Journal of Social Sciences

Research Article

Assessing the Gender Dimensions of Drug Abuse Among Women and Girls in Maiduguri: Challenges and Implications

Fredrick Wilson

School of Media and Communication, Bowling Green State University, Ohio, USA

Article history
Received: 14-06-2026
Revised: 29-07-2026
Accepted: 30-07-2026

Email:
wilsonfredrick742@gmail.com

Abstract: This study examines the gender-specific dimensions of drug abuse among women and girls in Maiduguri, North East Nigeria, a region affected by insurgency, poverty, and restrictive socio-cultural norms. While national data indicate rising female substance use, interventions and research have largely overlooked women's unique challenges. Drawing on in-depth interviews and focus group discussions, the study explores structural, emotional, and socio-cultural drivers of drug use, as well as barriers to recovery. Findings reveal that economic disempowerment, trauma, family neglect, peer influence, restrictive gender norms, and conflict-induced displacement interact to shape women's experiences. Stigma, limited access to gender-sensitive rehabilitation, and institutional neglect further exacerbate vulnerability. The study concludes that addressing female drug abuse in Maiduguri requires holistic, supportive strategies, including accessible women-focused rehabilitation, trauma-informed mental health services, community reintegration initiatives, and livelihood empowerment programs. These measures are essential to mitigate the social, psychological, and physical consequences of substance abuse and break cycles of vulnerability in this context.

Keywords: Drug Abuse, Women and Girls, Gender Inequality, Social Exclusion, Maiduguri

Introduction

The abuse of drugs is a global issue with serious social, economic, and health consequences. It affects individuals, families, and societies, cutting across age, gender, and geography. Recent global trends reveal a troubling rise in substance use among women, with women now representing roughly 45-49% of end-users of amphetamines and non-medical users of pharmaceutical stimulants, opioids, sedatives, and tranquilizers (UNODC, 2024). Despite this increase, access to treatment remains alarmingly low; globally, only one in eighteen women with drug-use disorders receives treatment, compared to one in seven men (UNODC, 2024). These statistics highlight a widening gender gap across the globe in terms of attention, underscoring the need for gender-responsive approaches to drug policy and rehabilitation.

Empirical and policy literature indicate that the problem is especially acute in Africa: Substance-use prevalence and the appearance of potent synthetic mixtures have increased while monitoring and treatment systems remain weak (UNODC, 2024; Emmanuel et al., 2024).

Jaguga et al (2022) note that gendered barriers continue to limit adequate attention to the issue, as large gaps in terms of treatment, which fuels systemic inequities across African contexts, exist, which means that women are significantly less likely to receive effective support and rehabilitation services. This reality underscores an urgent need for more research to understand the specific experiences of women and the development of gender-responsive policies and programmes.

In Nigeria, drug abuse continues to evolve with shifting demographics and new threats affecting individuals, families, and communities. Recent data from Nigeria's National Drug Law Enforcement Agency (NDLEA) indicates that over 14 million individuals in the country use illegal drugs (Moudou and Bala, 2024; NDLEA, 2024). While cases of drug abuse have often been associated with men, evidence suggests that girls and women are significantly affected, especially in regions that are marginalized and affected. According to Otorkpa

SCIENCE Publications

(2019), out of every four drug abusers in Nigeria, one is a woman, with predictions highlighting that the overall rate of drug abuse nationally can rise to 40% by 2030 if actionable measures are not taken.

The impact of the issue across the nation has even drawn the attention of Nigeria's legislative arm of government, where the members of the House of Representatives called for immediate intervention to curb the abuse among women, particularly because of its effects on families and communities (Egba, 2024).

Borno State has been in the spotlight for a while now regarding the drug and substance abuse issue. For instance, Saad et al. (2002) highlight the emergence of substance abuse among young women in Borno State. Traditionally, substance use in Maiduguri, the capital of Borno State in North-East Nigeria, and a major cultural, commercial, and humanitarian hub shaped by both longstanding trade traditions and the impacts of protracted conflict, was limited and mostly involved adult men consuming alcohol, tobacco, and locally available stimulants, with women and girls rarely involved. Public and media attitudes were generally disapproving, framing substance use as a moral or social issue, particularly in urban areas (Ibrahim et al., 2018a; Uthman et al., 2017). The effort of the National Drug Law Enforcement Agency (NDLEA) in combating the abuse of traditional drugs such as cocaine, heroin, cannabis sativa, and tramadol, among others (NDLEA, 2024), is a pointer to the drug abuse phenomenon in Borno State. In addition, scholars highlight the gender perspective of the problem, noting that Maiduguri has recently emerged as a significant hotspot for drug abuse, with women and girls commonly misusing codeine-containing cough syrups, tramadol, and benzodiazepines (Ibrahim et al., 2018b; Uthman et al., 2017).

Despite efforts by agencies such as the NDLEA, Civil Society, and Non-Governmental Organisation interventions on the issue, it is noticeable that these interventions have largely overlooked the gender-specific dimensions of drug abuse. A 2022 report by the United Nations Office on Drugs and Crime (UNODC) revealed that while over 14.3 million Nigerians use drugs, existing research suggests that substance abuse among women is frequently underreported due to fear of legal repercussions and social ostracization (UNODC, 2022). Furthermore, law enforcement agencies and rehabilitation centers in Nigeria often fail to consider gender-specific needs, leading to inadequate support systems for female drug users. This underemphasized gender perspective necessitated, for instance, in Maiduguri by factors such as the cultural and religious norms which often discourage open discussions on female drug use, making it difficult to implement gender-sensitive intervention programs (Oluremi, 2012; Ali et al., 2021).

Addressing women's drug use in Maiduguri requires a comprehensive approach that considers the socio-cultural and economic factors driving substance abuse, which is critical for developing effective public policy interventions (Abudu, 2008; Madaki, 2023).

While previous research, including the first phase of the African Cities Research Consortium (ACRC):): Study on Youth and Capability Development in Maiduguri, among others issues touched on drug and other illegal substance use (Buba et al., 2024), this study focused specifically on the gendered dimensions of drug and other substance abuse to provide a more specific understanding of the issue. This perspective will guide intervention programs and policy recommendations focused on women, ultimately contributing to more inclusive and effective drug abuse prevention and rehabilitation strategies in Maiduguri.

Statement of Problem

Drug abuse has been on the increase in Maiduguri, with an estimated 300,000 users, including approximately 60,000 women and girls and 240,000 men, underscoring the severity of the issue (Buba et al., 2024). Empirical research across Akwa Ibom, Enugu, Lagos, Katsina, Yola, and broader Northern Nigerian states (Essienet al., 2021; Nelson and Abikoye, 2019; Nelson, 2021; Agwogie et al., 2023; Desalu et al., 2010; Madaki, 2023; Aigbogun et al., 2024) highlights critical factors influencing women's drug use, including social networks, gender-based violence, stigma, socio-economic deprivation, trauma, and conflict. In Maiduguri specifically, the intersection of displacement, poverty, and insecurity has heightened women's vulnerability, with emerging studies indicating that coping strategies, including drug use, are gendered and shaped by structural barriers (Oluremi, 2012; Buba et al., 2024; Ibrahim et al., 2018). However, much of the existing research and interventions have taken a general perspective and, relying heavily on institutional reports, treatment records, or quantitative surveys, often neglecting the lived experiences, post-involvement challenges, and the implications for women and girls in Maiduguri. This methodological and contextual gap, particularly the lack of community-based, qualitative investigations in conflict-affected Maiduguri, limits understanding of how gender dynamics specifically shape substance use trajectories, barriers to treatment, and broader social consequences. Addressing this gap is therefore critical to generate contextually grounded insights that can inform gender-sensitive interventions and policies tailored to the unique needs of women and girls in Maiduguri.

Research Objective

The objectives of the research are:

- To ascertain the gender-specific factors contributing to the prevalence of drug abuse among women and girls in Maiduguri
- To examine the challenges that women and girls face in Maiduguri after their involvement in drug abuse

Literature Review

Conceptual

In conservative and conflict-affected contexts like Maiduguri, Nigeria, female drug use is heavily stigmatized, shaped by entrenched gender norms, cultural expectations, and social restrictions, positioning substance abuse as both a personal and socio-cultural phenomenon (O'Neil and Van Broeckhoven, 2021; Adzande, 2023). Drug abuse can be conceptualized as maladaptive and patterned use of substances that harms physical, psychological, and social well-being. However, individual behaviour alone cannot explain patterns of use. Structural and sociocultural factors, including poverty, conflict-induced displacement, family disruption, and restrictive gender roles, intersect to influence both initiation and persistence of substance use. Understanding drug abuse in this context, therefore, requires integrating behavioural, social, and structural perspectives to capture the lived experiences of women and the broader determinants that constrain access to support and rehabilitation.

Empirical

Global Dimension of Gender and Drug Abuse

In the United States, Stringer and Baker (2018) conducted a quantitative analysis Using pooled 2003–2010 NSDUH data, the study found that perceived stigma is a significant barrier to substance use treatment, with women more likely than men to report stigma-related reasons for not seeking care, even after controlling for sociodemographic factors; higher education and income were also associated with greater reporting of stigma, underscoring the role of gender and social status in help-seeking behavior.

These findings are supported by national SAMHSA data, which identify stigma as a key barrier to treatment. Analyses of NSDUH data show consistently low treatment utilization among women, often driven by fear of judgment and social labeling barriers intensified by gendered expectations around morality, caregiving, and respectability.

Brady and Randall (1999) conducted a clinical and narrative review of epidemiological surveys and treatment-based studies drawn primarily from psychiatric and substance abuse treatment settings across the United States. Their synthesis highlighted that women's substance use is closely linked to psychological distress, trauma exposure, and caregiving responsibilities, pointing to pathways into addiction that differ significantly from those of men.

Similarly, Grella (2008) employed a quantitative longitudinal design using administrative treatment records and survey data from publicly funded substance abuse treatment programs in California, USA. The study demonstrated that gender-responsive treatment models, those that account for women's social roles, trauma histories, and caregiving responsibilities, were associated with improved engagement and treatment outcomes compared to gender-neutral approaches. These conditions underscore the urgent need to investigate and develop gender-sensitive interventions tailored to the specific social, emotional, and caregiving realities of women in Maiduguri.

Studies in the United States have consistently shown a strong association between trauma, particularly Post-Traumatic Stress Disorder (PTSD), and substance use among women, underscoring the importance of trauma-informed interventions in supporting recovery and addressing co-occurring disorders (Najavits et al., 1997; Hien et al., 2009).

In the African context, however, empirical research remains comparatively sparse. One notable exception is Igwe et al. (2009), who conducted a cross-sectional descriptive study in Enugu State, Nigeria, using structured questionnaires and interviews administered in school and community settings. Their findings revealed that cultural expectations surrounding femininity and moral conduct intensify stigma against women who use drugs, often discouraging disclosure and treatment-seeking.

At the global level, the United Nations Office on Drugs and Crime (UNODC, 2018; 2022) has employed mixed-methods approaches, combining secondary analyses of national drug-use surveys, treatment admission data, and qualitative country case studies across multiple regions, including Sub-Saharan Africa. These reports consistently document gender disparities in substance use patterns, access to treatment, and policy responses, particularly in fragile and conflict-affected settings. Similarly, the World Health Organization (2014) conducted a comparative policy and health systems review, drawing on secondary health data and qualitative case studies from low- and middle-income countries, and concluded that gender-blind service delivery models frequently marginalize women who use drugs.

The gaps in the literature directly shape this study, including limited research in conflict-affected contexts on how insecurity, displacement, trauma, and gender intersect to influence women's drug abuse, and a clear contextual gap due to the scarcity of empirical, Maiduguri-specific evidence on female substance use in North-East Nigeria. The literature also reveals a methodological gap, marked by the dominance of quantitative and treatment-based studies that overlook women's lived experiences outside institutional settings. By employing in-depth interviews and focus group discussions, this study captures the broader implications of drug abuse for women, their families, and the wider community. This study generates gender-sensitive insights to inform context-appropriate interventions tailored to the unique needs of women and girls in Maiduguri.

Gendered Dynamics of Drug Abuse in Nigeria

Research on women's substance use in Nigeria remains limited, but available studies highlight the gendered pathways, risk environments, and stigma shaping women's experiences. Essien et al. (2021) show that women often initiate drug use through intimate partners and social networks, while stigma, sexual violence, and poor-quality services significantly constrain access to treatment and support.

Similarly, Nelson and Abikoye (2019) carried out a qualitative interview study with 27 female street sex workers in Nigeria, recruited through venue-based snowball sampling. The study found that women used drugs to cope with the hazards of street sex work, including violence, guilt, and stigma, and that structural barriers such as fear of police arrest, inadequate information, cost of treatment, and lack of partner support impeded access to substance use treatment.

Nelson (2021) further examined experiences of marginalized female cannabis users in Uyo, Nigeria, using in-depth interviews with street-involved women. Findings demonstrated that social networks and sexual relationships influenced cannabis initiation, while heavy use often functioned as a coping mechanism for gender-based discrimination and structural inequalities. This study reinforces the role of social and cultural pressures in shaping women's substance use patterns and highlights stigma as a central barrier to treatment access.

Quantitative evidence highlights gendered risk factors. Agwogie et al. (2023) surveyed 360 young women in Katsina State, showing that adverse childhood experiences and peer drug use heightened substance use risk. In contrast, education and positive parental relationships were protective. This study illustrates how socio-demographic and familial factors jointly shape women's substance use in Northern Nigeria.

Empirical evidence from Northern Nigeria consistently shows that women's substance use is shaped by intersecting socio-demographic, familial, and structural conditions rather than individual behavior alone (Desalu et al., 2010; Madaki, 2023). Factors such as limited education, poverty, unemployment, family histories of substance use, early marriage, and exposure to conflict-related insecurity increase women's vulnerability to drug abuse, particularly prescription and smokeless substances (Desalu et al., 2010; Madaki, 2023). These dynamics are further embedded within restrictive gender norms and unequal access to social and economic resources, underscoring how substance use among women is produced through the interaction of household, community, and broader political–economic forces (Madaki, 2023). However, much of this literature remains descriptive or regionally diffuse, highlighting the need for context-specific research that captures women's lived experiences in conflict-affected settings such as Maiduguri.

Lastly, Aigbogun et al. (2024) conducted a cross-sectional survey among 520 Internally Displaced Persons (IDPs) in Maiduguri, Borno State, to examine the prevalence of substance use and its socio-demographic correlates. Although not exclusively focused on women, the study provides context for drug use patterns among conflict-affected populations, highlighting the heightened vulnerability of displaced women to substance use due to Existing research in Nigeria identifies gendered social networks, violence, stigma, poverty, and conflict as key drivers of women's substance use, drawing on qualitative, quantitative, and mixed-method approaches. However, few studies adopt community-based qualitative designs in conflict-affected settings such as Maiduguri to examine women's lived experiences and post-involvement challenges. Addressing this gap is essential for generating contextually grounded evidence to inform gender-sensitive policy and intervention strategies (Essien et al., 2021; Agwogie et al., 2023; Madaki, 2023).

Gendered Dynamics of Drug Abuse in Maiduguri

The intersection of gender and drug abuse exposes women to vulnerabilities such as economic dependence, gender-based violence, and social stigma, limiting access to rehabilitation (Oluremi, 2012). Many women use drugs to cope with trauma or hardship (Desalu et al., 2010), and societal stigma isolates them, restricting treatment access (Igwe et al., 2009). Economic and social marginalization further reinforce cycles of substance use.

In conflict-affected settings like Maiduguri, these vulnerabilities are further compounded by displacement, poverty, and heightened exposure to gender-based violence (Oluremi, 2012). Ibrahim et al. (2018b) observed a steady increase in substance abuse among women at the Federal Neuropsychiatric Hospital in Maiduguri over five years. Many sought treatments only due to family pressure or were identified during routine medical consultations, reflecting both the hidden and stigmatized nature of female drug use in the region. Societal norms that frame drug use as a male behavior further discourage women from seeking help or discussing their struggles openly, perpetuating stigma.

The socio-economic and conflict context in Maiduguri exacerbates these gendered dynamics. Women's vulnerability to economic dependence and gender-based violence increases their risk of engaging in substance use (Oluremi, 2012). The Boko Haram insurgency has intensified displacement and trauma, particularly among women in Internally Displaced Persons (IDP) camps, many of whom resort to drugs as a coping strategy, thereby reinforcing cycles of abuse. National reports and emerging empirical studies underscore the growing prevalence of female substance use in northern Nigeria. According to the National Drug Law Enforcement Agency (NDLEA, 2020), women and girls constitute

approximately 15–20% of drug users nationwide, with conflict-affected northern states like Borno showing rising trends.

Complementing these institutional data, employed a mixed qualitative methodology, including structured interviews, key informant interviews, and focus groups, to explore youth challenges in Maiduguri, Borno State. Their study demonstrated that systemic barriers to education, employment, and political participation undermine young people's transitions to adulthood and contribute to harmful coping behaviours, including drug and alcohol use. The report further highlighted that gendered barriers such as restricted mobility, limited access to education, and higher exposure to violence intensify young women's vulnerability within these broader patterns of urban marginalization.

Collectively, these studies indicate that while the prevalence of drug abuse among women and girls in Maiduguri is rising, there remains a limited understanding of the gender-specific factors driving substance use, the challenges faced after engagement, and the broader social implications. Existing research relies heavily on institutional data or general surveys, offering limited insight into women's lived experiences and coping strategies. This underscores the urgent need for community-based, qualitative research that focuses explicitly on the gendered dimensions of drug abuse in Maiduguri, capturing the unique experiences of women and girls to inform effective, gender-sensitive interventions.

Theoretical Framework

Feminist Theory

Feminist Theory argues that societal structures, particularly patriarchy, create and reinforce gender inequalities that limit women's access to resources, autonomy, and opportunities (Adelekan et al., 2018). Feminist scholars emphasize that societal norms often judge and penalize women more harshly than men when they deviate from expected gender roles, particularly in areas such as substance abuse, sexual behavior, and economic dependence (Oluremi, 2012). From this perspective, drug abuse among women is not simply an individual failing but a response to larger systemic barriers such as gender-based violence, limited access to education and employment, and restricted healthcare services (NDLEA, 2020).

The theory highlights how deeply entrenched gender norms shape their experiences. Women who engage in substance abuse are often stigmatized more than men because they are perceived as failing in their roles as caregivers and nurturers (Stringer and Baker, 2018). This leads to social isolation and makes it more difficult for them to seek help. Moreover, many women in Maiduguri who turn to drugs do so as a coping mechanism for gender-based violence, forced marriages, or economic hardship (Desalu et al., 2010). Since most rehabilitation programs in Nigeria are designed with male users in mind, they fail to address these unique challenges that women face. Feminist Theory underscores the need for gender-sensitive policies that recognize these inequalities and provide targeted support for women and girls, such as trauma-informed rehabilitation services, economic empowerment programs, and social reintegration efforts tailored to their needs.

Intersectionality Theory

Intersectionality Theory, developed by Kimberlé Crenshaw, explains how multiple social identities, such as gender, race, class, and socio-economic status, intersect to create unique experiences of discrimination or privilege (Beauvoir, 2011; Atewologun, 2018). This theory suggests that an individual's oppression cannot be understood through just one category of identity; it must be analyzed in terms of the multiple overlapping systems of disadvantage they experience. Women who face intersecting forms of marginalization, such as poverty, ethnic discrimination, and exposure to violence, often experience worse social outcomes, including an increased likelihood of substance abuse and limited access to support systems.

Intersectionality Theory helps to highlight how these overlapping factors create unique challenges for women in Maiduguri, emphasizing the need for interventions. Examples include the EU open treatment centre for female drug users, established in Abuja by UNODC in 2019, as well as vocational training programs and startup kits provided by the NGO Women in New Nigeria and Youth Empowerment Initiative (WINN) in collaboration with CBM International (Francis, 2025). That address the multifaceted nature of their experiences and vulnerabilities towards creating gender-sensitive approaches that will incorporate the unique needs of women and girls in drug abuse prevention and care. (Mamman et al., 2014).

Materials and Methods

Research Design

This study employed a qualitative research design to explore the gender-specific dimensions of drug abuse among women and girls in Maiduguri. A qualitative approach was chosen for its effectiveness in uncovering the lived experiences, perceptions, and socio-cultural contexts surrounding drug abuse in a conflict-affected environment.

Study Area

The research was conducted in Maiduguri, Borno State, a region significantly impacted by the Boko Haram

insurgency. The area presents complex social dynamics, including widespread displacement, economic hardship, and cultural restrictions that shape women's vulnerability to drug abuse.

Research Team and Qualifications

Data collection was conducted by the principal researcher and two trained research assistants with prior experience in community-based qualitative research and working with vulnerable populations. To ensure participant comfort and cultural sensitivity, one female research assistant was included to directly engage with the female participants, while the male assistant supported logistical and administrative aspects of the study. Both assistants hold Bachelor's degrees in Education and Physical Health Education, are highly familiar with the local terrain, and have extensive experience working with various non-profit organizations in the region. Additionally, they received safeguarding training offered by the African and Cities Research Consortium during the first phase of the research and are trained in ethical research practices, maintaining confidentiality, and handling sensitive topics such as substance abuse, ensuring the safety and well-being of participants throughout the study.

Participant Selection and Recruitment

Participant recruitment and site selection followed a structured, stepwise approach to ensure both methodological rigor and ethical standards.

Step one: Identifying Initial Contacts: The study began by identifying initial participants ("seeds") through trusted community contacts who were familiar with areas of female drug use. These contacts provided referrals to women who met the study's eligibility criteria (female, 18 years or older, current or recent involvement in drug use, and providing voluntary informed consent).

Step two: Snowball Sampling for Participant Recruitment: Using snowball sampling, initial participants referred other eligible women with similar experiences. This chain-referral approach enabled access to a population that is typically hidden and difficult to reach through conventional recruitment methods. In line with ethical guidance for chain-referral research, the identities of both referrers and participants were kept strictly confidential (Atkinson and Flint, 2001; Biernacki and Waldorf, 1981; Noy, 2008).

Step three: Identifying Sampling Locations: Recruitment locations were identified through the same trust-based community referrals. These referrals directed the research team to neighborhoods where female drug use is known to occur.

Step four: Verification of Sampling Locations: To ensure relevance and safety, suggested locations were verified through general community insights, preliminary field observations, and cross-checking with multiple sources. This process confirmed that selected neighborhoods were appropriate for recruitment while maintaining full confidentiality of all referrers.

Sample Size

The number of participants was guided by the concept of data saturation, the point at which no new themes emerge from the data. Following Guest et al. (2006), studies with focused objectives and relatively homogenous groups often reach saturation by the 12th interview, making the sample size of 17 appropriate and methodologically sound. This approach enabled the study to capture rich, contextually grounded insights into the gendered dimensions of drug abuse in Maiduguri while adhering to ethical and safeguarding standards.

In contexts characterized by social sensitivity and stigma, particularly where women's participation in research is constrained by cultural norms, the feasibility of large-scale data collection becomes limited. In Maiduguri, a conservative, insurgency-affected setting marked by deeply entrenched gender norms and cultural structures that shape women's participation in both public and private life (O'Neil and Van Broeckhoven, 2021), these constraints were especially pronounced. Given the sensitivity of the topic and the stigma attached to women's involvement in drug use, it was neither feasible nor ethically appropriate to pursue a larger sample. Scholars note that in such contexts, smaller yet information-rich samples are sufficient for achieving meaning saturation, as participants' narratives often converge around shared structural and psychosocial experiences (Guest et al., 2020).

Data Collection Methods

Two key qualitative data collection methods were employed:

- In-depth Interviews (IDIs): Semi-structured interviews were conducted using a flexible interview guide. This method allowed for deep, personal reflection and the exploration of individual pathways into drug use, challenges faced, and the consequences of addiction.
- Focus Group Discussion (FGD): One focus group discussion was conducted with a group of women who use or have used drugs. The FGD encouraged dialogue among participants, enabling shared reflections, common concerns, and diverse perspectives to emerge within a supportive group setting. It provided valuable insight into the social and communal dimensions of drug use among women in Maiduguri

Ethical considerations were prioritized throughout the research process. Participants were fully informed about

the purpose of the study, their right to withdraw at any time, and the measures in place to protect their anonymity. Verbal consent was obtained before participation. The data collection process spanned approximately three weeks. Sessions were audio-recorded (with permission) and supplemented with field notes. All interviews and the FGD were transcribed and, where necessary, translated for clarity and consistency during analysis.

Data Analysis

Data were analyzed using a thematic analysis approach, which is widely recognized for its flexibility and rigor in qualitative research (Braun and Clarke, 2006). This method enabled a systematic exploration of participants' narratives, capturing the complexity of their experiences with drug use while linking findings to the study objectives.

The analysis followed a step-by-step procedure:

- Familiarization with the data: All interview and focus group transcripts were carefully read multiple times to gain an in-depth understanding of participants' experiences and perspectives (Braun & Clarke, 2006). Initial notes were taken to capture preliminary impressions and emerging ideas
- Generating initial codes: Using both inductive and deductive reasoning, meaningful segments of text were labeled with codes representing key ideas, behaviors, or experiences related to drug abuse (Fereday and Muir-Cochrane, 2006). The deductive codes were informed by the research objectives and literature on the gendered dimensions of substance abuse, while inductive codes emerged directly from participants' narratives
- Searching for themes: Related codes were collated to identify overarching themes that captured patterns across the dataset (Braun and Clarke, 2006). Themes were conceptualized to reflect both the causes, experiences, and consequences of drug abuse, as well as contextual and gender-specific factors influencing these phenomena
- Reviewing and refining themes: Candidate themes were reviewed and refined to ensure they accurately represented the data, were internally coherent, and clearly distinguished from other themes (Nowell et al., 2017). This step involved cross-checking with raw data to maintain credibility and dependability
- Defining and naming themes: Each theme was clearly defined and labeled to capture its essence. Sub-themes were also identified to provide more layered insight into participants' experiences, enabling the data to be interpreted in relation to the study objectives
- Producing the report: The final step involved synthesizing the findings into a coherent narrative, supported by illustrative quotes from participants. This process ensured that the analysis remained grounded in participants' lived experiences while providing meaningful insights for theory, policy, and practice

This hybrid approach, combining inductive and deductive coding, allowed the study to balance participants' perspectives with pre-existing theoretical frameworks and research objectives, enhancing the depth and relevance of the findings (Vaismoradi et al., 2013). Thematic analysis was particularly suitable for this study because it enabled the identification of recurring patterns and nuanced insights into the gendered dynamics of drug abuse in Maiduguri.

Results

This study engaged a total of 17 participants: 13 women and girls participated in individual in-depth interviews, and 4 additional participants took part in a Focus Group Discussion (FGD). All participants had firsthand experience with drug use and were residents of Maiduguri, Borno State. They came from diverse backgrounds, including internally displaced persons, divorced or widowed women, the unemployed, and economically marginalized groups.

Guided by the research objectives, this section presents findings aligned with each objective, capturing patterns and themes in the lived experiences of women affected by drug abuse in Maiduguri. Recurring themes included poverty, economic disempowerment, depression, trauma, weak family support, peer influence, normalization of drug use, and restrictive gender norms. The repetition of these themes suggested that perspectives were fully captured, with no substantially new categories emerging (Hennink et al., 2017).

Objective 1: To Ascertain the Gender-Specific Factors Contributing to the Prevalence of Drug Abuse Among Women and Girls in Maiduguri

Theme 1: Structural Poverty and Economic Disempowerment

A recurring theme in the narratives was the deep and systemic economic marginalization experienced by women and girls in Maiduguri. Many respondents described a life shaped by persistent poverty, financial instability, and lack of access to meaningful employment or these women, drug use was described not simply as an individual choice but as a means of coping with the pressures of poverty, deprivation, and social marginalization. The inability to meet basic needs such as food, shelter, or education frequently emerged as a precursor to substance use. One participant explained that after losing access to stable income and food, she began using drugs as a way to cope with the stress and uncertainty of daily survival, as one respondent put it,

"*When we cannot settle our needs by ourselves… we take drugs*." This connection between economic frustration and drug abuse highlights the role of structural vulnerabilities such as poverty, unemployment, displacement, gender inequality, social stigma, and limited access to education, rehabilitation, and support services. These challenges disproportionately affect divorced, widowed, displaced, and independent women, who often experience economic insecurity, weakened social support networks, social exclusion, and restricted livelihood opportunities. Among these factors, unemployment emerged as a particularly significant challenge, undermining women's financial independence, self-worth, and ability to meet their basic needs. As a result, many women became more vulnerable to harmful peer influence, exploitation, and risky coping mechanisms, including drug use. In turn, these intersecting vulnerabilities not only increase the likelihood of drug abuse but also create additional barriers to recovery, treatment, and successful social reintegration.

Theme 2: Depression, Psychological Trauma, and Emotional Strain

Mental health concerns, notably depression, anxiety, and emotional fatigue, emerged as central to understanding why women and girls turn to drug use. Many interviewees frequently described using drugs to cope with emotional distress arising from early marriage, divorce, family rejection, and other gendered challenges to escape emotional pain, personal loss, or unresolved trauma. Participants linked drug use to gendered forms of vulnerability, including early marriage, stigma following divorce, family neglect, and sexual violence. These experiences reflect broader gender inequalities that place disproportionate social and emotional burdens on women and girls. One participant remarked that*, "We find peace of mind like nothing had ever happened to us"* when under the influence of drugs. This sense of temporary relief, while deeply harmful in the long run, provided solace to women navigating harsh emotional landscapes without access to professional mental health care.

Theme 3: Deficient Family Support and Neglect

Many of the respondents described being raised in environments where emotional support, parental care, or guidance was either minimal or absent. Several participants perceived inadequate parental monitoring, limited emotional support, and weak family relationships as factors that increased vulnerability to drug use. emotional distance, and the prioritization of social expectations over individual well-being were cited as contributors to drug initiation. For some women, Consistent with the previous theme on stigma and social exclusion, some women reported being disowned after divorce or teenage pregnancy, reflecting prevailing gender norms that place a disproportionate burden of shame and moral responsibility on women. Such gendered expectations often result in family rejection, loss of social support, and increased vulnerability to drug use as a coping mechanism being disowned after divorce or a teenage pregnancy left them with a loss of family support and economic security, leaving some women and girls vulnerable to street-based survival strategies, including reliance on informal networks for food, shelter, and protection. Participants reported that such circumstances often exposed them to sexual exploitation, abusive relationships, gender-based violence, and peer pressure to use drugs. These experiences increased their risk of substance abuse as a coping mechanism for trauma, stress, and difficult living conditions. One woman shared, *"My parents refused to take me back when I was divorced… I had no one*." This sentiment was echoed across many narratives, underlining how familial rejection can displace girls into drug-using environments.

Theme 4: Peer Pressure and Drug Culture in Female Social Circles

The influence of peer groups was another significant theme. Several women explained that they were introduced to drug use through close friends or older acquaintances. Peers unknowingly drugged some; others began using to maintain social bonds or to feel included. In these environments, drug use was often normalized or glamorized. One participant shared, *"You may find girls, more than five, drinking from the same bottle… because of the syrup or drugs in it."* This dynamic not only underscores the social nature of drug initiation but also suggests that drug use often occurs within collective social settings, where shared consumption can reduce feelings of isolation and strengthen social connections among women who experience stigma and marginalization.

Theme 5: Restrictive Gender Norms and Cultural Pressures

Cultural expectations and gender norms in Maiduguri play a powerful role in limiting women's autonomy. Several participants critiqued patriarchal structures that confine girls to domestic roles, restrict access to education or employment, and pressure them into early marriage. These limitations, coupled with the stress of cultural conformity, were said to contribute significantly to emotional breakdowns and subsequent drug use. One respondent explained, *"This is the 21st century… not every girl will stay all the time indoors and only go out after marriage."*

Theme 6: Conflict, Insecurity, and Displacement

The ongoing conflict and insecurity in the North East, particularly from insurgent activity, have left many

women orphaned, homeless, or disconnected from traditional support systems. Displacement due to violence was frequently identified as a pathway into drug involvement, as women and girls faced heightened exposure to exploitation, coercion, and dependency on unsafe social networks while attempting to survive in unstable and male-dominated environments. Economic hardship, displacement, and weak family support often compelled them to rely on intimate partners, older peers, or informal networks for financial and emotional support. Participants noted that these relationships sometimes involved pressure to use drugs, engage in transactional sex, remain in abusive relationships, or participate in risky activities in exchange for resources, protection, or social acceptance. As a result, vulnerable girls became increasingly exposed to both drug use and various forms of exploitation. One participant noted, *"When my parents were killed in Bama… I became a drug user."* This highlights how Conflict-related displacement exposed many women and girls to multiple hardships, including the loss of family members, destruction of livelihoods, food insecurity, disrupted education, and prolonged psychological distress. Participants described how these experiences created feelings of grief, hopelessness, loneliness, and uncertainty about the future, making some women and girls more likely to use drugs as a way of coping with emotional pain and difficult living conditions, which fuel patterns of substance dependence.

Objective 2: To examine the challenges that women and girls face in Maiduguri after their involvement in drug abuse.

Theme 1: Social Rejection, Stigmatization, and Social Exclusion

The most pervasive and emotionally distressing challenge reported by women who use drugs was the stigma, rejection, and exclusion they experienced from family members, neighbors, employers, community leaders, and society at large. Participants described being labeled and stigmatized by family members (parents, siblings, spouses, and extended relatives), community actors (neighbors, religious and traditional leaders, employers, and peers), and institutions such as healthcare facilities, schools, security agencies, and government bodies as morally deficient, mentally unstable, and socially unworthy. In many cases, this stigma extended to their children and other family members. As one respondent recounted, *"Our family members, neighbors, and community members reject us and do not want to have anything to do with us."*

Beyond negative labeling, women reported being excluded from marriage opportunities, employment, family decision-making processes, and community activities. One participant noted, *"We are not involved in family decision-making."* In the conservative social context of Maiduguri, the label of a "drug user" often overshadowed all other aspects of a woman's identity, resulting in social invisibility, loss of dignity, and exclusion from opportunities. Participants explained that this label was often attached through family disclosure, community observation, gossip, visible behavioral changes, association with known drug-use networks, encounters with security agencies, and, in some cases, drug screening during recruitment processes.

Many women reported that once their drug-use history became known, they experienced rejection from family members, spouses, in-laws, employers, neighbors, religious and traditional leaders, and other community members. Potential employers sometimes became aware of a woman's drug-use history through informal community networks, references from local leaders, background inquiries, or employment screening processes, limiting access to livelihood opportunities. Participants also described how stigma and discrimination discouraged them from seeking treatment or support because of fear of humiliation, rejection, and further marginalization. These experiences demonstrate how stigma operates across family, community, and institutional settings, creating significant barriers to recovery, social participation, and reintegration.

Theme 2: Inadequate Institutional Support and Limited Access to Rehabilitation Services

Participants consistently highlighted the lack of accessible, affordable, and gender-sensitive rehabilitation services, alongside the broader absence of institutional and community support systems. Although a federal psychiatric hospital exists, many respondents noted that treatment is often sought only when an individual reaches a severe stage of mental deterioration. Financial constraints, limited awareness of available services, and the absence of community-based rehabilitation programs were identified as major barriers to recovery. One participant lamented, *"When you have no money, you go mad or die just like that."* Beyond healthcare services, women reported feeling neglected by religious institutions, NGOs, government agencies, and community structures. While some received occasional charitable assistance, many believed that meaningful support is often reserved for those with influential families or social connections. As one respondent explained, *"No support for us at all… people see that any support given will only help us destroy ourselves."* The combined lack of rehabilitation opportunities and supportive social structures leaves many women trapped in cycles of addiction, stigma, and vulnerability, underscoring the need for coordinated, gender-responsive interventions that address both treatment and social reintegration.

Discussion

This study explored the gender-specific dimensions of drug abuse among women and girls in Maiduguri, focusing on contributing factors, post-abuse challenges, and broader implications for individuals, families, and communities. Analysis of qualitative data from interviews and focus group discussions revealed interconnected themes that demonstrate how poverty, gender inequality, psychosocial distress, conflict, stigma, and institutional neglect shape women's experiences with drug abuse. Rather than being driven by a single factor, women's substance use emerged from the interaction of structural, social, cultural, and emotional vulnerabilities that are deeply gendered. These findings are consistent with Feminist Theory, which argues that patriarchal social structures limit women's access to resources, opportunities, and autonomy, and with Intersectionality Theory, which emphasizes that women's experiences are shaped by multiple and overlapping forms of disadvantage rather than gender alone.

Poverty emerged as a critical driver of vulnerability. Women living in extreme financial hardship frequently described drug use as a means of coping with hunger, unemployment, deprivation, and uncertainty rather than as a matter of personal choice. This finding supports UNODC (2020) and is consistent with Ezulike et al. (2021), who identify poverty as a significant risk factor for substance abuse. From a Feminist Theory perspective, these experiences reflect the structural inequalities that limit women's economic opportunities and increase their dependence on others for survival. The findings suggest that women's vulnerability to substance abuse is not simply a consequence of individual circumstances but is rooted in broader gendered inequalities that restrict access to education, employment, and economic resources. Intersectionality Theory further helps explain why some women appeared more vulnerable than others. Economic hardship intersected with displacement, widowhood, divorce, limited education, and social stigma, creating multiple layers of disadvantage that intensified women's exposure to exploitation, harmful coping strategies, and social marginalization.

Psychological and emotional distress was closely linked to substance use. Participants described depression, anxiety, grief, loneliness, family rejection, and unresolved trauma as major reasons for initiating or sustaining drug use. Consistent with Kareem et al. (2019), the findings suggest that many women use drugs as a form of self-medication to temporarily escape emotional pain. Feminist Theory helps explain that these emotional burdens are not merely personal struggles but are often rooted in gendered social realities, including unequal power relations, restrictive expectations, family pressures, and gender-based discrimination. Intersectionality Theory further demonstrates how psychological distress is intensified when gender intersects with poverty, displacement, family instability, and social exclusion. Consequently, substance use becomes an accessible, though harmful, coping mechanism for women facing multiple and overlapping forms of disadvantage.

Family rejection and neglect further heightened women's vulnerability to drug abuse. Participants frequently linked drug use to weak family support, inadequate parental monitoring, emotional neglect, and strained family relationships. Family breakdown following divorce, teenage pregnancy, or perceived moral transgressions often left women isolated and without social or economic support. This finding aligns with Akintunde and Salisu (2020), who emphasize the protective role of family support against risky behaviours. The findings strongly support Feminist Theory, which argues that women are often judged more harshly than men when they are perceived to have violated socially prescribed gender roles. Participants who experienced rejection following divorce or teenage pregnancy were subjected to forms of gendered stigma that increased their vulnerability to poverty, exploitation, and substance abuse. Through an intersectional lens, these experiences cannot be understood solely in terms of gender, as they are also shaped by economic insecurity, family circumstances, and broader social inequalities.

Peer influence emerged as another important factor. Consistent with Abiodun and Adelekan (2016), participants described how friends, acquaintances, and social networks often served as pathways into drug use. While peer groups provided companionship and a sense of belonging, they also normalized and, in some cases, encouraged substance use. The findings suggest that peer relationships function as both protective and risk factors, offering emotional support while simultaneously increasing exposure to drug-taking behaviours. This dual role underscores the importance of understanding substance use within broader social and relational contexts, particularly for women who have been excluded from traditional support systems.

Restrictive gender norms and cultural expectations were also implicated in women's drug use. Participants described frustration arising from patriarchal structures that limit female autonomy, restrict access to education and employment, and prioritize early marriage and domestic responsibilities. This finding directly reflects Feminist Theory, which argues that patriarchal social structures constrain women's choices and opportunities. Consistent with Imam and Adamu (2019), the findings suggest that restrictive gender norms can create emotional strain, reduced opportunities, and feelings of powerlessness. For some women, drug use served as a means of escaping these pressures or exercising a limited form of agency within highly constrained social environments. These findings demonstrate that gender

inequality is not merely a background condition but an active force shaping women's experiences and health-related behaviours.

The findings further demonstrate the lasting impact of conflict and displacement on women's vulnerability to drug abuse. Women affected by the Boko Haram insurgency described experiences of bereavement, displacement, disrupted livelihoods, food insecurity, and prolonged psychological distress. In line with UNODC (2022), the findings suggest that conflict weakens traditional protective structures and increases exposure to exploitation and harmful coping mechanisms. Intersectionality Theory is particularly useful in explaining this finding, as it highlights how gender intersects with displacement, poverty, bereavement, insecurity, and social exclusion to produce unique vulnerabilities. Participants described how displacement often forced women and girls to depend on unsafe social networks, intimate partners, or informal support systems, some of which exposed them to drug use, abuse, and exploitation. The combined effects of conflict, poverty, and gender inequality therefore create conditions in which substance use may be perceived as a survival strategy and a means of emotional regulation.

Stigma and social exclusion emerged as some of the most significant challenges experienced by women after becoming involved in drug use. Participants described rejection not only by family members but also by neighbours, employers, community leaders, healthcare providers, and other institutions. Women were frequently labelled as morally deficient, mentally unstable, and socially unworthy, with stigma often extending to their children and relatives. Consistent with Gureje et al. (2015), such exclusion limited access to education, employment, marriage opportunities, family decision-making, and community participation. These findings strongly support Feminist Theory, which argues that women who deviate from socially prescribed roles are often judged more harshly than men. Participants were not only stigmatized for drug use but also for failing to conform to expectations associated with womanhood, motherhood, and caregiving. In many cases, being identified as a "drug user" overshadowed all other aspects of a woman's identity, resulting in social invisibility, loss of dignity, and reduced opportunities for social and economic advancement. Intersectionality Theory further suggests that stigma becomes more severe when gender intersects with poverty, displacement, social exclusion, and institutional discrimination. Consequently, women faced barriers to treatment, recovery, and reintegration at family, community, and institutional levels.

Access to healthcare and rehabilitation services was highly inadequate. Participants described treatment services as costly, inaccessible, insufficient, and poorly adapted to the specific needs of women. This finding supports Feminist Theory's critique that institutions often fail to adequately address women's unique experiences and needs. The predominance of treatment approaches designed around male experiences may contribute to the limited responsiveness of rehabilitation services to women affected by trauma, stigma, caregiving responsibilities, and economic dependence. From an intersectional perspective, barriers to treatment were further compounded by poverty, displacement, low educational attainment, and weak social support systems. These overlapping disadvantages reduced women's ability to access care and sustain recovery.

The social and economic consequences of drug abuse were profound and often intergenerational. Women described exclusion from family decision-making processes, employment opportunities, financial support, and other forms of social participation. These experiences reinforced poverty, dependency, and social marginalization. Participants also expressed concern about the impact of stigma on their children, who often faced discrimination and reduced opportunities in education, social participation, and future marriage prospects. These findings illustrate how gendered disadvantage and social exclusion can be reproduced across generations, extending the consequences of drug abuse beyond individual women to families and communities.

Overall, the findings demonstrate that drug abuse among women and girls in Maiduguri is shaped by intersecting socio-economic, gendered, and conflict-related vulnerabilities. Feminist Theory helps explain how patriarchal norms, gendered stigma, economic dependence, and unequal access to opportunities contribute to women's vulnerability to substance abuse and hinder recovery. Intersectionality Theory further reveals that these experiences cannot be understood through gender alone but emerge from the interaction of multiple forms of disadvantage, including poverty, displacement, family rejection, social exclusion, and institutional neglect. Together, these theories provide a comprehensive framework for understanding the complex realities of women affected by drug abuse and underscore the need for gender-sensitive, trauma-informed, and context-specific interventions that address both substance use and the structural inequalities that sustain it.

Conclusion

This study explored the gender-specific dimensions of drug abuse among women and girls in Maiduguri, uncovering a web of social, economic, psychological, and cultural factors that drive and sustain it. The narratives revealed how poverty, trauma, restrictive gender roles, and weakened family and community systems create conditions where drug use becomes both a coping mechanism and a survival strategy. It is evident that drug abuse among women is not simply a personal failing but

the outcome of systemic neglect and gendered vulnerability. Many women are dealing with displacement, grief, and rejection without adequate support. While peer groups sometimes offer a sense of belonging, they also contribute to harmful behaviors. These women face harsh stigmatization, denial of rights, and exclusion from services, perpetuating cycles of shame and poverty. The consequences, ranging from physical and mental health decline to family disruption and economic marginalization, extend beyond individuals to families and entire communities. Addressing this issue requires a shift from narrow, punitive models to a more holistic, gender-sensitive approach that considers the full scope of their lived realities.

Recommendations

In light of the findings, the following recommendations are proposed to guide interventions, policymaking, and future research.

Establish Gender-Sensitive Rehabilitation and Mental Health Services

The Ministry of Health, Women's Affairs, Social Welfare, UNODC, and UN Women should develop accessible, affordable, and women-specific rehabilitation centers that integrate trauma-informed care, mental health support, and vocational training.

The Ministry of Health should ensure these centers are community-based and culturally sensitive to reduce stigma and improve trust and accessibility.

Strengthen Family and Community Support Structures

NGOs should promote community-based awareness campaigns aimed at reducing stigma and re-integrating recovering women into their families and neighbourhoods.

NGOs should equip families with the tools and knowledge to identify early signs of drug use and offer emotional support without resorting to rejection or blame.

Promote Economic Empowerment for Women and Girls

NGOs such as catholic Relief Services, ActionAid, and Mercy Corps that specialize in women-centered community-based livelihood projects tied to mental health and rehabilitation to implement targeted livelihood programs, including microgrants,a skills training, and entrepreneurship support tailored for vulnerable and recovering women.

NGOs should prioritize economic interventions that reduce dependency and open up pathways for sustainable reintegration into society.

Address Harmful Gender Norms Through Policy and Advocacy

The Ministry of Health, social welfare, UNODC, and UN Women should work with traditional and religious leaders to challenge cultural narratives that confine women to silence and subordination.

UNODC and UN Women should support legislative frameworks that uphold the rights of women and girls, protect them from abuse, and provide recourse for those seeking help.

Strengthen Multi-Sectoral Collaboration

The Ministry of Health and Social Welfare should foster partnerships between NGOs, faith-based organizations, and local communities to develop coordinated responses.

The Ministry of Health, Social Welfare, UNODC, and UN Women should ensure that women who have experienced drug abuse are meaningfully included in designing and implementing these interventions.

Acknowledgment

The author gratefully acknowledges the study participants for sharing their experiences, the African Cities Research Consortium at the University of Manchester for financial support, and the research assistants for their assistance with data collection and transcription. The author also thanks Professor Julian Eaton and Professor Rachel Tolhurst, School of Tropical Medicine (University of Liverpool), for their mentorship and valuable guidance throughout the study.

Funding Information

This research was supported by the African Cities Research Consortium, University of Manchester.

Ethics

Throughout the recruitment and site selection process, strict confidentiality was maintained for both participants and community contacts, with no identifying information recorded or disclosed, ensuring compliance with ethical standards for research involving vulnerable populations. Ethical approval was obtained before the commencement of the study, and participants were assured of confidentiality, anonymity, voluntary participation, and informed consent, provided either verbally or in writing according to literacy levels. Interviews were conducted in safe, private settings to minimize the risk of re-traumatization, and referrals were offered when necessary. In the absence of a formal Institutional Review Board (IRB) at the University of Maiduguri,

the study adhered to National Health Research Ethics Committee (NHREC) guidelines and was reviewed and monitored by a project-specific, multidisciplinary ethics committee, consistent with recognized standards for independent ethical review bodies (Arismendi-Pardi and Lieu, 2010).

Conflict of Interest

The author declares that there are no conflicts of interest regarding the publication of this manuscript.

References

Abiodun, O. A., & Adelekan, M. L. (2016). Substance use and peer influence among Nigerian youth: Implications for prevention. *Journal of Substance Abuse and Rehabilitation*, *7*, 115–124.

Abudu, R. V. (2008). Young people and drug abuse. *Paper Presented at the 8th Biennial International Conference on Alcohol, Drugs and Society in Africa*. 8th Biennial International Conference on Alcohol, Drugs and Society in Africa, Abuja, Nigeria.

Adelekan, M. (2018). Drug use in Nigeria: A focus on female users. *Journal of SubstanceAbuse*, *35*(4), 321–334.

Agwogie, M. O., Kliewer, W., & Ibrahim, M. B. (2023). Predictors of substance use disorder symptoms among women in Katsina State, Nigeria. *Drug and Alcohol Dependence*, *247*, 109866. https://doi.org/10.1016/j.drugalcdep.2023.109866

Aigbogun, O., Aluh, D. O., Okoro, R. N., Yousefi, M., Fawehinmi, O., & Abdullahi, M. S. (2024). Cross-sectional survey data on the socio-demographic characteristics associated with substance use among internal displaced persons in Maiduguri, Nigeria. *Data in Brief*, *52*, 109875. . https://doi.org/10.1016/j.dib.2023.109875

Akintunde, A. T., & Salisu, A. B. (2020). Parental neglect and youth drug abuse in Northern Nigeria: An emerging social issue. *International Journal of Social Policy and Education*, *2*(6), 48–57.

Ali, M. S., Yusuf, A. H., & Ibrahim, M. A. (2021). Drug use Among Undergraduates in Maiduguri, Northeast Nigeria. International Journal of Health and Life Sciences, 7(2), e113625. https://doi.org/10.5812/ijhls.113625

Arismendi-Pardi, E., & Lieu, M. W. (2010). Setting up an Institutional Review Board at your college. *Academic Senate for California Community Colleges (ASCCC)*. https://www.asccc.org/content/setting-institutional-review-board-your-college

Atewologun, D. (2018). Intersectionality theory and practice. *Oxford Research Encyclopedia of Business and Management*. https://doi.org/10.1093/acrefore/9780190224851.013.48

Atkinson, R., & Flint, J. (2001). Accessing hidden and hard-to-reach populations: Snowball research strategies. *Social Research Update*, *33*, 1–4.

Azande, P. (2023). *Gender and (in)formal security provision in Maiduguri, Nigeria*. African Cities Research Consortium. Retrieved from https://www.african-cities.org/gender-and-informal-security-provision-in-maiduguri-nigeria/

Beauvoir, S. (2011). *The Second Sex*.

Biernacki, P., & Waldorf, D. (1981). Snowball Sampling: Problems and Techniques of Chain Referral Sampling. *Sociological Methods & Research*, *10*(2), 141–163. https://doi.org/10.1177/004912418101000205

Brady, K. T., & Randall, C. L. (1999). Gender differences in substance use disorders. *Psychiatric Clinics of North America*, *22*(2), 241–252. https://doi.org/10.1016/s0193-953x(05)70074-5

Braun, V., & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Buba, I., Monguno, A. K., Ayuba, H., Madueke, K. L., & Ajadi, S. B. (2024). ACRC Working Paper 14. Maiduguri: City report. *SSRN Electronic Journal*, 1–85. https://doi.org/10.2139/ssrn.4869448

Desalu, O. O., Iseh, K. R., Olokoba, A. B., Salawu, F. K., & Danburam, A. (2010). Smokeless tobacco uses in adult Nigerian population. *Nigerian Journal of Clinical Practice*, *13*(4), 382–387.

Egba, A. (2024). Reps call for emergency action on drug abuse among women. *Channels Television*.

Emmanuel, G. O., Akinsolu, F. T., Abodunrin, O. R., & Ezechi, O. C. (2024). Prevalence and patterns of substance use in West Africa: A systematic review and meta-analysis. *PLOS Global Public Health*, *4*(12), 0004019. https://doi.org/10.1371/journal.pgph.0004019

Essien, N., Akpabio, G., & Obot, I. (2021). Narrative construction of violence and stigma against women who use drugs and treatment needs of women who use drugs in Nigeria. *NIDA International Forum Abstracts*.

Ezulike, C. D., Okonkwo, R. U., & Yusuf, B. A. (2021). Poverty, mental health and substance abuse: Interlinkages and implications in the Nigerian context. *Nigerian Journal of Psychological Research*, *19*(2), 87–103.

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development. *International Journal of Qualitative Methods*, *5*(1), 80–92. https://doi.org/10.1177/160940690600500107

Francis, F. (2025). NGO assists Borno's 10,000 IDPs, PWDs. *Leadership Newspaper*.

Grella, C. E. (2008). Gender-responsive drug treatment services for women: A summary of current research and recommendations. *Journal of Substance Abuse Treatment*, *35*(1), 80–88.

Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough? *Field Methods*, *18*(1), 59–82. https://doi.org/10.1177/1525822x05279903

Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PLOS ONE*, *15*(5), e0232076. https://doi.org/10.1371/journal.pone.0232076

Gureje, O., Oladeji, B. D., Montgomery, A. A., Araya, R., & Lewis, G. (2015). Integrating mental health into primary care in Nigeria: A cluster randomized controlled trial. *The Lancet Psychiatry*, *2*(6), 502–510. https://doi.org/10.1186/s12888-015-0483-0

Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code Saturation Versus Meaning Saturation. *Qualitative Health Research*, *27*(4), 591–608. https://doi.org/10.1177/1049732316665344

Hien, D. A., Wells, E. A., Jiang, H., Suarez-Morales, L., Campbell, A. N. C., Cohen, L. R., Miele, G. M., Killeen, T., Brigham, G. S., Zhang, Y., Hansen, C., Hodgkins, C., Hatch-Maillette, M., Brown, C., Kulaga, A., Kristman-Valente, A., Chu, M., Sage, R., Robinson, J. A., … Nunes, E. V. (2009). Multisite randomized trial of behavioral interventions for women with co-occurring PTSD and substance use disorders. *Journal of Consulting and Clinical Psychology*, *77*(4), 607–619. https://doi.org/10.1037/a0016227

Ibrahim, A. W., Pindar, S. K., Shetma, F. B., Mshelia, A. A., Amodu, M. O., Machina, B. K., & Placidus, O. (2018a). Psychoactive substance use disorders among females in northern Nigeria: Findings of a five-year descriptive survey at the Federal Neuropsychiatric Hospital, Maiduguri. *African Journal of Drug and Alcohol Studies*, *17*(1), 1–2.

Ibrahim, A. W., Yerima, M. M., & Pindar, S. K. (2018b). Pattern of psychoactive substance use among commercial motorcyclists in Maiduguri, North-Eastern Nigeria. *Nigerian Journal of Medicine*, *27*(2), 128–133.

Igwe, W. C., Ojinnaka, N., Ejiofor, S., Emechebe, G. O., & Ibe, B. C. (2009). Socio-demographic correlates of psychoactive substance abuse among secondary school students in Enugu State, Nigeria. *European Journal of Social Sciences*, *12*(2), 277–283.

Imam, A., & Adamu, F. L. (2019). Women, culture and drugs: Gendered vulnerabilities in Northern Nigeria. *Gender and Security in Northern Nigeria*, 127–144.

Kareem, Y. A., Audu, I. A., & Oyelade, A. A. (2019). Psychosocial stressors and drug use among displaced women in North-East Nigeria. *African Journal of Substance Abuse*, *5*(1), 22–34.

Madaki, K. (2023). The burden of drug abuse: Predictors of prescription drug abuse among women in Northern Nigeria. A systematic review. *Scientific African*, *22*, e01952. https://doi.org/10.1016/j.sciaf.2023.e01952

Mamman, H., Othman, A. T., & Lian, L. H. (2014). Adolescents and drug abuse in Nigeria. *Journal of Biology, Agriculture and Healthcare*, *4*(1), 5–10.

Moudou, L., & Bala, A. (2024). Nigeria authorities report over 14 million cases of drug abuse. *VOA Africa*. https://www.voaafrica.com/a/nigeria-authorities-report-over-14-million-cases-of-drug-abuse/7785934.html

Najavits, L. M., Weiss, R. D., & Shaw, S. R. (1997). The link between substance abuse and posttraumatic stress disorder in women. *American Journal of Psychiatry*, *154*(4), 486–493.

NDLEA. (2020). *National drug abuse statistics in Nigeria*.

Nelson, E. E. (2021). Intersectional analysis of cannabis use, stigma and health among marginalized Nigerian women. *Sociology of Health & Illness*, *43*(3), 660–677. https://doi.org/10.1111/1467-9566.13244

Nelson, E.-U. E., & Abikoye, G. E. (2019). Multiple Barriers to Utilization of Drug Abuse Treatment by Female Street Sex Workers in Nigeria. *Journal of Psychoactive Drugs*, *51*(4), 383–390. https://doi.org/10.1080/02791072.2019.1605103

Noy, C. (2008). Sampling Knowledge: The Hermeneutics of Snowball Sampling in Qualitative Research. *International Journal of Social Research Methodology*, *11*(4), 327–344. https://doi.org/10.1080/13645570701401305

O'Neil, T., & Broeckhoven, H. V. (2021). *Women, conflict, and social norms in Northeast Nigeria*.

Oluremi, S. A. (2012). Gendered vulnerabilities: Exploring the intersection of gender and substance abuse. *Journal of African Studies*, *28*(2), 123–135.

Otorkpa, O. J. (2019). Pattern of Drug Abuse among Adolescents in Lokoja Metropolis of Kogi State, Nigeria. *Journal of Applied Life Sciences International*, 1–9. https://doi.org/10.9734/jalsi/2019/v20i330084

Saad, A., Iganus, R. B., & Marama, T. A. (2002). Gender and drug abuse among youths in BornoState in Nigeria: Implications for public policy. *Acta Criminologica: African Journal of Criminology & Victimology*, *15*(1), 99–109.

Stringer, K. L., & Baker, E. H. (2018). Stigma as a Barrier to Substance Abuse Treatment Among Those With Unmet Need: An Analysis of Parenthood and Marital Status. *Journal of Family Issues*, *39*(1), 3–27. https://doi.org/10.1177/0192513x15581659

UNODC. (2018). *Drugs and associated issues among women and girls*.

UNODC. (2022). *World drug report 2022*.

Uthman, M. M. B., Ibrahim, A. W., & Ngaski, A. M. (2017). Abuse of psychoactive substances among youth in Maiduguri Metropolitan Council, Borno State, Nigeria. *Journal of Addictive Diseases*, *36*(3), 203–210.

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, *15*(3), 398–405. https://doi.org/10.1111/nhs.12048

World Health Organization. (2014). *Guidelines for the identification and management of substance use and substance use disorders in pregnancy*.