PAN-AFRICAN PARENTAL DRUG KNOWLEDGE INDEX

PADK-INDEX 2026

Drug Substance Identification and Abuse Knowledge Level Among Parents in Africa

Implications for Child Protection Interventions and Policy Advocacy

Parent-Child Intervention Centre (PCIC)

With support from

World Federation Against Drugs (WFAD)

May 2026
20 African Countries
2,267 Respondents

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Background to This Report

The African Drug Crisis: A Silent Emergency

Africa is experiencing an accelerating youth drug crisis that is rapidly outpacing the capacity of families, schools, governments, and communities to respond. Across the continent, substances once rare or confined to specific urban centres are proliferating into rural communities, secondary schools, and households. Tramadol abuse has reached alarming proportions across West and East Africa. Crystal methamphetamine, known locally as Mkpuru mmiri is spreading through informal settlements and youth networks. Synthetic street drugs such as Colos/Colorado, Loud, and SK are emerging as entirely new threats, largely invisible to parents, educators, and policymakers alike.

Despite this escalating threat landscape, the capacity of African parents to recognize, name, and respond to drug threats facing their children has never been systematically measured at a continental level. Parental knowledge remains the first line of defence in child protection: a parent who cannot name a substance cannot report it, warn against it, or recognize its signs in their child's behaviour.

Why the PADK-Index Was Created

The Pan-African Parental Drug Knowledge Index (PADK-Index) was technically executed by the Parent-Child Intervention Centre (PCIC) in partnership with the World Federation Against Drugs (WFAD) to fill this critical gap in the evidence base. The index provides the first standardized, cross-national benchmarking framework for measuring parental drug literacy across Sub-Saharan and North-adjacent Africa.

The PADK-Index serves four interconnected purposes:

- To quantify the gap between parental awareness of drug abuse as a phenomenon and parents' actual capability to identify, name, and respond to specific substances.
- To benchmark parental drug knowledge across African countries using a standardized five-point literacy scale, enabling cross-country comparisons as sample sizes grow.
- To identify the most critical knowledge deficits by substance, by demographic group, and by country that require urgent targeted intervention.
- To serve as a living accountability standard for governments, civil society organizations, international bodies, and development partners committed to child protection.

About the Implementing Organizations

The Parent-Child Intervention Centre (PCIC) is a frontline African child protection organization headquartered in Nigeria, dedicated to strengthening parent-child relationships and equipping families with the tools, knowledge, and confidence to safeguard children from harm. PCIC operates at the intersection of community-based programming, research, and policy advocacy, with a particular focus on the most vulnerable and under-served families. PCIC is strongly working in the areas of drug and substance abuse prevention and treatment, Gender-Based Violence mitigation and good governance.

The World Federation Against Drugs (WFAD) is a global civil society umbrella organization working to prevent drug abuse through evidence-based research, international advocacy, and community empowerment programmes across more than 100 countries worldwide.

The 2026 Survey: Scope and Significance

The PADK-Index 2026 is the inaugural edition of what is intended to be a biennial continental survey. It engaged 2,267 parents and guardians across 20 African countries between March and April 2026 the most comprehensive continental study of parental drug literacy ever conducted on the African continent. While methodological constraints limit the statistical robustness of findings for most

countries in this first cycle, the survey establishes the foundational framework, measurement instrument, and continental baseline against which all future progress will be measured.

The urgency of the PADK-Index cannot be overstated. Children are being exposed to life-altering substances at ever younger ages. The window for protective parental intervention is narrowing. The data in this report represent not merely an academic exercise, but a call to immediate, funded, and coordinated action by every stakeholder with responsibility for the welfare of Africa's children.

Methodological Note — Provisional Estimates

> ⚠ **IMPORTANT:** This report applies a 500-respondent minimum threshold for statistically robust national indicators. Only three countries, **Senegal (n=575), Nigeria (n=502), and Uganda (n=470*)** are treated as primary evidence for continental benchmarking and policy conclusions. PADK scores for all remaining 17 countries are published as provisional estimates only and must not be used as definitive national benchmarks until a minimum of 500 respondents per country is achieved in a future survey cycle.

1. Executive Summary

The Pan-African Parental Drug Knowledge Index (PADK-Index) 2026 is the most comprehensive continental study of parental awareness and capacity regarding youth drug and substance abuse ever conducted on the African continent. Executed by the Parent-Child Intervention Centre (PCIC) in partnership with the World Federation Against Drugs (WFAD), the survey engaged 2,267 parents and guardians across 20 African countries, providing the first cross-national benchmarking of parental drug literacy across Sub-Saharan and North-adjacent Africa.

The continental mean PADK score stands at 2.90 out of 5.00, placing overall parental knowledge between 'Poor' and 'Fair' on the scale. Only 29.5% of respondents rated their knowledge as 'Good' or 'Very Good', while a concerning 38.9% rated it 'Poor' or 'Very Poor'. Conventional substances including alcohol, cigarettes, and marijuana remain the most widely recognized, while rapidly proliferating threats such as Tramadol, Mkpuru mmiri (crystal methamphetamine), and synthetic street drugs remain critically under-recognized.

Beyond substance knowledge, 74.8% of parents believe children in their communities are at risk of drug abuse, and 56.2% have at some point suspected a child was using drugs. Yet only 29.2% feel they know enough to protect their child. An overwhelming 78.7% of parents expressed willingness to participate in drug prevention training which is a powerful signal of community readiness.

Metric	Value
Total Respondents	2,267
Countries Surveyed	20 African Countries
Continental Mean PADK Score	2.90 / 5.00
Rated Knowledge Poor or Very Poor	38.9%
Rated Knowledge Good or Very Good	29.5%
Parents who believe children are at risk	74.8%
Parents who feel equipped to protect their child	29.2%
Parents willing to attend drug prevention training	78.7%

💡 KEY INSIGHT

85.5% of parents know drug abuse among children is a real problem in their country. Yet only 29.5% rate their own knowledge as Good or Very Good. This 56-point gap between awareness and equipped -ness is the most critical challenge for intervention design and the most urgent call to action.

2. Survey Overview & Methodology

2.1 Research Design

The PADK-Index 2026 survey was designed as a quantitative digital self-completion instrument administered across 20 African countries. Data collection occurred from March to April 2026 using a structured digital questionnaire. Participation was entirely voluntary and anonymous, with full written informed consent required.

Respondents were recruited through a purposive-snowball sampling approach, leveraging PCIC and WFAD partner networks, parent associations, civil society organizations, religious community groups, and social media communities.

2.2 The 500-Respondent Threshold

Reliability Tier	Criterion	Countries	Treatment
High (Robust)	n ≥ 500	Senegal, Nigeria	Primary evidence
Near-Threshold	n = 470	Uganda	Cited with caution
Moderate	100 ≤ n < 500	Rwanda, Sierra Leone	Provisional estimates
Low / Very Low	n < 100	Remaining 15 countries	Directional signals only

2.3 Survey Domains

Domain	Theme	Description
Domain 1	Demographic Profiling	Gender, age, country, marital status, education, occupation
Domain 2	General Awareness	Whether respondents heard about drug abuse among children
Domain 3	Substance Knowledge	Substances recognized from a list of 11
Domain 4	Physical Identification	Ability to recognize drugs if encountered in daily life
Domain 5	Information Sources	Channels through which knowledge was acquired
Domain 6	Knowledge Self-Rating	Five-point Likert-scale self-assessment (1=Very Poor to 5=Very Good)

3. Respondent Profile

A total of 2,267 parents and guardians participated across 20 African countries. Only three countries contributed sample sizes at or near the 500-respondent threshold: Senegal (n=575, 25.4%), Nigeria (n=502, 22.1%), and Uganda (n=470, 20.7%), together accounting for 68.2% of all responses.

3.1 Gender Distribution

Gender	Count	% of Total	Mean PADK Score
Male	1,130	49.8%	2.89

Gender	Count	% of Total	Mean PADK Score
Female	983	43.4%	2.90
Not stated	154	6.8%	N/A

> 💡 **KEY INSIGHT**
> *PADK knowledge scores are virtually identical by gender (Female: 2.90; Male: 2.89) confirming that the drug literacy gap is a structural, systemic deficit affecting all parents equally, not a gendered knowledge divide.*

3.2 Age Distribution

Age Group	Count	% of Total	Mean PADK Score	Above 3.0?
Below 25	136	6.0%	2.93	No
25–34	516	22.8%	3.00	Marginal
35–44	766	33.8%	2.83	No
45–54	490	21.6%	2.83	No
55 and above	205	9.0%	3.04	Yes

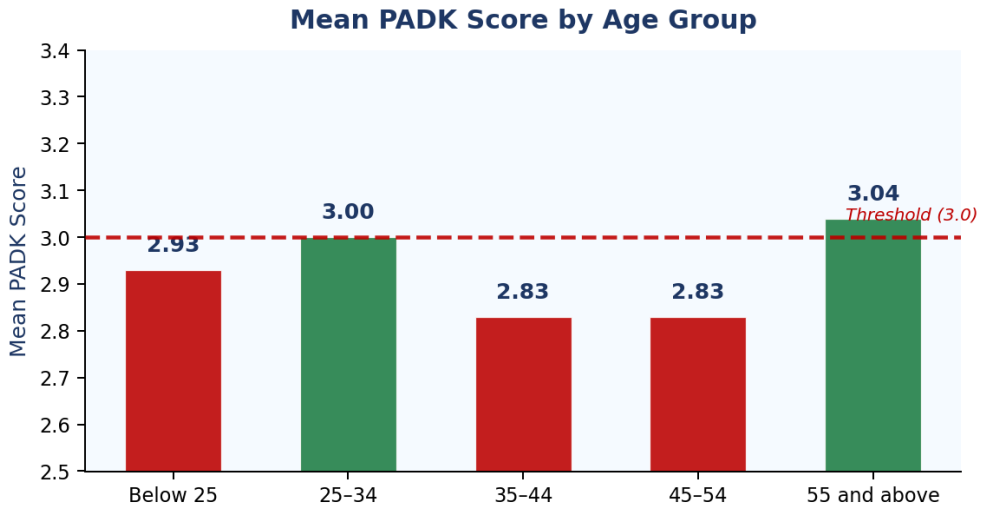

Figure: Mean PADK Score by Age Group — Red bars fall below the 3.0 intervention threshold

> 💡 **KEY INSIGHT**
> *The 35–54 age group is the largest, most active parenting cohort on the continent yet scores the lowest (2.83), signaling that the parents most responsible for raising children today are the least equipped to protect them from emerging drug threats.*

3.3 Score by Marital Status

Marital Status	Count	% of Total	Mean PADK Score
Married	1,506	66.4%	2.80

Marital Status	Count	% of Total	Mean PADK Score
Single	322	14.2%	3.21
Divorced	170	7.5%	3.06
Widow	51	2.3%	3.24
Widower	33	1.5%	2.97

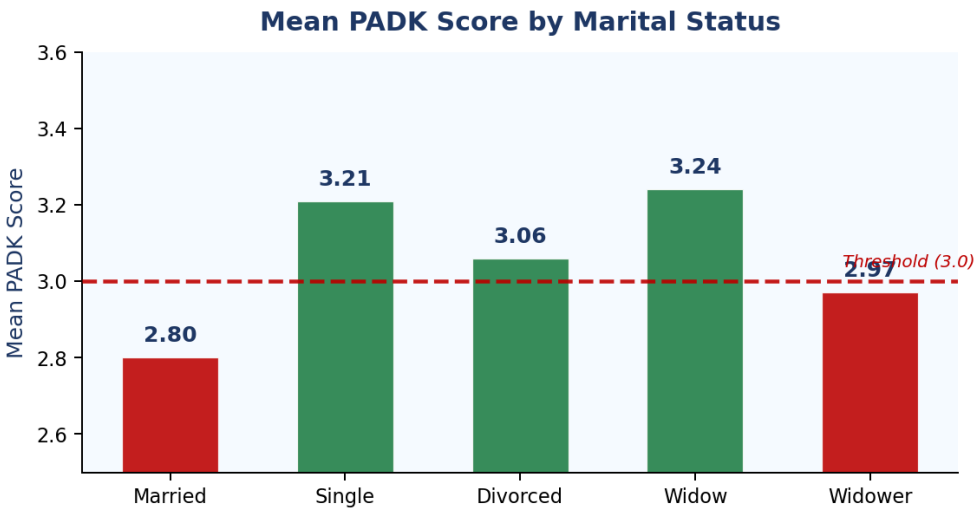

Figure: Mean PADK Score by Marital Status — Red bars fall below the 3.0 intervention threshold

> 💡 **KEY INSIGHT**
>
> *Married parents being the largest demographic group at 66.4% scored the lowest of all marital categories (2.80). This counterintuitive finding may reflect time poverty, divided attention across multiple children, or a false sense of shared responsibility diluting individual preparedness.*

4. General Awareness of Youth Drug Abuse

Before probing specific substance knowledge, respondents were asked whether they had previously heard about drug and substance abuse among children in their country. The results reveal a critical paradox: awareness of the phenomenon does not translate into actionable drug literacy.

Response	Count	% of Respondents
Yes — Has heard about it	1,141	85.5%
No — Has not heard about it	158	11.8%
Not stated	968	—

74.8% of parents believe children in their communities are currently at risk of drug abuse, yet only 29.2% feel they know enough to actively protect their child.

💡 **KEY INSIGHT**

85.5% of parents know drug abuse among children is a problem. Only 29.5% rate their own knowledge as Good or Very Good. Only 29.2% feel equipped to protect their child. Awareness without literacy creates false confidence and delayed response leading to dangerous outcomes in child protection.

5. Substance Awareness Analysis

Respondents were asked to select all substances from a structured list of 11 that they knew were commonly abused by children. Results reveal a stark hierarchical awareness pattern, with conventional substances dominating recognition while newer, proliferating substances remain critically unknown.

Rank	Substance	% Awareness	Threat Level	Prevalence Trend
1	Alcohol	84.6%	Moderate	High & Stable
2	Cigarettes / Nicotine	79.4%	Moderate	High & Stable
3	Marijuana (Weed)	62.6%	Moderate–High	Increasing
4	Inhalants	51.6%	High	Stable
5	Cocaine	43.4%	High	Increasing
6	Tramadol	30.3%	Very High	Rapidly Increasing
7	Codeine / Cough Syrups	17.4%	Very High	Increasing
8	Mkpuru mmiri (Crystal Meth)	15.0%	Very High	Rapidly Increasing
9	Colos / Colorado	7.9%	Extreme	Emerging
10	Loud (High-grade Cannabis)	3.5%	Extreme	Emerging
11	SK	2.5%	Extreme	Emerging

💡 **KEY INSIGHT**

The 69.7% of parents who do not know Tramadol, the 85.0% who do not know Mkpuru mmiri, and the 97.5% who do not know SK represent millions of African children entirely unprotected from these substances simply because their parents cannot name, identify, or report them.

6. Information Sources & Communication Channels

Understanding how parents acquire drug-related information is essential for designing effective public health communication campaigns.

Information Source	% Respondents	Channel Type	Strategic Value
TV / Radio	66.0%	Broadcast Media	Very High — widest reach
Social Media	58.3%	Digital Media	Very High — growing rapidly

Information Source	% Respondents	Channel Type	Strategic Value
Friends / Family	55.4%	Informal / Peer	High — trusted source
NGO	51.8%	Civil Society	High — community trusted
Health Workers	41.4%	Health System	Medium — high trust, low reach
School / Training	40.8%	Education System	Medium — structured, effective
Religious / Community	28.5%	Community	Medium — deep trust, narrow reach

💡 KEY INSIGHT

TV/Radio and Social Media together reach nearly two-thirds of parents. Yet these dominant channels are not currently being used systematically to deliver substance-specific, actionable content about Tramadol, Mkpuru mmiri, or synthetic drugs. The most powerful megaphone is available, it simply needs the right message.

7. PADK Knowledge Index Scores

The PADK-Index score is calculated as the arithmetic mean of respondents' five-point Likert-scale self-ratings. The scale runs from 1 (Very Poor) to 5 (Very Good), with 3.0 (Fair) defined as the intervention-readiness threshold.

7.1 Knowledge Self-Rating Distribution

Rating	Count	% of Respondents	Interpretation
Very Poor	229	10.1%	Critical deficit — cannot detect or respond
Poor	653	28.8%	Below threshold — lacks basic identification capability
Fair	558	24.6%	At threshold — minimal awareness, intervention possible
Good	442	19.5%	Above threshold — can engage meaningfully
Very Good	227	10.0%	Well-equipped — able to educate and act protectively

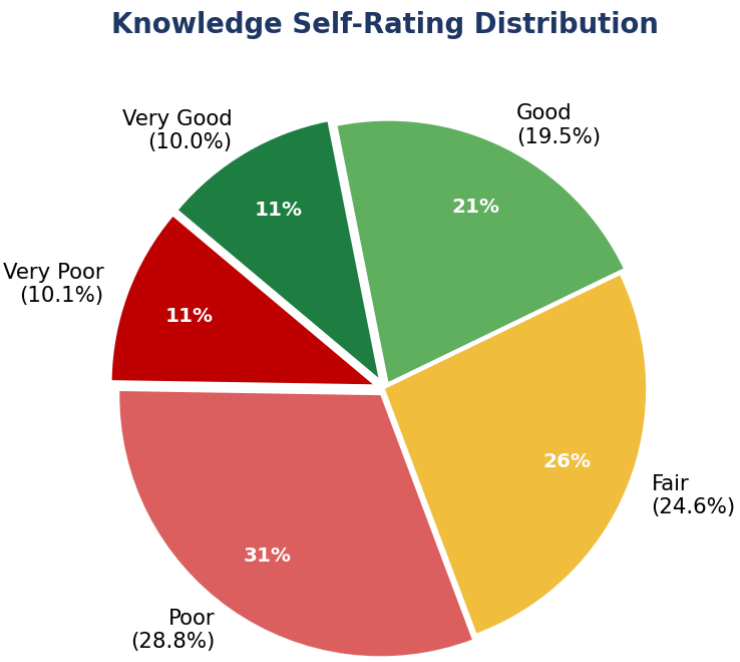

Figure: Distribution of Parental Knowledge Self-Ratings across 2,267 respondents

7.2 Country PADK Scores

Country	N	PADK Score	Status	Data Quality

Country	N	PADK Score	Status	Data Quality
Senegal	575	2.19	CRITICAL	✓ ROBUST
Nigeria	502	2.90	Below Threshold	✓ ROBUST
Uganda	470	3.28	Above Threshold	⚑ Near-Threshold
Rwanda	116	3.10	Marginal	~ Provisional
Sierra Leone	91	2.84	Below	~ Provisional
South Africa	63	3.87	Well Above	~ Provisional (n<100)
Tanzania	50	3.14	Marginal	~ Provisional (n<100)
Kenya	47	3.85	Well Above	~ Provisional (n<50)
Ethiopia	46	3.70	Above	~ Provisional (n<50)
Lesotho	42	3.29	Above	~ Provisional (n<50)
Gambia	30	2.57	Concern	~ Provisional (n<50)
Zimbabwe	22	3.86	Well Above	~ Provisional (n<50)

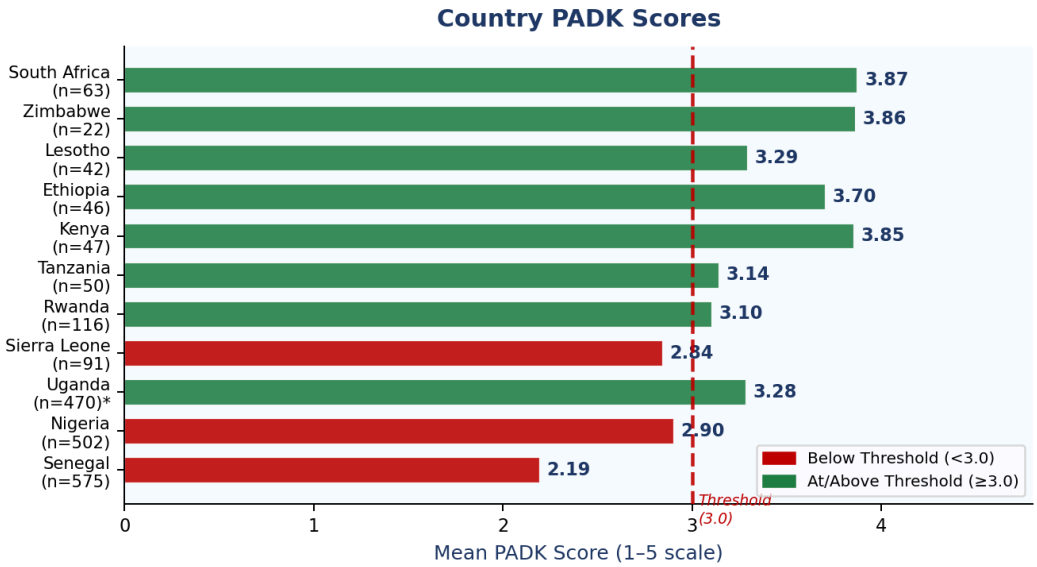

Figure: Country PADK Scores — Green bars meet or exceed the 3.0 threshold; red bars fall below

💡 KEY INSIGHT

Among the three countries with meaningful sample sizes: Senegal (n=575) scores 2.19, the most critical score on the continent. Nigeria (n=502) scores 2.90, below the intervention threshold. Uganda (n=470) scores 3.28, above threshold but based on a near-threshold sample. These three countries, covering 68.2% of all respondents, drive the continental mean of 2.90 and must anchor all primary policy conclusions.

7.3 Score by Educational Background

Educational Background	Count	% of Total	Mean PADK Score	Above 3.0?
Undergraduate degree	344	15.2%	3.34	Yes
PhD	135	6.0%	3.16	Yes
O' levels	182	8.0%	3.04	Yes
Postgraduate degree	489	21.6%	3.01	Yes
Others	110	4.9%	2.65	No
Professional certification	250	11.0%	2.62	No
Secondary Education	479	21.1%	2.61	No
Primary Education	117	5.2%	2.58	No

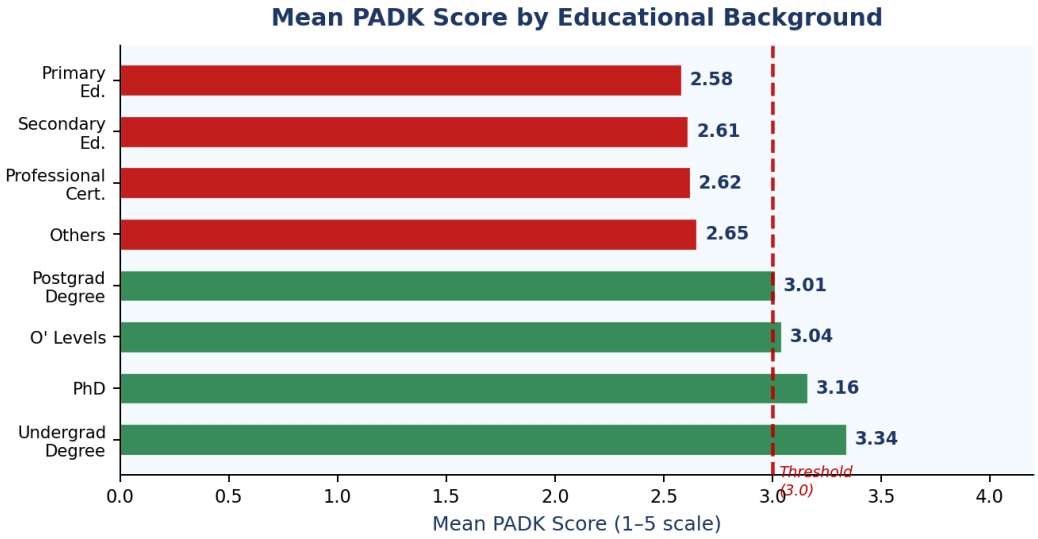

Figure: Mean PADK Score by Educational Background — Red bars fall below the 3.0 threshold

> 💡 **KEY INSIGHT**
>
> *Drug literacy does not scale linearly with formal education. Undergraduate holders (3.34) did better than even PhD holders (3.16), suggesting that drug awareness is driven by community engagement, lived experience, and media exposure, not academic credentials. This has profound implications for how outreach programmes should be designed.*

8. Behavioral Indicators & Parental Engagement

8.1 Warning Sign Awareness

Warning Sign	% Awareness
Sudden change in behavior	80.3%
Red/glassy eyes	66.5%
Stealing or frequent need for money	62.0%
New suspicious friends	61.7%
Unusual smells	55.8%
Poor school performance	52.5%
Secretive behaviour	40.6%
Don't know any signs	2.2%

💡 KEY INSIGHT

97.8% of parents recognize at least one warning sign of drug abuse. However, the low recognition of secretive behaviour (40.6%) and poor school performance (52.5%) as a drug-related sign means many parents may miss early-stage use until it escalates to crisis point.

8.2 Parent-Child Communication on Drugs

Frequency of Drug Conversations	Count	% of Total
Never	853	37.6%
Rarely	453	20.0%
Sometimes	476	21.0%
Often	191	8.4%
Very often	140	6.2%

💡 KEY INSIGHT

57.6% of parents provide no consistent drug dialogue to their children, either never (37.6%) or only rarely (20.0%). This communication vacuum is one of the most directly addressable risk factors in child protection, and one that parents themselves can begin to close immediately.

9. Risk Perception & Parental Readiness

9.1 Perceived Seriousness of Drug Abuse in Africa

Seriousness Level	Count	% of Total
Extremely serious	785	34.6%
Very serious	1,003	44.2%
Moderately serious	266	11.7%
Not serious	51	2.2%

9.2 Where Children Obtain Drugs

Source	% of Respondents
Friends/peers	82.8%
Street dealers	73.8%
Parties	69.7%
Schoolmates	50.7%
Online platforms	37.4%
Patent medicine / Pharmacies	32.0%

9.3 Reasons Children Start Using Drugs

Reason	% of Respondents
Peer pressure	83.9%
Social media influence	68.6%
Curiosity	68.1%
Lack of parental supervision	66.7%
Family problems	61.9%
Stress/depression	60.5%

9.4 Support & Training Demand

Support Needed	Count	% of Respondents
Awareness training	1,846	81.4%
Community sensitisation	1,702	75.1%
Government regulation	1,662	73.3%
Counselling services	1,595	70.4%
Better school–parent coordination	1,407	62.1%

Support Needed	Count	% of Respondents
Access to experts	1,348	59.5%

> 💡 KEY INSIGHT
> *78.7% of African parents are ready and willing to participate in drug prevention training. This is not a population resistant to change; it is a population waiting for programmes that will actually equip them. The demand for action is overwhelming; what is required is committed, funded delivery.*

10. Key Findings & Implications

Finding 1 — A Continental Drug Literacy Crisis

With a mean PADK score of 2.90/5.00, parental drug knowledge across Africa sits critically below the 3.0 intervention-readiness threshold. This is principally evidenced by the two robust-sample countries: Senegal (2.19, n=575) and Nigeria (2.90, n=502). Fewer than 1 in 3 parents rate their own knowledge as Good or Very Good.

Finding 2 — A Dangerous Substance Awareness Gap

The inverse relationship between substance risk level and parental awareness is among the most alarming findings. While alcohol and cigarettes are well-known, the substances posing the greatest threat being Tramadol (30.3%), Mkpuru mmiri (15.0%), Colos/Colorado (7.9%), Loud (3.5%), and SK (2.5%) remain almost entirely unknown to parents.

Finding 3 — Identification Capability is Insufficient

Only 53.9% of parents report being able to identify drugs if encountered. Nearly half of all parents lack the practical capability to recognize a substance in their child's possession.

Finding 4 — Media Dominates; Health Systems are Underutilized

TV/Radio (66.0%) and Social Media (58.3%) are the primary information channels. However, health workers reach only 41.4% of parents with drug-related content a significant missed opportunity.

Finding 5 — Deep Geographic Inequality

Among robust-sample countries, Senegal scores a critical 2.19 and Nigeria scores 2.90 both below the intervention threshold. The wide apparent inter-country spread is largely an artifact of small sample sizes in 17 of the 20 countries.

Finding 6 —The Education-Knowledge Paradox

Drug literacy does not scale linearly with formal education. Undergraduate degree holders (3.34) did better than PhD holders (3.16), suggesting drug awareness is driven more by community engagement and media exposure than academic credential.

Finding 7 —The Awareness-to-Action Gap

85.5% of parents are aware drug abuse among children exists. Yet only 29.5% rate their knowledge as Good or Very Good, and only 29.2% feel equipped to protect their child.

Finding 8 — Communication Breakdown at Home

37.6% of parents never discuss drugs with their children, and 20.0% do so only rarely. Only 29.8% fully know their child's friends.

Finding 9 — Exceptional Community Readiness

78.7% of parents would participate in drug prevention training. 81.4% demand awareness training. The demand for intervention is overwhelming.

Finding 10 — Married Parents Are the Most Vulnerable Demographic

Despite forming 66.4% of the survey population, married parents scored the lowest among all marital groups (2.80), compared to single (3.21), widowed (3.24), and divorced (3.06) parents.

11. Stakeholder Recommendations

The PADK-Index 2026 findings demand immediate, differentiated, and coordinated action across all key stakeholders. Given the time-sensitive nature of the youth drug crisis where new synthetic substances are proliferating faster than parental awareness, the following recommendations are structured for stakeholder, with explicit timeframes for each action.

11.1 Recommendations for Parents

PARENTS — IMMEDIATE ACTIONS (Within 30 Days) — By June 2026	
Action 1	Start the conversation today. Initiate an age-appropriate, calm discussion with your child about drugs. Name specific substances: alcohol, marijuana, Tramadol, Mkpuru mmiri (crystal meth), Codeine cough syrup. You do not need to know everything, beginning the dialogue is what matters.
Action 2	Download or print a drug identification guide. PCIC's visual substance guides will be available via WhatsApp. Familiarize yourself with what tramadol tablets, Mkpuru mmiri, Colos, and Loud look like.
Action 3	Know your child's circle. Confirm you know the names, faces, and contact details of your child's close friends. Only 29.8% of parents currently have this

	basic protective knowledge.
Action 4	Learn the warning signs. Commit to memory: sudden behaviour change, red/glassy eyes, unusual smells, secretive behaviour, unexplained money needs, new suspicious friends, declining school performance.

PARENTS — SHORT-TERM ACTIONS (Within 1–3 Months) — July–September 2026	
Action 5	Enroll in a parental drug literacy training. 78.7% of surveyed parents have expressed willingness, now act on it. Attend programmes offered by PCIC, school PTAs, NGOs, health centres, or religious community groups in your area.
Action 6	Form or join the Parent for Parents Network (P4P) organized by PCIC. Connect with other parents in your community, school PTA, or place of worship specifically to share drug awareness information. Peer-to-peer sharing is among the most trusted channels identified in this survey.
Action 7	Agree on household rules with your partner or co-parent. Married parents score the lowest on drug literacy (2.80). Ensure that both parents share the same level of knowledge, vigilance, and consistent messaging to children.

PARENTS — ONGOING COMMITMENT (Every Month) — From June 2026 Onwards	
Action 8	Keep the dialogue open. Schedule regular, informal check-ins with your child not interrogations, but open conversations about friends, stress, school and life. Children who feel heard are less vulnerable to peer pressure.
Action 9	Monitor social media and online activity. 68.6% of parents identify social media influence as a reason children start using drugs. Maintain age-appropriate oversight of your child's digital environment.
Action 10	Self-assess your PADK score annually. Use the PADK self-rating tool published by PCIC to track your own improvement over time. Aim to move from 'Poor' to 'Good' within 12 months.

💡 **KEY INSIGHT**

Parents are the first and most powerful line of defence. The data shows 78.7% are already willing to act. The task now is to equip that willingness with knowledge, tools, and community support starting with a single conversation at home today.

11.2 Recommendations for Governments & Drug Prevention Agencies

These recommendations apply to national governments, ministries of health, interior and social welfare, National Drug Law Enforcement Agencies, and dedicated drug prevention bodies across all 20 PADK countries.

GOVERNMENTS — EMERGENCY ACTIONS (Within 60 Days / By July 2026) — May–July 2026	
Action 1	Issue a formal public health advisory on Tramadol and Mkpuru mmiri. Only 30.3% of parents recognize Tramadol and 15% recognize Mkpuru mmiri

	substances actively destroying youth health. Governments must name these threats by name, through all official channels, immediately.
Action 2	Commission national PADK improvement plans in Senegal (score: 2.19) and Nigeria (score: 2.90), the only two countries with statistically robust data, both below the intervention threshold. Assign measurable targets, ministry accountability leads, and quarterly reporting cycles.
Action 3	Fund emergency production and nationwide distribution of visual drug identification toolkits: printed pamphlets, mobile-accessible photo guides, and TV/radio public service announcements showing the physical appearance of Tramadol, Mkpuru mmiri, Colos, Loud, and SK.

GOVERNMENTS — HIGH-PRIORITY ACTIONS (Within 6 Months / By November 2026) — June–November 2026	
Action 4	Integrate drug awareness content into ALL routine maternal, child health, and antenatal care contacts. Health workers reach 41.4% of parents with drug information far below their potential. Make drug literacy a standard component of every primary health care visit.
Action 5	Launch a national multi-platform drug awareness campaign specifically on social media. With 58.3% of parents using social media for drug information, targeted Facebook, WhatsApp, TikTok, and YouTube campaigns are now a public health necessity, not optional.
Action 6	Establish WhatsApp drug-reporting helplines in all countries and a formal referral pathway connecting parents to treatment, counselling, and law enforcement. 78.7% of parents want to take action give them a mechanism to do so.
Action 7	Urgently scale up PADK survey data collection to reach 500 respondents per country. Only 2 of 20 countries met this threshold. Budget for digital survey expansion, community mobilization, and partner NGO support to achieve statistically robust national data in the next cycle.

GOVERNMENTS — MEDIUM-TERM ACTIONS (Within 12 Months / By May 2027) — June 2026–May 2027	
Action 8	Fund and formalize NGO drug prevention partnerships. NGOs reach 51.8% of parents with drug information and are among the most trusted channels. Establish formal MOUs, joint programming protocols, and dedicated budget lines for NGO-government drug prevention collaboration.
Action 9	Enact or strengthen regulation of over-the-counter Tramadol and codeine cough syrup sales, particularly targeting patent medicine dealers and unlicensed vendors who are among the primary access points for youth drug acquisition.
Action 10	Publish national PADK dashboards showing country scores, improvement targets, intervention investments, and outcomes openly accessible to policymakers, journalists, donors, and citizens.

💡 KEY INSIGHT

Governments have the unique authority to mandate, fund, and enforce drug prevention at scale. With Senegal scoring 2.19 and Nigeria 2.90, both below the protective threshold indicates that emergency government-led action is not discretionary; it is a child protection obligation.

11.3 Recommendations for Schools

These recommendations apply to school administrators, principals, heads of departments, guidance counsellors, teachers, and parent-teacher associations (PTAs) at primary, secondary, and tertiary levels across all PADK countries.

SCHOOLS — IMMEDIATE ACTIONS (Within 30–60 Days / By July 2026) — May–July 2026	
Action 1	Convene an emergency PTA drug awareness session in all secondary schools. Present PADK-Index 2026 findings to parents. Distribute visual substance identification guides. Invite a health worker or NGO representative to name and describe Tramadol, Mkpuru mmiri, Colos, Loud, and SK specifically.
Action 2	Conduct a drug climate assessment in each school. Survey students and staff anonymously to identify which substances are being encountered on school premises or in the immediate community. This intelligence should directly inform intervention planning.
Action 3	Establish a clear, child-friendly drug disclosure pathway. Ensure students know they can report suspected drug use by peers to a trusted teacher, counsellor, or anonymously without fear of punishment. Early disclosure is the fastest route to early intervention.

SCHOOLS — TERM-BY-TERM ACTIONS (June–December 2026) — Each School Term from June 2026	
Action 4	Integrate drug literacy into existing Life Skills or Social Studies curricula. This does not require new subject time embed substance awareness, peer pressure resistance strategies, and warning sign recognition into existing timetabled lessons, at least once per term.
Action 5	Launch structured parental drug literacy modules through the PTA programme. 57.6% of parents never or rarely talk to their children about drugs. Monthly or termly PTA drug literacy sessions using PCIC/WFAD materials should become standard practice.
Action 6	Address the 50.7% who identify schoolmates as a drug access point. Implement peer education programmes that train older students as drug awareness ambassadors within the school community.

SCHOOLS — LONG-TERM COMMITMENT (2026–2028) — Ongoing from 2026	
Action 7	Partner formally with local health workers and NGOs to deliver quarterly in-school drug awareness sessions for parents, students, and teachers simultaneously.
Action 8	Track and report school-level drug incidents to the national PADK data collection system, contributing to the evidence base for the next PADK survey

	cycle and national policy planning.
Action 9	Champion the integration of drug literacy into national school accreditation frameworks. Schools that demonstrate active drug prevention programming should be recognised and rewarded.

💡 KEY INSIGHT

Schools are identified by 50.7% of parents as a location where children access drugs, and by 40.8% as a trusted information channel. Schools are simultaneously part of the problem landscape and one of the most powerful solutions indicating the pivot point between parent, child, community, and government.

11.4 Recommendations for the African Union (AU)

These recommendations are addressed to the African Union Commission, the AU Department of Health, Humanitarian Affairs and Social Development, the AU Peace and Security Council, and all AU member state delegations with responsibility for youth welfare, public health, and social protection.

AU — IMMEDIATE ADVOCACY ACTIONS (Within 210 Days / By December 2026) — June–December 2026	
Action 1	Formally recognize the PADK-Index 2026 as a continental child protection benchmark and issue an AU statement acknowledging the parental drug literacy crisis evidenced by the 2.90 continental mean score.
Action 2	Convene an emergency AU High-Level Dialogue on Youth Substance Abuse, prioritizing Tramadol, Mkpuru mmiri, and synthetic street drugs as the most rapidly proliferating threats. Invite PCIC, WFAD, and national drug agencies to present PADK findings.
Action 3	Establish an AU Continental Drug Prevention Coordination Mechanism a dedicated secretariat function to coordinate cross-border substance trafficking responses, share surveillance intelligence, and harmonize parental drug education standards across member states.

AU — POLICY INTEGRATION ACTIONS (6–18 Months / 2026–2027) — June 2026–December 2027	
Action 4	Integrate parental drug literacy targets into the AU Agenda 2063 child welfare framework. Recommend a continental target of achieving a mean PADK score of 3.50 (Good) across all member states by 2030, with biennial PADK-Index measurement as the accountability mechanism.
Action 5	Advocate for drug literacy metrics to be incorporated into African SDG Voluntary National Reviews, creating international accountability for member state performance on parental drug knowledge.
Action 6	Commission the next PADK Survey Cycle (2028) with AU co-funding, with the 500-respondent minimum enforced for all 55 AU member states not just 20. The 2026 survey is the foundation; the AU must make it continental in scope.

AU — STRUCTURAL & FUNDING ACTIONS (1–3 Years / 2026–2028) — From 2026 Onwards	
Action 7	Establish an AU Child Drug Protection Fund to provide dedicated financing for national PADK improvement plans, parental literacy programmes, and cross-border substance surveillance in the countries with the most critical scores.
Action 8	Develop an AU Continental Drug Education Standards Framework that harmonizes minimum standards for parental drug literacy programmes across member states, recognizing the diversity of languages, cultures, and regulatory environments.
Action 9	Support the development of a real-time continental substance intelligence system, enabling rapid cross-border alerts when new synthetic substances

	emerge, giving parents, schools, and health workers advance warning before a new drug proliferates.

💡 KEY INSIGHT

The African Union has the convening authority, the continental mandate, and the Agenda 2063 framework to make parental drug literacy a continental accountability standard. Africa's children do not stop at borders and neither do the drugs threatening them. Only coordinated continental action can match the scale of this crisis.

11.5 RECOMMENDATIONS FOR ECOWAS

These recommendations are addressed to the Economic Community of West African States (ECOWAS) Commission, the ECOWAS Health and Social Affairs Department, the Inter-Governmental Action Group Against Money Laundering in West Africa (GIABA), and all ECOWAS member state representatives with responsibility for youth welfare, public health, border security, and social protection.

West Africa faces a disproportionate burden of the continental drug literacy crisis. PADK-Index 2026 data from Senegal (2.19 — CRITICAL) and Nigeria (2.90 — Below Threshold) of which are both ECOWAS member states with the survey's two largest samples confirm that the region's parents are critically under-equipped to protect their children. Tramadol, Mkpuru mmiri, Colos, and synthetic street drugs are actively proliferating across porous ECOWAS borders, demanding a coordinated regional response that national governments alone cannot deliver.

ECOWAS — IMMEDIATE ACTIONS (Within 90 Days / By August 2026)	
Action 1	Issue an official ECOWAS Regional Declaration on the Youth Drug Crisis, formally recognizing the parental drug literacy gap as a West African child protection emergency, citing PADK-Index 2026 findings from Senegal (2.19) and Nigeria (2.90) as the primary evidence base.
Action 2	Activate the ECOWAS Drug Control Coordination Unit (DCCU) to produce a West Africa-specific rapid threat assessment on Tramadol, Mkpuru mmiri, and synthetic street drug trafficking routes and share findings with national drug agencies and parents through accessible public communication.
Action 3	Convene an emergency ECOWAS Ministers of Health Meeting on Parental Drug Literacy, commissioning country-level emergency action plans for Senegal, Nigeria, Gambia, and Sierra Leone all of which have PADK scores below 3.0.
ECOWAS — MEDIUM-TERM ACTIONS (Within 6–12 Months / 2026–2027)	
Action 4	Establish an ECOWAS Regional Parental Drug Literacy Programme, delivered through the ECOWAS Commission's community development channels and integrated into existing regional maternal and child health platforms across all 15 member states.
Action 5	Fund the development of a multilingual drug identification toolkit in English, French, Portuguese, and major local languages for distribution through ECOWAS health posts, border stations, community health workers, and civil society partners across the region.
Action 6	Deploy ECOWAS border security and customs officials as first-responders in community drug identification campaigns leveraging their frontline intelligence to alert and educate parents in border communities most vulnerable to cross-border drug trafficking.

Action 7	Strengthen ECOWAS regulation on over-the-counter Tramadol and codeine products across member states by harmonizing pharmaceutical control standards, reducing regulatory arbitrage that enables drugs to be purchased in one ECOWAS country and trafficked into another.
ECOWAS — LONG-TERM STRUCTURAL ACTIONS (1–3 Years / 2026–2028)	
Action 8	Integrate PADK improvement targets into the ECOWAS Regional Health Policy 2025–2030 framework, with member states required to report PADK score progress as part of their biennial health performance reviews to the ECOWAS Commission.
Action 9	Co-fund the 2028 PADK Survey Cycle to ensure all 15 ECOWAS member states achieve the 500-respondent threshold, enabling the first statistically robust West Africa regional comparison of parental drug knowledge progress.
Action 10	Establish an ECOWAS Cross-Border Substance Alert System, enabling real-time intelligence sharing between member states' drug control agencies and communities when new substances are identified at any regional port, border crossing, or trafficking route.

KEY INSIGHT *Two of ECOWAS's most populous member states Senegal and Nigeria are the only countries with statistically robust PADK data, and both score below the child-protection threshold. The regional body has both the mandate and the mechanism to turn this crisis into a coordinated West African response. Every child in the ECOWAS zone deserves a parent who can name the substances threatening them.*

11.6 RECOMMENDATIONS FOR DEVELOPMENT PARTNERS

These recommendations are addressed to bilateral and multilateral development partners including the United Nations Office on Drugs and Crime (UNODC), UNICEF, WHO, USAID, the European Union Development Cooperation, the UK Foreign, Commonwealth and Development Office (FCDO), the World Bank and all international donors, foundations, and technical assistance agencies operating in child protection, public health, and social development across Africa.

Development partners have historically invested in drug supply reduction and enforcement, while demand reduction particularly the parental education dimension has remained chronically underfunded. The PADK-Index 2026 provides, for the first time, a quantified continental baseline that enables development partners to direct investments with unprecedented precision. The 78.7% of parents willing to participate in drug prevention training represents a massive, mobilized asset base waiting to be activated with the right programming, funding, and technical support.

DEVELOPMENT PARTNERS — IMMEDIATE PRIORITIES (Within 90 Days)	
Action 1	Formally adopt the PADK-Index as a monitoring and evaluation indicator in all child protection, public health, and drug prevention programming in Africa. Embed PADK score improvement targets in programme log frames and results frameworks from inception.
Action 2	Provide urgent co-funding to PCIC and WFAD to scale the PADK survey to 500 respondents per country across all 55 AU member states in the 2028 cycle, transforming the index from a 20-country pilot into a continent-wide accountability mechanism.
Action 3	Fund an emergency multi-country mass media campaign on Tramadol, Mkpuru mmiri, and synthetic drugs, delivered through TV, radio, and social media platforms, specifically

	targeting parents in Senegal, Nigeria, Gambia, and Sierra Leone the four ECOWAS countries with PADK scores below 3.0.
DEVELOPMENT PARTNERS — PROGRAMME INVESTMENTS (6–18 Months / 2026–2027)	
Action 4	Establish a dedicated Development Partner Parental Drug Literacy Fund, a pooled financing mechanism channeling resources from multiple donors into coordinated national PADK improvement programmes, managed through a transparent multi-stakeholder governance structure including PCIC, WFAD, ECOWAS, and AU.
Action 5	Invest in health systems integration by funding ministries of health to embed drug literacy content into routine primary healthcare delivery including maternal and child health visits, antenatal care, and community health worker home visits across all PADK countries.
Action 6	Commission and fund a PADK Qualitative Follow-up Study to supplement self-rating scores with objective knowledge assessments and in-depth interviews, addressing the self-reporting limitation identified in this survey and producing more nuanced policy guidance.
Action 7	Fund localization and cultural adaptation of drug identification materials into all major regional languages and dialects across ECOWAS, the East African Community, SADC, and the AU, ensuring that no parent is excluded due to language barriers.
DEVELOPMENT PARTNERS — SYSTEMIC CHANGE (1–3 Years / 2026–2028)	
Action 8	Integrate parental drug literacy indicators into UNICEF's State of the World's Children reporting and WHO's African Region Health Observatory dashboards giving global visibility to PADK progress and placing Africa's parental drug knowledge gap on the world's development accountability agenda.
Action 9	Fund the establishment of a Continental Parental Drug Literacy Technical Assistance Hub housed within an African research institution and supported by PCIC, WFAD, and international partners. To provide ongoing capacity building, survey methodology support, and programme design assistance to national governments.
Action 10	Include drug literacy as a standalone outcome in the next generation of global and regional child wellbeing indices. The PADK-Index provides the measurement framework; development partners have the convening power to make parental drug literacy a standard international development indicator.

KEY INSIGHT *Development partners bring the one resource the parental drug literacy crisis most urgently lacks: sustained, large-scale funding combined with technical expertise and international accountability pressure. The PADK-Index provides the measurement framework, PCIC and WFAD provide the implementation capacity, and 78.7% of African parents provide the demand. Development partners provide the missing catalyst.*

12. Report Challenges & Limitations

While the PADK-Index 2026 represents the most comprehensive continental study of parental drug literacy ever conducted in Africa, its findings must be interpreted in the context of several important methodological and structural limitations. These challenges do not undermine the core conclusions drawn from the three primary-evidence countries, but they do constrain the scope and confidence of inter-country comparisons.

12.1 Sample Size Imbalance

The most significant limitation is the severe imbalance in sample sizes across countries. Only Senegal (n=575) and Nigeria (n=502) met the 500-respondent threshold. Uganda (n=470) falls just below it. Of the remaining 17 countries, 14 contributed fewer than 100 respondents and 8 contributed fewer than 50. One country, Burkina Faso, contributed a single respondent. PADK scores for 17 of the 20 countries are therefore published only as provisional estimates.

12.2 Self-Selection and Digital Access Bias

The digital self-completion methodology introduces systematic self-selection bias toward parents who are more digitally engaged, more educated, more urban, and more likely to already be connected to child welfare networks. Parents without reliable internet access particularly in rural areas and lower-income households are structurally excluded. The continental mean of 2.90 may therefore overestimate the true average level of parental drug knowledge.

12.3 Self-Reported Knowledge Ratings

The PADK score measures self-perceived literacy, not objectively assessed capability. Social desirability bias may inflate scores, while high-standard parents may rate themselves conservatively. Future cycles should supplement self-ratings with a short objective knowledge test.

12.4 Absence of Causal or Longitudinal Data

The PADK-Index is a cross-sectional survey capturing a single point in time. It cannot establish causal relationships between parental drug literacy and child outcomes. The recommendation for a biennial survey cycle is designed to address this gap by enabling longitudinal tracking of scores over time.

12.5 Non-Probability Sampling and Generalization

The purposive-snowball sampling methodology does not produce a probability sample. Results describe the surveyed population and provide strong directional indicators, but cannot be formally extrapolated to all parents in any given country.

12.6 The Education–Knowledge Paradox and Unmeasured Confounders

Drug literacy is likely driven by unmeasured variables such as prior personal experience with drug abuse, religiosity, community leadership roles, and prior exposure to awareness training. The finding that married parents score lowest may reflect unmeasured factors such as time poverty or differential media consumption.

12.7 Language and Cultural Measurement Equivalence

The survey was administered across 20 countries spanning multiple linguistic and cultural contexts. A five-point Likert scale anchored in English-language descriptors may carry different cognitive meanings across diverse respondent populations. Localized translation and cultural adaptation protocols should be embedded in future survey cycles.

13. Conclusion

The PADK-Index 2026 delivers an unprecedented, data-rich portrait of parental drug literacy across 20 African nations. Its central message is unambiguous: African parents love their children, are aware that drug abuse threatens them, but are critically under-equipped to protect them from the substances now proliferating in their communities.

The continental mean score of 2.90/5.00 places the average African parent below the minimum 'Fair' threshold for meaningful protective action. This conclusion is robustly supported by the two countries meeting the 500-respondent threshold: Senegal (2.19, n=575) and Nigeria (2.90, n=502), which together represent 47.5% of all respondents.

The substances parents most need to recognize being Tramadol, Mkpuru mmiri, synthetic cannabinoids, and prescription drug misuse are exactly the ones they know least about. The information channels that most efficiently reach parents TV, radio, and social media are not yet being used systematically to deliver actionable substance-level awareness content.

Yet there is cause for measured optimism. 78.7% of parents are ready and willing to participate in drug prevention training. The community demand for action is overwhelming. The solutions are known: media campaigns work, NGO community programmes work, health worker integration works. What is required is committed, funded, well-designed action.

> 💡 *CALL TO ACTION*
>
> *PCIC and WFAD call on all stakeholders to treat the PADK-Index not as a static measure, but as a living accountability standard one that is improved biennially, published transparently, and used to drive investment and policy decisions in child protection and parental empowerment. Africa's children deserve parents who are equipped, informed, and empowered.*

About PCIC & WFAD

The Parent-Child Intervention Centre (PCIC) is a frontline African child protection organization dedicated to strengthening parent-child relationships and equipping families with the tools, knowledge, and confidence to safeguard children from harm. PCIC strongly works in the area of drug/substance abuse prevention and treatment, Gender-Based Violence mitigation and good governance. Web: www.facebook.com/PCICENUGU

The World Federation Against Drugs (WFAD) is a global civil society umbrella organization working to prevent drug abuse through evidence-based research, international advocacy, and community empowerment programmes across 73 countries worldwide. www.wfad.se

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> 📤 **Share This Report:** Africa's children need every parent, policymaker, and community leader to know what this report reveals. Please share this report widely with colleagues, networks, government contacts, schools, and community organizations. Together, we can close the drug literacy gap and protect Africa's children.

How to Cite This Report

When quoting, referencing, or reproducing findings from this report, please use one of the citation formats below.

APA 7th Edition

Parent-Child Intervention Centre (PCIC) & World Federation Against Drugs (WFAD). (2026). *Pan-African Parental Drug Knowledge Index (PADK-Index) 2026: Drug substance identification and abuse knowledge level among parents in Africa.* PCIC.

Chicago / Turabian

Parent-Child Intervention Centre (PCIC) and World Federation Against Drugs (WFAD). *Pan-African Parental Drug Knowledge Index (PADK-Index) 2026: Drug Substance Identification and Abuse Knowledge Level Among Parents in Africa.* PCIC, 2026.

MLA 9th Edition

Parent-Child Intervention Centre (PCIC) and World Federation Against Drugs (WFAD). *Pan-African Parental Drug Knowledge Index (PADK-Index) 2026: Drug Substance Identification and Abuse Knowledge Level Among Parents in Africa.* PCIC, 2026.

Harvard

PCIC & WFAD (2026) *Pan-African Parental Drug Knowledge Index (PADK-Index) 2026: Drug substance identification and abuse knowledge level among parents in Africa.* Parent-Child Intervention Centre.

📌 Citation Tips

- When citing specific statistics or findings, include the page number. Example (APA): (PCIC & WFAD, 2026, p. 11).
- When citing country-specific PADK scores, note the data quality tier alongside the figure (Robust, Near-Threshold, or Provisional) as described in the Methodological Note on page 4.
- If a URL or DOI is assigned to this report upon publication, append it to the end of the citation entry.
- For media or press use, please also credit the survey methodology and note that findings are based on a sample of 2,267 parents and guardians across 20 African countries (March–April 2026).

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