Education Board (FCT-SEB) must employ at least two fully qualified, full-time guidance counselors in every public secondary school. Counselors must provide private

psychological support for students dealing with poverty, broken homes, and emotional distress, replacing the current culture of suspension with therapeutic care.

Implement Restorative Drug Education: The Nigerian Educational Research and Development Council (NERDC) should formally integrate drug literacy into the national secondary school curriculum (such as in Civic Education or Social Studies). This education must avoid simple scare tactics. Instead, it should teach practical wisdom, media literacy to counter bad social media influence, and strategies to resist peer pressure.

Establish School-Parent-Community Action Committees: Principals should move beyond formal PTA meetings and create active community monitoring networks. Schools must actively collaborate with market associations, local community leaders, and parents in satellite towns to shut down local drug spots (*joints*) operating near school fences, ensuring students cannot easily access illicit substances during school hours.

Form Institutional Partnerships with the NDLEA: School boards must set up permanent collaborations with the National Drug Law Enforcement Agency (NDLEA) for regular, non-punitive drug awareness workshops and youth mentorship camps. The NDLEA's role in schools must be strictly educational and preventative, rather than acting as an arm of criminal arrest for students.

Provide State-Funded Youth Rehabilitation Centers: The Federal Government, through the Ministry of Health, must set up free, specialized medical and psychological youth rehabilitation centers within the FCT. This ensures that students who have fallen into severe drug dependence receive expert medical care and structural support without being branded as criminals or permanently forced out of the educational system.

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