COMMUNITY BASED RESPONSES TO DRUG ABUSE AND CRIME IN JOS BUKURU METROPOLIS, PLATEAU STATE, NIGERIA

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Abstract
This study examined community-based responses to drug abuse and crime in Jos-Bukuru metropolis, Plateau State, Nigeria. The problem addressed is the growing concern that drug abuse and drug-related crime persist in urban communities despite formal law enforcement interventions, while local preventive, control and rehabilitative efforts remain insufficiently documented. The specific objectives were to identify community-based preventive, control and rehabilitative strategies, assess their perceived effectiveness, examine the actors involved, identify major implementation constraints and propose measures for strengthening community-centred responses. The study was guided by Structural Functionalism and Routine Activities Theory. Structural Functionalism explains drug abuse and crime as outcomes of weakened social institutions, strained roles and inadequate regulation, while Routine Activities Theory explains crime through the convergence of motivated offenders, suitable targets and inadequate guardianship. A cross-sectional mixed-methods design was adopted. Quantitative data were collected from 380 adult residents using a structured questionnaire, while qualitative data were obtained from 34 purposively selected community leaders, youth leaders, religious leaders and security stakeholders. Quantitative data were analysed using frequencies, percentages and chi-square, while qualitative data were analysed thematically. Findings showed that awareness campaigns were the most common response strategy, reported by 79.5% of respondents. Collaboration with law enforcement was reported by 64.7%, neighbourhood vigilance by 57.4%, religious and moral counselling by 56.3%, and referral or rehabilitation support by 35.3%. Overall effectiveness was rated as moderate by 56.3% of respondents. Major constraints included unemployment, poverty, inadequate funding, stigma, fear of reprisal, weak coordination and limited access to rehabilitation

services. The study concludes that community responses are necessary but require stronger institutional support, accountable community policing, accessible treatment services and socio-economic interventions for vulnerable youths.

Keywords: Drug Abuse, Crime, Community-Based Response, Prevention, Rehabilitation, Jos-Bukuru

Introduction

Drug abuse and crime are major public health, security and social development concerns in many urban communities. The harmful use of psychoactive substances contributes to family disruption, school dropout, loss of productivity, risky behaviour, violence and property-related offences (World Health Organization [WHO], 2019; United Nations Office on Drugs and Crime [UNODC], 2023). Drug-related crime also increases where illicit drug markets become embedded in local economies and where community supervision is weak (Goldstein, 1985; Cohen & Felson, 1979). This shows that the relationship between drug abuse and crime is both behavioural and structural, involving individual substance use, drug-market organization, poverty, weak social control and limited institutional capacity (Bursik & Grasmick, 1993; Sampson et al., 1997).

In Nigeria, drug abuse and crime are shaped by unemployment, urban poverty, peer influence, family stress, porous drug supply networks and limited treatment services (Adelekan, 2008; Obot, 1993; UNODC, 2018). National evidence also identifies cannabis, pharmaceutical opioids, cough preparations, sedatives and other psychoactive substances as important substances of concern in Nigeria (UNODC, 2018). Although formal agencies such as the National Drug Law Enforcement Agency and the police remain important in drug control and crime prevention, state-centred enforcement alone has not eliminated drug abuse or drug-related crime (National Drug Law Enforcement Agency [NDLEA], 2022, 2023). As a result, many affected communities have developed local responses such as awareness campaigns, religious counselling, youth mentorship, neighbourhood vigilance, reporting mechanisms, informal sanctions, referral to treatment and collaboration with security agencies (Sampson et al., 1997; UNODC, 2021).

Jos-Bukuru metropolis provides a relevant setting for this study because it is a large urban cluster in Plateau State with diverse neighbourhoods, youth unemployment, informal economies and long-standing security

pressures. Urban poverty, unemployment and insecurity are widely recognized as conditions that weaken social control and increase vulnerability to drug abuse and crime (National Bureau of Statistics [NBS], 2022; Bursik & Grasmick, 1993). These conditions affect both exposure to drug abuse and the capacity of communities to organize effective responses. In some neighbourhoods, religious bodies, youth groups, community leaders and vigilante structures are active, while in others, mistrust, fear of reprisal, poverty and weak coordination reduce collective action (Sampson et al., 1997).

The relevance of this study lies in its focus on community-based responses to drug abuse and crime in Jos-Bukuru metropolis. Community responses are important because they can support prevention, strengthen informal social control, improve local reporting, promote rehabilitation and reduce opportunities for crime. However, such responses may also reproduce stigma, displace drug activity or become punitive when they are poorly regulated (Bayley & Shearing, 1996; UNODC, 2021). The study is therefore justified by the need for evidence that can guide prevention, rehabilitation, community policing and social development interventions in urban communities affected by drug-related harms (WHO, 2021; UNODC, 2023).

Statement of the Problem

Drug abuse and crime remain serious problems in Jos-Bukuru metropolis despite the activities of formal security and drug-control agencies. The persistence of drug abuse, drug selling, youth involvement in crime, fear of insecurity and weak community supervision suggests that existing responses have not fully addressed the problem. Harmful use of psychoactive substances continues to contribute to family disruption, school dropout, loss of productivity, risky behaviour, violence and property-related offences (WHO, 2019; UNODC, 2023). Crime also expands where illicit drug markets become embedded in local economies and where community supervision is weak (Goldstein, 1985; Cohen & Felson, 1979).

Although formal agencies such as the National Drug Law Enforcement Agency and the police remain important, state-centred enforcement alone has not eliminated drug abuse or drug-related crime (NDLEA, 2022, 2023). In response, many communities have adopted local strategies such as awareness campaigns, religious counselling, youth mentorship, neighbourhood vigilance, reporting mechanisms, informal sanctions,

referral to treatment and collaboration with security agencies (Sampson et al., 1997; UNODC, 2021). However, the nature, effectiveness and sustainability of these community-based responses in Jos-Bukuru metropolis have not been adequately established.

Existing discussions often emphasize arrests, drug seizures and prevalence patterns, while paying less attention to how communities prevent drug abuse, support affected persons, collaborate with security agencies and sustain local guardianship. This creates a major gap in knowledge because community responses may reduce harm and improve safety, but they may also reproduce stigma, displace drug activity or become punitive when poorly regulated (Bayley & Shearing, 1996; UNODC, 2021). Furthermore, community efforts are often affected by unemployment, poverty, fear of reprisal, mistrust of law enforcement agencies, weak coordination and limited access to rehabilitation services. These conditions weaken collective action and reduce the capacity of communities to respond effectively to drug abuse and crime (NBS, 2022; Bursik & Grasmick, 1993; Sampson et al., 1997).

The problem addressed in this study, therefore, is the limited empirical understanding of the nature, effectiveness and constraints of community-based responses to drug abuse and crime in Jos-Bukuru metropolis. The study seeks to fill this gap by examining the strategies adopted by communities, the actors involved, the perceived effectiveness of these responses and the measures needed to strengthen community-centred intervention.

Objectives of the Study

The broad objective of the study was to examine community-based responses to drug abuse and crime in Jos-Bukuru metropolis, Plateau State, Nigeria.

The specific objectives were to:

1. Identify the major community-based responses to drug abuse and crime in Jos-Bukuru metropolis.
2. Examine the actors involved in community responses in Jos metropolis.
3. Asess the effectiveness of community responses in reducing drug abuse, drug-related crime, community disorder and fear of crime in the study area;

5. Identify socio-economic, institutional and cultural challenges affecting community responses to drug abuse and crime in Jos-Bukuru metropolis;
6. Propose evidence-informed measures for strengthening prevention, rehabilitation, community policing and coordinated intervention in the study area.

Significance of the Study

The study is significant because it provides evidence on how communities in Jos-Bukuru metropolis respond to drug abuse and crime. It contributes to academic knowledge and assists policy makers, security agencies, community leaders, religious institutions, youth groups and civil society organizations in understanding effective local strategies and the challenges affecting them. The findings will help improve community policing, drug education, rehabilitation services, youth empowerment and cooperation between formal institutions and community actors. Overall, the study supports evidence-based interventions for reducing drug-related harm, improving community safety and promoting sustainable development in Jos-Bukuru metropolis.

Literature Review

Community-based crime control and collective efficacy

Community-based crime control refers to locally organized actions through which residents and institutions prevent deviance, reduce opportunities for offending and support social order. It includes neighbourhood watch, community policing partnerships, faith-based initiatives, traditional leadership structures, youth mentorship and referral mechanisms (Bursik & Grasmick, 1993; Bayley & Shearing, 1996). Sampson, Raudenbush and Earls (1997) argue that collective efficacy, defined as social cohesion combined with willingness to intervene for the common good, is strongly associated with lower levels of violence. This idea is relevant to drug abuse and crime because communities with trust, shared norms and coordinated action are better positioned to detect hotspots, discourage drug markets and support vulnerable youths.

In developing societies, community-based crime control often emerges where formal policing is limited or mistrusted (Bayley & Shearing, 1996; Alemika & Chukwuma, 2004). Local initiatives can improve surveillance and encourage residents to report crime, but they can also become exclusionary when they operate without legal accountability. The literature therefore emphasizes that community action should be linked to

legitimate state institutions, human rights standards, treatment services and inclusive participation (UNODC, 2021).

Drug abuse and crime pathways

Goldstein's (1985) tripartite framework remains useful for explaining the drug-crime relationship. The psychopharmacological pathway links intoxication to impaired judgment, aggression and risk-taking. The economic-compulsive pathway explains offences committed to finance continued drug consumption. The systemic pathway refers to violence and intimidation associated with illicit drug markets, including territorial disputes and debt enforcement. In practice, these pathways often overlap within the same community (Goldstein, 1985; NIDA, 2021).

Routine Activities Theory also shows that drug-related crime increases where motivated offenders, suitable targets and weak guardianship converge (Cohen & Felson, 1979; Felson, 2002). Poorly monitored neighbourhoods, idle youth clusters, informal street economies, abandoned spaces and mistrust of security agencies can create opportunities for drug sale, drug use and related offending. Responses that increase guardianship and reduce risky routines can therefore support crime prevention.

Prevention, rehabilitation and enforcement responses

Prevention strategies include school-based education, religious sensitization, youth mentoring, family strengthening, life skills training and campaigns against drug initiation. Rehabilitation strategies include counselling, referral to treatment, peer support, vocational training and reintegration support. These approaches address demand-side factors and reduce relapse more directly than punitive measures alone (WHO, 2021; UNODC, 2021; NIDA, 2021).

Enforcement remains important where dealers, violent groups and organized drug networks operate. However, excessive reliance on raids and arrests may displace markets, increase fear, weaken community trust and fail to address dependence (Goldstein, 1985; UNODC, 2023). Balanced approaches are therefore recommended. They combine prevention, treatment, harm reduction, targeted enforcement and socio-economic support (WHO, 2021; UNODC, 2021).

Empirical studies from Nigeria and Africa

Studies on drug abuse in Nigeria identify peer pressure, unemployment, poverty, family instability, urbanization and easy availability of

substances as recurring drivers (Obot, 1993; Adelekan, 2008; UNODC, 2018). Community actors such as religious organizations, traditional leaders, youth groups and neighbourhood security structures frequently participate in moral education, informal regulation and local intelligence gathering. Nevertheless, these efforts are often limited by inadequate funding, stigma, poor training and weak collaboration with formal institutions (Alemika & Chukwuma, 2004; UNODC, 2021).

Comparative African studies show that community-based initiatives are more sustainable when they are participatory, evidence-based and connected to health, justice and social welfare services (UNODC, 2021; WHO, 2021). Where treatment services are scarce and enforcement is perceived as corrupt or selective, residents may hesitate to report offenders or support rehabilitation. This pattern makes the Jos-Bukuru case important because the metropolis combines urban growth, social diversity and security pressures that influence drug abuse and community response.

The reviewed literature provides useful explanations of drug abuse, crime and community control, but there is limited mixed-methods evidence on how communities in Jos-Bukuru metropolis organize, evaluate and sustain responses. This study contributes by documenting specific response strategies, measuring their perceived effectiveness through frequencies and percentages, integrating qualitative voices and interpreting the findings through Structural Functionalism and Routine Activities Theory (Creswell & Plano Clark, 2011; Cohen & Felson, 1979; Sampson et al., 1997).

Theoretical Framework

Structural Functionalism

Structural Functionalism views society as a system of interdependent institutions such as the family, education, religion, economy, law enforcement and government. These institutions perform functions that maintain social order. When they weaken, deviance may increase because socialization, supervision, legitimate opportunity and normative regulation decline (Durkheim, 1951; Merton, 1938). Drug abuse and crime in urban communities can therefore be interpreted as symptoms of institutional strain and weakened social integration.

In Jos-Bukuru metropolis, poverty, unemployment, insecurity, school dropout, weak family supervision and limited access to treatment reduce

the capacity of institutions to regulate conduct. Community responses represent attempts to restore social order through moral education, vigilance, counselling, reporting and reintegration. The theory is useful because it connects drug abuse and crime to wider social institutions rather than treating them as individual failures (Durkheim, 1951; Merton, 1938).

Routine Activities Theory

Routine Activities Theory, developed by Cohen and Felson (1979), explains crime as the convergence of motivated offenders, suitable targets and absence of capable guardianship. The theory is relevant to this study because drug markets and drug-related crime flourish where youths are idle, hotspots are poorly monitored, drugs are available and residents are unwilling or unable to intervene.

Community responses can be understood as efforts to alter routine opportunities. Awareness campaigns reduce vulnerability by changing knowledge and behaviour. Neighbourhood vigilance increases guardianship. Reporting mechanisms strengthen formal intervention. Rehabilitation and vocational support reduce motivation by helping affected persons return to legitimate routines (Cohen & Felson, 1979; Felson, 2002; UNODC, 2021).

Integration of the theories

The study integrates Structural Functionalism and Routine Activities Theory to explain both institutional conditions and immediate opportunity structures. Structural Functionalism explains why weak institutions and socio-economic strain produce vulnerability, while Routine Activities Theory explains how everyday routines and weak guardianship create opportunities for drug abuse and crime. Together, the theories guide the analysis of response strategies, effectiveness and challenges (Durkheim, 1951; Cohen & Felson, 1979; Sampson et al., 1997).

Methodology

This study adopted a cross-sectional mixed-methods research design. The design was appropriate because it allowed the researcher to measure community perceptions quantitatively and also obtain qualitative explanations from actors directly involved in community responses. Mixed-methods designs are appropriate where a study seeks both measurable patterns and contextual meanings (Creswell & Plano Clark, 2011; Tashakkori & Teddlie, 2010). The quantitative component provided frequencies, percentages and a basic test of association, while the

qualitative component supplied contextual meaning and participant experiences.

The study area comprised selected communities within Jos-Bukuru metropolis in Plateau State, Nigeria. The metropolis was selected because of its urban character, youth population, informal economic activities, reported drug-use concerns and community security challenges. The study population consisted of adult residents aged 18 years and above, including youths, household heads, community leaders, religious leaders and security stakeholders.

Sample size and sampling procedure

The quantitative sample consisted of 380 valid respondents. The initial sample size was determined using Cochran's formula for sample size estimation at 95% confidence level, 5% margin of error and an assumed population proportion of 0.5 (Cochran, 1977). This produced a minimum sample of 384 respondents. After data cleaning, 380 questionnaires were found usable and were analyzed.

Because a complete list of all eligible residents in the metropolis was not available, strict simple random sampling was not feasible. The study therefore used a multi-stage sampling procedure. First, communities within Jos-Bukuru metropolis were clustered by location. Second, streets and households were selected systematically within the selected clusters. Third, one eligible adult respondent was selected from each participating household using a simple ballot method where more than one eligible respondent was present. This procedure improved coverage and reduced selection bias within practical field conditions (Cochran, 1977; Creswell & Plano Clark, 2011).

Table 1: Composition of qualitative participants

Category of participant	Frequency	Percentage
Community leaders	8	23.5
Youth leaders	8	23.5
Religious leaders	6	17.6
Local security/vigilante representatives	5	14.7
Police/NDLEA and related security stakeholders	4	11.8
Civil society/social welfare actors	3	8.8
Total	34	100.0

Source: Fieldwork, 2026.

Qualitative participants were selected through criterion-based purposive sampling. The criteria were direct knowledge of community responses to drug abuse and crime, involvement in prevention or security activities, residence or work within the study area and willingness to participate. This approach was appropriate because the qualitative component required informed participants rather than statistical representativeness (Patton, 2002; Creswell & Plano Clark, 2011).

Data were collected using a structured questionnaire, focus group discussion guides and in-depth interview guides. The questionnaire covered socio-demographic characteristics, forms of community response, actors involved, perceived effectiveness, challenges and suggested measures. The instruments were reviewed by experts in sociology and criminology. The questionnaire was pre-tested in a comparable urban community outside the selected study sites, and ambiguous items were revised before final administration.

Quantitative data were analyzed using frequencies, simple percentages and chi-square analysis. The chi-square test was used to examine whether participation in community response activities was associated with perceived effectiveness. Qualitative data were transcribed, coded and analyzed thematically using the logic of identifying recurrent categories and patterns in the data (Braun & Clarke, 2006). Ethical considerations were observed. Participation was voluntary, informed consent was obtained, confidentiality was assured and no identifying information was reported.

Results

This section presents empirical results using frequency tables, simple percentages, a cross-tabulation and qualitative thematic evidence. Percentages are based on 380 respondents unless otherwise stated. For multiple-response items, percentages do not add up to 100 because respondents were allowed to select more than one option.

Table 2: Socio-demographic characteristics of respondents (N = 380)

Variable	Category	Frequency	Percentage
Sex	Male	210	55.3
	Female	170	44.7
Age	18-25 years	98	25.8
	26-35 years	126	33.2
	36-45 years	82	21.6
	46 years and above	74	19.5

Education	No formal/primary	58	15.3
	Secondary	146	38.4
	Tertiary	176	46.3
Employment status	Employed/self-employed	171	45.0
	Unemployed	124	32.6
	Student/apprentice	85	22.4
Length of residence	Less than 5 years	82	21.6
	5-10 years	116	30.5
	Above 10 years	182	47.9
	Total	380	100.0

Source: Field survey, 2026.

Table 2 shows that the sample included both male and female residents, with males constituting 55.3% and females 44.7%. Respondents were largely within economically active age groups, especially 26-35 years. Nearly half of the respondents had tertiary education, while 32.6% were unemployed. This profile is relevant because youth unemployment and educational exposure influence perceptions of drug abuse, crime and community response.

Table 3: Community-based responses to drug abuse and crime in Jos-Bukuru metropolis (multiple responses, N = 380)

Community response strategy	Frequency	Percentage
Awareness and sensitization campaigns	302	79.5
Collaboration with police, NDLEA and other security agencies	246	64.7
Neighbourhood vigilance and local surveillance	218	57.4
Religious and moral counseling	214	56.3
Reporting of suspected dealers and hotspots	207	54.5
Youth mentorship and peer education	166	43.7
Referral to rehabilitation or counselling services	134	35.3
Vocational support and skills acquisition	96	25.3
Informal sanctions or community warnings	90	23.7

Source: Field survey, 2026. Percentages exceed 100 because multiple responses were allowed.

Table 3 indicates that awareness and sensitization campaigns were the most frequently reported response strategy, mentioned by 79.5% of respondents. This was followed by collaboration with police, NDLEA and other security agencies at 64.7%, neighbourhood vigilance at 57.4% and religious or moral counselling at 56.3%. The least reported strategies were vocational support and informal sanctions. The pattern suggests that communities rely more on preventive education and local guardianship than on structured rehabilitation.

Table 4: Actors involved in community responses (multiple responses, N = 380)

Actor	Frequency	Percentage
Religious institutions	286	75.3
Community and traditional leaders	270	71.1
Youth groups	238	62.6
Local vigilante/neighbourhood watch groups	221	58.2
Police	196	51.6
NDLEA officials	171	45.0
Civil society organizations	118	31.1
Health and social welfare agencies	86	22.6

Source: Field survey, 2026.

Table 4 shows that religious institutions and community leaders were perceived as the most visible actors in local responses. Health and social welfare agencies were the least visible. This finding supports the argument that community responses are driven more by moral, informal and security structures than by professional treatment systems.

Table 5: Perceived effectiveness of community responses (N = 380)

Level of effectiveness	Frequency	Percentage
Highly effective	79	20.8
Moderately effective	214	56.3
Low effectiveness	71	18.7
Not effective	16	4.2
Total	380	100.0

Source: Field survey, 2026.

Table 5 shows that the dominant assessment of community responses was moderate effectiveness, reported by 56.3% of respondents. Only 20.8% rated the responses as highly effective, while 18.7% rated them as having low effectiveness and 4.2% considered them not effective. The result

indicates that communities are active, but their interventions are not strong enough to produce consistently high outcomes.

Table 6: Community response participation and perceived effectiveness

Participation in community response	High	Moderate	Low/not effective	Total
Participated	61	146	33	240
Did not participate	18	68	54	140
Total	79	214	87	380

Source: Field survey, 2026. Chi-square = 32.86, df = 2, p < .001.

Table 6 shows a statistically significant association between participation in community response activities and perceived effectiveness. Respondents who had participated in community response activities were more likely to rate the responses as high or moderate in effectiveness. This suggests that direct involvement may increase confidence in community strategies and may also expose residents to practical benefits of local prevention and guardianship.

Table 7: Major challenges confronting community responses (multiple responses, N = 380)

Challenge	Frequency	Percentage
Youth unemployment and poverty	328	86.3
Inadequate funding and logistics	303	79.7
Stigma against drug users and affected families	287	75.5
Fear of reprisal from dealers or criminal groups	265	69.7
Weak coordination among community actors	247	65.0
Limited access to rehabilitation services	242	63.7
Mistrust of law enforcement agencies	221	58.2
Slow prosecution and weak justice outcomes	200	52.6

Source: Field survey, 2026.

Table 7 indicates that youth unemployment and poverty were the most frequently reported challenges, followed by inadequate funding, stigma, fear of reprisal and weak coordination. These challenges show that community response is constrained by structural conditions and

institutional weaknesses. They also explain why the overall effectiveness of the responses was rated as moderate.

Table 8: Suggested measures for strengthening community responses (multiple responses, N = 380)

Suggested measure	Frequency	Percentage
Create jobs and expand youth skills programmes	322	84.7
Establish accessible community-based rehabilitation centres	294	77.4
Strengthen community policing and protection for informants	276	72.6
Provide regular funding and training for community actors	268	70.5
Improve coordination among religious, traditional, health and security actors	251	66.1
Integrate drug education into schools and youth organizations	243	63.9
Reduce stigma through family and community counseling	219	57.6

Source: Field survey, 2026.

Table 8 shows strong support for job creation, skills acquisition, community-based rehabilitation, protection for informants, funding and coordinated action. These measures indicate that respondents viewed drug abuse and crime as problems requiring both social development and security responses.

Table 9: Qualitative themes and illustrative excerpts

Theme	Illustrative qualitative evidence	Interpretation
Awareness creation	A religious leader noted that repeated preaching and youth talks had made some parents more alert to early signs of drug use.	Awareness is visible and culturally accepted, but it requires continuity.
Fear of reprisal	A youth leader explained that residents often know drug-selling points but are afraid to report because dealers may identify informants.	Weak protection reduces capable guardianship and limits reporting.

Rehabilitation gap	A community leader observed that arrest alone does not solve the problem when there is no place to send addicted youths for treatment.	Communities recognize the need for treatment and reintegration.
Weak coordination	A security stakeholder stated that information from residents is useful, but collaboration is sometimes irregular and personality-based.	Coordination depends on trust and institutional reliability.

Source: FGDs and IDIs, 2026.

The qualitative findings support the survey results. Participants emphasized that awareness, religious counselling and vigilance were common, but they also stressed that fear, stigma, unemployment and weak rehabilitation systems limited sustainable impact. The qualitative evidence also shows that residents do not reject formal law enforcement. Rather, they want security agencies to be more accountable, responsive and protective of informants.

Discussion

The findings show that community-based responses to drug abuse and crime in Jos-Bukuru metropolis are diverse but uneven. Awareness campaigns were the most common strategy, while rehabilitation and vocational support were less common. This pattern reflects the strength of religious and community institutions, but it also reveals the weakness of formal treatment and reintegration systems. The finding supports collective efficacy theory because communities with active religious institutions, youth groups and local leaders are more likely to intervene in matters affecting public safety (Sampson et al., 1997; Bursik & Grasmick, 1993).

The moderate effectiveness reported by respondents suggests that community responses have value but remain insufficient. From a Structural Functionalist perspective, drug abuse and crime persist because key institutions are under strain. Families, schools, law enforcement agencies, health services and economic institutions are not performing their regulatory and support functions adequately (Durkheim, 1951; Merton, 1938). Community responses attempt to compensate for these gaps, but informal action cannot fully replace employment, treatment, education and credible justice.

Routine Activities Theory further explains the result. Drug-related crime becomes more likely when motivated offenders encounter suitable targets in spaces where guardianship is weak (Cohen & Felson, 1979; Felson, 2002). In Jos-Bukuru metropolis, unemployment, poorly monitored hotspots, fear of reprisal and weak collaboration with formal agencies reduce capable guardianship. Awareness campaigns may change knowledge, but they do not automatically remove drug markets or reduce the economic motivation for dealing and consumption. Neighbourhood vigilance and reporting can increase guardianship, but their effectiveness depends on trust, protection and quick institutional response.

The finding that participation in community response activities was significantly associated with perceived effectiveness is important. It suggests that residents who are directly involved in prevention, reporting or vigilance may observe improvements that non-participants do not see. It may also mean that participation builds ownership and confidence, a pattern consistent with collective efficacy arguments about shared responsibility and willingness to intervene (Sampson et al., 1997). However, the association should not be interpreted as proof of causation because the study used a cross-sectional design (Creswell & Plano Clark, 2011).

The challenges identified in the study are consistent with the wider literature on drug abuse and community crime control. Unemployment and poverty increase vulnerability to drug use and involvement in illicit markets (NBS, 2022; UNODC, 2018). Stigma discourages families from seeking help, while inadequate funding prevents continuity and limited rehabilitation services make it difficult to move beyond arrest and moral warning (WHO, 2021; UNODC, 2021). Mistrust of law enforcement reduces information sharing and weakens community cooperation (Alemika & Chukwuma, 2004; Bayley & Shearing, 1996). These conditions explain why residents support integrated strategies combining jobs, treatment, community policing, education and coordinated action.

Key Findings

1. There is a need to establish accessible community-based drug prevention and rehabilitation centres in Jos-Bukuru metropolis.
2. Community policing should be strengthened through regular collaboration between security agencies and community actors.
3. Protection for informants is necessary to reduce fear of reprisal and encourage reporting of drug-related activities.

4. Drug education programmes should be introduced and sustained in schools, religious institutions and youth organizations.
5. Youth employment and skills acquisition programmes are important for reducing vulnerability to drug abuse and crime.
6. Coordination among traditional leaders, religious leaders, youth groups, women groups, health workers, social welfare officers and security agencies should be improved.
7. Law enforcement agencies need to improve accountability, response time and public trust in order to strengthen community cooperation.

Conclusion and Recommendations

This study examined community-based responses to drug abuse and crime in Jos-Bukuru metropolis, Plateau State, Nigeria. It found that communities are not passive in the face of drug-related problems. They respond through awareness campaigns, religious counselling, youth mentorship, neighbourhood vigilance, reporting mechanisms, collaboration with security agencies, informal sanctions and limited rehabilitation support.

The study contributes to knowledge by showing that the strongest community responses in Jos-Bukuru metropolis are preventive and guardianship-oriented, while rehabilitative and social welfare responses remain comparatively weak. It also demonstrates that effectiveness is mostly moderate because local initiatives are constrained by unemployment, poverty, stigma, fear of reprisal, weak coordination, limited treatment infrastructure and mistrust of formal enforcement agencies. This contribution extends community crime-control scholarship by linking collective efficacy, treatment access and routine guardianship in a Nigerian urban context (Sampson et al., 1997; UNODC, 2021).

Theoretically, the findings support Structural Functionalism by showing that drug abuse and crime reflect weakened institutional functions in family, education, economy, law enforcement and welfare systems (Durkheim, 1951; Merton, 1938). The findings also support Routine Activities Theory by showing that community responses work best when they increase guardianship, reduce risky opportunities and help vulnerable persons return to legitimate routines (Cohen & Felson, 1979; Felson, 2002). The study therefore advances understanding of community response as both an institutional process and a practical strategy for reducing criminal opportunity.

The central conclusion is that community responses are indispensable but insufficient when they operate alone. Sustainable reduction of drug abuse and crime in Jos-Bukuru metropolis requires coordinated action that links community initiative with credible law enforcement, accessible treatment, social welfare, youth employment and accountable local governance.

1. Plateau State Government, Jos North Local Government, Jos South Local Government and relevant federal agencies should establish community-based drug prevention and rehabilitation centres within accessible locations in Jos-Bukuru metropolis. These centres should combine counselling, referral, family support, vocational training and follow-up services, in line with public health approaches to substance-use treatment and reintegration (WHO, 2021; UNODC, 2021).

2. The NDLEA, police and local community security structures should strengthen community policing platforms. Regular meetings should be held with community leaders, religious institutions, youth groups and civil society organizations. Protection for informants should be improved to reduce fear of reprisal and strengthen capable guardianship (Cohen & Felson, 1979; Bayley & Shearing, 1996).

3. Religious institutions, schools and youth organizations should institutionalize drug education programmes that go beyond moral warning. The programmes should include life skills, peer resistance, mental health awareness, family communication and referral pathways for affected persons (UNODC, 2021; WHO, 2021).

4. State and local governments should expand youth employment and skills acquisition programmes in vulnerable neighbourhoods. Economic empowerment should be treated as a crime prevention and drug demand reduction strategy because unemployment and poverty increase vulnerability to drug abuse and illicit markets (NBS, 2022; UNODC, 2018).

5. Community leaders should develop coordination committees that include traditional leaders, religious leaders, youth representatives, women groups, health workers, social welfare officers and security stakeholders. These committees should document cases, monitor hotspots, refer affected persons and review progress periodically. Such coordination can strengthen collective efficacy and reduce fragmented intervention (Sampson et al., 1997; Bursik & Grasmick, 1993).

6. Law enforcement agencies should improve accountability and response time. Complaints of corruption, selective enforcement and information leakage should be investigated because mistrust weakens reporting and community cooperation (Alemika & Chukwuma, 2004; Bayley & Shearing, 1996).

7. Future research should use longitudinal designs and raw administrative data to measure changes in drug abuse, arrest patterns, treatment outcomes and community safety over time. Longitudinal evidence would strengthen causal interpretation beyond the limits of cross-sectional mixed-methods designs (Creswell & Plano Clark, 2011).

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