

SUBSTANCE ABUSE AND THE SPREAD OF HIV INFECTION AMONG YOUNG PEOPLE IN THE FEDERAL CAPITAL TERRITORY, NIGERIA BY

Okey-Uchendu Ezinne Ogonna¹, Prof. S.S. Ifah², Assoc. Prof. Ambrose W. Ogidi³

^{1,2,3} Department of Sociology, Faculty of Social Sciences, Nasarawa State University, Keffi, Nigeria

Abstract- Substance abuse and HIV infection are interlinked public health problems among young people in Nigeria, yet context-specific evidence for the Federal Capital Territory (FCT) remains scattered. This paper reviews existing evidence to identify the factors that encourage substance abuse among young people in the FCT, to examine patterns of drug use and how they relate to the spread of HIV infection, and to identify the factors associated with both drug abuse and HIV transmission. A desk-review design was adopted. Peer-reviewed articles, national surveys and technical reports, published mainly between 2010 and 2025, were identified through academic databases and institutional websites, screened against stated inclusion criteria, and analysed through thematic synthesis guided by Differential Association Theory, the Social Ecological Model and the Health Belief Model. The evidence shows that peer and family influence, poverty and unemployment, easy availability of psychoactive substances and weak enabling environments encourage drug use. Cannabis, tramadol and codeine-based syrups dominate use in Nigeria; injecting is less common but carries the highest per-act risk of HIV transmission, while non-injecting use raises risk through unprotected sex, multiple partnerships and transactional sex. Stigma, criminalisation, low risk perception and limited youth-friendly services link drug abuse to HIV acquisition. The paper recommends integrated, multi-sectoral and youth-centred programmes that combine prevention, harm reduction, HIV services, livelihood support and rehabilitation, and calls for primary studies in the FCT..

Keywords— Substance abuse; drug use; HIV transmission; young people; Federal Capital Territory.

I. Introduction

Substance abuse has become a growing public health concern in Nigeria, particularly among young people. The country is widely recognised as both a transit point and a consumer market for illicit drugs, and the burden falls heavily on the youth population (United Nations Office on Drugs and Crime UNODC, 2022). The national drug use survey reported that about one in seven Nigerians aged 15–64 years, roughly 14.3 million people, had used a drug in the previous year; that one in five of these users was dependent; and that nearly 80,000 people injected drugs (UNODC, 2018). In the Federal Capital Territory (FCT), past-year prevalence was estimated at about 10 per cent, or approximately 180,000 users. Cannabis is the most commonly used



ISSN: 2584-2455

substance, followed by the non-medical use of prescription opioids such as tramadol and codeine. Use is highest among people aged 25–39 years, but rising trends are being observed among younger age groups (UNODC, 2018).

The link between drug use and HIV transmission is well established. Injecting drug use spreads HIV directly through the sharing of contaminated needles and syringes, while both injecting and non-injecting use raise the likelihood of unprotected sex, multiple partnerships and transactional sex. Per-act estimates show that needle-sharing carries a considerably higher probability of transmission than penile–vaginal intercourse (Patel et al., 2014).

In Nigeria, HIV prevalence among key populations is far above the general adult level: 10.9 per cent among people who inject drugs, 15.5 per cent among female sex workers, 25.0 per cent among men who have sex with men and 28.8 per cent among transgender persons (Integrated Biological and Behavioural Surveillance Survey IBBSS, 2020–2021). HIV prevalence in prisons (2.8 per cent) is more than double that of the general population (1.3 per cent). These risks are intensified by stigma, discrimination, gender inequality, violence and punitive drug laws, which discourage people who use drugs from seeking prevention, testing and treatment services (UNAIDS, 2021; UNODC, 2020).

Young people are central to this problem. Behavioural, biological and social factors, including early sexual debut, peer pressure, poverty, unemployment, weak health systems and limited access to harm reduction services, expose them to both substance abuse and HIV infection (UNAIDS, 2023; World Health Organization WHO, 2022). Substance abuse also has wider consequences: it is associated with crime, sex work and the erosion of the productive capacity of a youthful population, with implications for national development (UNODC, 2018).

Despite this burden, youth-friendly and evidence-based prevention, treatment and harm reduction services remain limited, and young people in high-risk and underserved settings are poorly represented in national HIV and drug control strategies. The study contributes to the evidence base on the intersection of substance abuse and HIV transmission among young people in the FCT. Its findings are relevant to the work of the National Agency for the Control of AIDS (NACA), the National Drug Law Enforcement Agency (NDLEA), PEPFAR and UNAIDS, and can inform the design of combination prevention strategies that integrate biomedical, behavioural and structural interventions.

By identifying the barriers that limit service uptake and retention in care, including stigma, criminalization and the scarcity of youth-friendly and harm reduction services, the paper offers practical guidance for policy and programming.

It also contributes to scholarship by bringing sociological theory to bear on a problem that is often treated in purely biomedical terms. Without targeted and integrated responses to both substance abuse and HIV risk, Nigeria risks reversing recent gains in HIV control and compromising the health and productivity of its young population.



II. Statement of the Problem

In the FCT, the connection between drug use and HIV has received limited systematic attention in public service provision and in research. Studies on HIV and drug use exist in Nigeria, but they tend to be isolated, geographically narrow and focused largely on injecting drug use. Much of the information on the subject in the FCT comes from media reports, and scientific evidence from sociological studies is only now beginning to emerge. Earlier attempts to summarise this literature were narrative in form and did not follow a systematic search procedure. As a result, there is no consolidated account of why young people in the FCT take up drugs, how their patterns of use relate to HIV risk, and which factors connect the two problems. This paper addresses that gap by systematically reviewing and synthesising the available evidence.

Objectives of the Study

The main objective of the study is to assess substance abuse and the spread of HIV infection among young people in the Federal Capital Territory, Nigeria. The specific objectives are to:

- Identify the factors that encourage substance abuse among young people in the FCT;
- Examine the patterns of drug use and how they relate to the spread of HIV infection among young people in the FCT;
- Identify the risk factors associated with the drug abuse and HIV transmission among young people in the FCT.

III. Literature Review

This section reviews the literature in three parts. The conceptual review clarifies the key terms used in the study. The empirical review then examines evidence at the global, national and FCT levels. The theoretical framework presents the theories that explain how drug use and HIV risk are produced and sustained.

1. Conceptual Review

Drug use and substance abuse

A drug is any substance that, when introduced into the body, alters one or more physiological processes and may modify perception, cognition, mood and behaviour (WHO, 1994; Balogun, 2016). Drug use is not inherently harmful, since appropriately prescribed medicines play a central role in preventing and treating disease (National Institute on Drug Abuse NIDA, 2020). Concern arises when drugs are used for non-medical purposes, typically to achieve pleasurable or psychoactive effects. Such misuse, or abuse, may involve inhalation, injection, smoking, ingestion, snuffing or sublingual and nasal administration, and its effects depend on the type of drug, the dose, the route of administration and whether it is combined with other substances (NIDA, 2020).

The terms drug use, drug abuse, substance use, substance abuse and illicit drug use are often used interchangeably, and no single definition is accepted across disciplines



ISSN: 2584-2455

(Merck Manual Professional Edition, 2023). In this paper, substance abuse refers to the excessive, non-medical or harmful use of psychoactive substances that may lead to dependence and to adverse health, psychological and social outcomes. Young people are especially vulnerable because the brain regions that govern judgement and decision-making are still maturing, so early exposure can have lasting effects (NIDA, 2020). Substance use is also largely a learned social behaviour: young people raised in households where drugs are used, or who associate with drug-using peers, are more likely to use drugs themselves (Whitesell et al., 2013).

2. HIV and AIDS

The Human Immunodeficiency Virus (HIV) attacks the immune system, specifically the CD4 cells, and weakens the body's ability to resist infection. Acquired Immunodeficiency Syndrome (AIDS) is the most advanced stage of infection, in which the immune system is so damaged that life-threatening opportunistic infections and cancers occur (WHO, 2023). HIV is transmitted through blood, semen, vaginal fluids and breast milk, and from mother to child during pregnancy, childbirth or breastfeeding; it is not spread through casual contact such as hugging or sharing food (WHO, 2023). People may live with HIV for years without symptoms and unknowingly transmit it, which makes regular testing essential (Ambrozia & Levy, 2018). Although there is no cure, antiretroviral therapy (ART) allows people living with HIV to live long and healthy lives and substantially reduces the risk of onward transmission (WHO, 2020). Adolescents and young people living with HIV, however, tend to have poorer treatment outcomes than other age groups, which strengthens the case for youth-targeted prevention, testing and treatment (Wilson & Halperin, 2018).

3. People who inject drugs and people who use drugs

People who inject drugs (PWID) remain a priority key population in the HIV response. Sharing needles, syringes and other injecting equipment allows efficient blood-borne transmission, and HIV incidence among PWID is markedly higher than in the general population (WHO, 2022; UNAIDS, 2023). Drug use is also associated with inconsistent condom use, multiple partnerships and transactional sex, which positions PWID as a bridge population through which HIV can pass into the wider community. Because many young people use drugs without injecting, the broader category of people who use drugs (PWUD) is used in this paper to capture both injecting and non-injecting use.

4. Young people

The World Health Organization and the United Nations define a young person as an individual aged 10–24 years, covering adolescents (10–19 years) and youth (15–24 years). This is a critical group for public health because of its stage of development, expanding social networks and evolving decision-making capacity, all of which influence health behaviour, including behaviours that shape HIV risk. Where national surveys and enforcement agencies use different age bands, such as 15–64 years or 18–35 years, this paper reports them as given and notes the difference.

5. The substance abuse–HIV nexus among young people

Young people face an elevated risk of HIV infection from a combination of behavioural, biological and structural factors. Early sexual debut, multiple



ISSN: 2584-2455

partnerships, unprotected intercourse and substance use, including injecting, all increase vulnerability (UNAIDS, 2023; WHO, 2022). Substance use impairs judgement and can lead to unsafe sexual practices and the sharing of injecting equipment. At the same time, stigma, discrimination and criminalisation limit access to prevention, testing and treatment. Substance abuse therefore operates as both a behavioural and a structural driver of HIV among young people, and addressing it within HIV programming requires integrated measures that combine behavioural, biomedical and structural approaches, including harm reduction, risk communication, community engagement and stigma-free youth-friendly services.

IV. Empirical Review

1. Global evidence

Globally, drug use contributes substantially to the HIV epidemic. UNODC (2023) estimates that about 10 per cent of HIV infections worldwide are linked to drug use, rising to as much as 30 per cent outside sub-Saharan Africa, where injecting is more common. UNAIDS (2018) estimated that, of 15.9 million people who inject drugs worldwide, about 3 million were living with HIV, with particularly high prevalence in Eastern Europe, Asia, Latin America and parts of West Africa. Systematic reviews have documented the scale of injecting drug use and the burden of blood-borne infection among people who inject drugs (Mathers et al., 2008; Degenhardt et al., 2017), and have shown that non-injecting drug use is also an important driver of sexual transmission (Strathdee & Stockman, 2010).

Sharing contaminated injecting equipment is a leading mechanism of transmission (WHO, 2022), and the risk is amplified in prisons, where sterile equipment and prevention services are scarce and unsafe injecting, unprotected sex, sexual violence and the use of non-sterile instruments for tattooing and piercing occur (UNODC, 2020; WHO, 2020). Amphetamine-type stimulants and crack cocaine are associated with sexual risk-taking, transactional sex and multiple partnerships (WHO, 2020; Ambrozia & Levy, 2018). The transition to injecting is a particularly vulnerable period. It often occurs at a young age and is influenced by peer pressure, the perceived efficiency of injecting and socioeconomic conditions (Swift et al., 2019), while homelessness, low educational attainment and polysubstance use raise the likelihood of transition (O'Connell et al., 2014). Globally, over 247 million people aged 15–64 used drugs in 2015, about 29 million of them with drug use disorders, and young people are disproportionately affected (UNODC, 2015).

2. Evidence from Nigeria

In Nigeria, drug use among young people has reached levels that raise concern for HIV transmission. UNODC (2022) reports that about 25 million Nigerians used drugs over a five-year period, with cannabis the most widely used substance, followed by opioids such as tramadol and codeine-based syrups. The NDLEA (2023) reports that about 40 per cent of Nigerian youth aged 18–35 are involved in substance abuse, although such agency-reported figures should be read with caution because the methods behind them are not always published. Drug use is linked to unprotected sex, multiple partnerships and transactional sex (UNODC, 2018; WHO, 2020). Nigeria's HIV epidemic is generalised, with prevalence varying widely by state and by



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population group (Federal Ministry of Health FMoH, 2019), and key populations such as people who inject drugs bear a disproportionate burden (IBBSS, 2020–2021).

3. Evidence from the Federal Capital Territory

In the FCT, HIV prevalence is estimated at between 1.4 and 2.2 per cent, with young people accounting for a significant share of new infections (National Agency for the Control of AIDS NACA, 2021; UNAIDS, 2023). Urbanisation, population mobility and the presence of drug use hotspots are cited as factors that increase the risk of transmission among young people in the territory. Stigma, discrimination and limited access to youth-friendly and harm reduction services continue to hinder prevention and treatment (UNAIDS, 2021; UNODC, 2020).

V. Theoretical Framework

Three complementary theories frame the study. Differential Association Theory explains how drug use and risk behaviours are learned in social groups. The Social Ecological Model locates those behaviours within layered social and structural environments. The Health Belief Model explains how individuals' perceptions shape their decisions about risk and prevention.

1. Differential Association Theory

Differential Association Theory, developed by Edwin Sutherland (1947), holds that behaviour is learned through interaction with others, especially within intimate groups such as peers and family. Individuals acquire the attitudes, values and techniques of their social environment, including risky or protective health practices. Applied to the present study, the theory helps explain how young people who associate with drug-using peers learn not only the use of substances but also the norms that surround them, such as sharing injecting equipment, having unprotected sex or engaging in transactional sex. Conversely, association with peers who practise condom use, HIV testing and abstention from drugs can promote protective behaviour. This view underpins peer-led interventions, social network strategies and community mobilisation, which seek to shift norms and increase uptake of HIV prevention services (UNAIDS, 2021; PEPFAR, 2022).

2. Social Ecological Model

The Social Ecological Model (SEM) proposes that health behaviour is shaped by interacting individual, interpersonal, community and structural influences (Bronfenbrenner, 1979; McLeroy et al., 1988; Golden & Earp, 2012). At the individual level, drug use is associated with impaired judgement, unprotected sex, multiple partnerships, reduced adherence to condom use and pre-exposure prophylaxis (PrEP), and lower uptake of HIV testing and treatment (UNAIDS, 2021; UNODC, 2020). At the interpersonal level, peer networks initiate and sustain drug use and increase the likelihood of sharing injecting equipment and engaging in transactional sex (WHO, 2022). At the community level, stigma and discrimination against people who use drugs discourage engagement with health systems, including needle and syringe programmes (NSP) and medication-assisted treatment (MAT) (UNAIDS, 2021). At the structural level, punitive drug laws, criminalisation, weak policy implementation, unemployment and the limited availability of youth-friendly



ISSN: 2584-2455

and harm reduction services heighten vulnerability to both substance abuse and HIV (PEPFAR, 2022; UNODC, 2020).

3. Health Belief Model

The Health Belief Model (HBM) explains how individual perceptions influence engagement in risk behaviour and uptake of prevention (Rosenstock, 1974; Glanz et al., 2008). Young people who use drugs may perceive low susceptibility to HIV, particularly where they associate risk with sexual behaviour rather than drug use. Increased availability of ART may also reduce perceived severity and encourage complacency. Perceived barriers, including stigma, fear of arrest, cost and lack of confidentiality in health facilities, reduce the uptake of testing, ART and harm reduction services such as needle exchange and opioid substitution therapy (OST). Perceived benefits, such as access to clean needles, condoms, PrEP and ART, combined with cues to action such as peer outreach, targeted risk communication and community-based service delivery, can promote safer injecting and sexual practices.

The three theories provide a multi-level lens for this review. Differential Association Theory accounts for how drug use and risk norms are learned; the SEM situates that learning within community and structural conditions; and the HBM explains how individuals interpret risk within those conditions. The three objectives of the study map onto this framework: the factors that encourage substance abuse (Objective 1) are interpreted mainly through learning and ecological influences, the patterns of use and their HIV pathways (Objective 2) through behavioural and ecological perspectives, and the factors that connect drug abuse with HIV transmission (Objective 3) through all three.

VI. Methodology

1. Research Design

The study adopted a desk-review (secondary-source) design. A desk review is appropriate where the aim is to consolidate dispersed evidence on a problem for which primary data are limited or fragmented. The review combined a structured search procedure with narrative and thematic synthesis. It did not involve the collection of primary data from human participants.

2. Study Area

The study focuses on the Federal Capital Territory, Nigeria, which comprises six area councils: Abuja Municipal, Bwari, Gwagwalada, Kuje, Kwali and Abaji. The FCT combines a rapidly urbanising capital city with peri-urban and rural communities, high population mobility and a large young population. These features make it a useful setting for examining how drug use and HIV risk interact.

3. Sources of Data

Literature was drawn from peer-reviewed journal articles; national surveys such as the National Drug Use Survey and the Nigeria HIV/AIDS Indicator and Impact Survey; surveillance reports such as the IBBSS; and technical reports and guidelines from UNODC, UNAIDS, WHO, NACA, NDLEA and PEPFAR. Sources were identified through PubMed, Scopus, Google Scholar and African Journals Online, and through the websites of the institutions named above. The search combined the following



ISSN: 2584-2455

terms with Boolean operators: "substance abuse" OR "drug use" OR "drug abuse"; AND "HIV" OR "HIV transmission" OR "HIV risk"; AND "young people" OR "youth" OR "adolescents"; AND "Nigeria" OR "Abuja" OR "Federal Capital Territory". Reference lists of retrieved sources were also searched manually to identify additional material. Foundational theoretical sources were included irrespective of date.

4. Eligibility Criteria

Criterion	Included	Excluded
Topic	Substance or drug abuse and HIV risk or transmission among young people	Studies unrelated to drug use or to HIV; purely clinical or laboratory studies
Population	Adolescents and young people (about 10–24 years) or general youth populations (up to 35 years where reported by agencies)	Studies confined to older adults or children with no youth component
Geography	FCT and Nigeria; regional and global evidence used for comparison	Studies with no transferable relevance to Nigeria
Source type	Peer-reviewed articles, national surveys, surveillance reports, official technical reports and guidelines	Opinion pieces, unreferenced blogs, social media content
Period	Published between 2010 and 2025; foundational theoretical texts irrespective of date	Outdated sources superseded by later editions
Language	English	Other languages

VII. Method of Analysis

Extracted material was analysed using thematic synthesis (Braun & Clarke, 2006). Findings were coded inductively, grouped into themes and then organised under the three study objectives. The theoretical framework was used deductively to interpret the themes, with Differential Association Theory, the SEM and the HBM guiding the discussion of how the factors operate at individual, interpersonal, community and structural levels.

Results

The results are presented under the three objectives of the study. They are the product of the thematic synthesis of the reviewed sources described in Section 3.

Peer and family influence. Substance use is largely a learned behaviour. Young people from households where drugs are used, and those who associate with drug-using peers, are more likely to use drugs because use is normalised and reinforced



ISSN: 2584-2455

within these groups (Whitesell et al., 2013). Peer pressure is also a documented influence on initiation (Swift et al., 2019).

Poverty, unemployment and low educational attainment. Poverty and unemployment are repeatedly identified as conditions that push young people toward drug use and toward the sex and drug economies that accompany it (UNODC, 2018). Homelessness and low educational attainment increase the likelihood of progression to riskier patterns of use (O'Connell et al., 2014).

Availability and urban conditions. Nigeria's role in the drug trade, the ready availability of cannabis and of prescription opioids such as tramadol and codeine, urbanisation, population mobility and the existence of drug use hotspots in the FCT make drugs easy to obtain (UNODC, 2018; NACA, 2021; UNAIDS, 2023).

Developmental vulnerability. Adolescents and young adults are at a stage at which judgement and decision-making capacities are still developing, which makes early exposure to psychoactive substances particularly harmful and habit formation more likely (NIDA, 2020).

Weak enabling environments. Limited access to youth-friendly prevention, treatment and harm reduction services, weak coordination between health and law enforcement sectors, and the under-representation of young people in national drug control and HIV strategies leave risk factors unaddressed (UNAIDS, 2021; UNODC, 2020).

Patterns of Drug Use and their Relationship with HIV Infection

The evidence on patterns of use can be summarised in terms of prevalence, type of substance, route of administration and setting. Table 2 sets out the main patterns and the pathways through which each relates to HIV.

In terms of prevalence, the national survey found that about 14.3 million Nigerians aged 15–64 had used drugs in the previous year, and that FCT prevalence was about 10 per cent, or roughly 180,000 users (UNODC, 2018). Use peaked among people aged 25–39 years, with growing use among younger people. Cannabis was the most common substance, followed by tramadol and codeine-based syrups. Approximately 80,000 people injected drugs nationally, and about one in five users was dependent (UNODC, 2018).

In terms of HIV, injecting is the highest-risk pattern: needle-sharing carries a much greater per-act probability of transmission than sexual exposure (Patel et al., 2014), and communal settings such as shooting galleries accelerate spread within drug-using networks. HIV prevalence among people who inject drugs in Nigeria was 10.9 per cent (IBBSS, 2020–2021).

Non-injecting use is nevertheless important. Cannabis, prescription opioids and stimulants are associated with impaired judgement, unprotected sex, multiple partnerships and transactional sex (WHO, 2020; Ambrozia & Levy, 2018), so that the majority of young people who use drugs without injecting are still exposed to sexual routes of transmission. Prison settings add a further pathway, with HIV prevalence of 2.8 per cent compared with 1.3 per cent in the general population.

Table 2: Patterns of drug use and their relationship with HIV

Pattern	Evidence	Pathway to HIV
Prevalence and age	About 14.3 million Nigerians aged 15–64 used drugs in the past year; FCT prevalence about 10% (about 180,000 users); highest use at 25–39 years with rising use among younger people (UNODC, 2018)	Large exposed population, with younger users entering risk early
Substances used	Cannabis most common; tramadol and codeine-based syrups next (UNODC, 2018, 2022)	Impaired judgement and risky sex under the influence (WHO, 2020)
Injecting use	About 80,000 people inject drugs; HIV prevalence 10.9% among PWID (UNODC, 2018; IBBSS, 2020–2021)	Direct blood-borne transmission through shared needles (Patel et al., 2014)
Non-injecting stimulant and opioid use	Associated with sexual risk-taking and transactional sex (WHO, 2020; Ambrozia & Levy, 2018)	Sexual transmission through unprotected sex and multiple partners
Communal and custodial settings	Shooting galleries; prison HIV prevalence 2.8% vs 1.3% general population	Equipment sharing, unsafe sex and onward spread to the community (UNODC, 2020)
Initiation and polysubstance use	Initiation to injecting occurs at young ages, shaped by peers, homelessness and low education (Swift et al., 2019; O'Connell et al., 2014)	Unsafe practices learned before safe-injecting knowledge is acquired

The findings also show that the category of young people most often involved is not uniform. Those who are unemployed, out of school, homeless, in custody, or part of networks that include sex work are over-represented in the evidence on both drug use and HIV risk (UNODC, 2018; IBBSS, 2020–2021; O'Connell et al., 2014). The evidence also shows that the transition to injecting occurs at a young age and during a period of limited knowledge of safe injecting (Swift et al., 2019).

Factors Associated with Drug Abuse and HIV Transmission

The factors that connect drug abuse with HIV transmission operate at several levels, as summarised in Table 3.

The review found that the same conditions that encourage drug use, namely peer influence, poverty, unemployment, and weak services, also sustain HIV transmission,



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and that stigma and criminalisation act as a bridge between the two by discouraging service use among those who are at greatest risk. The review also found a consistent evidence gap on service uptake among young people who use drugs in the FCT

Table 3: Multi-level factors associated with drug abuse and HIV transmission

Level	Factors	Link to HIV transmission
Individual	Impaired judgement; low perceived susceptibility and severity; dependence; developmental vulnerability	Unprotected sex, multiple partners, reduced condom or PrEP use, lower testing and ART uptake (UNAIDS, 2021; UNODC, 2020)
Interpersonal	Peer networks that normalise drug use and risky sex; family drug use	Equipment sharing and transactional sex (WHO, 2022; Whitesell et al., 2013)
Community	Stigma and discrimination against people who use drugs; marginalising norms	Avoidance of health services, NSP and MAT (UNAIDS, 2021)
Structural	Criminalisation; weak policy implementation and sector coordination; unemployment and poverty; scarce youth-friendly and harm reduction services	Limited access to prevention, testing and treatment; continued risk exposure (PEPFAR, 2022; UNODC, 2020)

VIII. Discussion of Findings

The findings support the view that substance abuse and HIV transmission among young people in the FCT are socially produced and mutually reinforcing, and that they cannot be addressed by individual-level or purely biomedical interventions. The prominence of peer and family influence is consistent with Differential Association Theory. If drug use is learned in intimate groups, then young people embedded in drug-using networks acquire both the practice and the justification for it (Sutherland, 1947; Whitesell et al., 2013). This has an important programme implication: interventions that target individuals in isolation are unlikely to succeed unless they also work on the networks and norms in which young people live. This is the logic behind peer-educator and community mobilisation models.

The role of poverty, unemployment and availability supports the ecological reading. Individual choices about drug use are made within structural conditions that limit legitimate opportunities and make drugs easy to obtain (McLeroy et al., 1988; Golden & Earp, 2012). In a fast-growing, mobile urban setting such as the FCT, these conditions are likely to be especially acute. The finding that weak coordination between health and law enforcement systems leaves risk factors unaddressed also points to structural, rather than merely individual, causes.



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The pattern evidence shows two distinct pathways to HIV. The first is the direct, parenteral pathway associated with injecting, which is smaller in absolute numbers but carries the greatest per-act risk (Patel et al., 2014). The second is the sexual pathway associated with non-injecting use, which affects far more young people because cannabis and prescription opioids are so much more widely used than injectable drugs (UNODC, 2018). Programmes that concentrate only on needle and syringe provision would therefore miss most of the risk. This finding is in line with international evidence that non-injecting use is an important driver of sexual transmission (Strathdee & Stockman, 2010) and it supports the criticism that existing Nigerian studies understate the role of non-injecting substances.

The comparison between Nigerian and global figures is instructive. Globally, about 10 per cent of infections are linked to drug use, and the share is much higher where injecting predominates (UNODC, 2023). In Nigeria, where injecting is less common, the contribution of drug use to HIV is likely to run mostly through sexual behaviour, which is harder to measure and easier to overlook. The relatively high HIV prevalence among people who inject drugs (10.9 per cent) compared with the adult population shows, nevertheless, that injecting communities are a significant concentration of risk.

The Health Belief Model helps explain why risk persists even where services exist. Low perceived susceptibility, reduced perceived severity in the era of ART, and high perceived barriers, particularly stigma, fear of arrest and doubts about confidentiality, weaken the uptake of testing, treatment and harm reduction. Criminalisation is especially significant: it raises perceived barriers, drives drug use underground, and separates people who use drugs from health services, which is inconsistent with the enabling environment required for effective HIV programming (PEPFAR, 2022; UNODC, 2020).

The multi-level pattern in Table 3 confirms the value of using the Social Ecological Model together with the other two theories. Individual perceptions, peer norms, community stigma and structural conditions each add to risk, and their effects compound. This is why the evidence consistently favours combination prevention that integrates biomedical, behavioural and structural components rather than any single intervention.

IX. Conclusion

This paper reviewed the evidence on substance abuse and the spread of HIV infection among young people in the FCT. It found that peer and family influence, poverty and unemployment, easy availability of drugs, developmental vulnerability and weak enabling environments encourage substance abuse; that injecting and non-injecting patterns of use relate to HIV through parenteral and sexual pathways respectively; and that the factors linking the two problems operate at individual, interpersonal, community and structural levels, with stigma and criminalisation acting as important barriers to services. Consistent with Differential Association Theory, the Social Ecological Model and the Health Belief Model, risk behaviour is shaped by peer influence, perceptions of risk, and the broader social and structural environment.



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Responding to the intersecting burden of drug abuse and HIV therefore requires integrated, evidence-based and youth-centred interventions, supported by collaboration among the health, law enforcement, education and social protection sectors.

Recommendations

On the basis of the findings, the following recommendations are made:

- Adopt a multi-sectoral approach involving health, education, social protection and justice, with defined roles, budget lines and regular reporting on activities that address drug abuse and HIV among young people in the FCT.
- Scale up youth-friendly integrated service sites in the FCT that offer substance-use counselling, HIV testing, PrEP and sexual and reproductive health services in one location.
- Expand community- and peer-led outreach, including peer navigators and safe spaces, with a focus on harm reduction, overdose prevention and linkage to care, and set monthly outreach and linkage targets.
- Integrate harm reduction interventions, including needle and syringe programmes where legal, opioid substitution therapy and condom distribution, and link them to HIV services in line with WHO and UNODC guidance.

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