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Drug Use and Harm Reduction: Community Readiness As Pathway To Well-Being And Reintegration

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DRUG USE AND HARM REDUCTION: COMMUNITY READINESS AS PATHWAY TO WELL-BEING AND REINTEGRATION

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

Drug abuse negatively impacts the life and well-being of those who use drugs; this harm often extends to their loved ones, communities, and society. One presumptive set of psychological explanations for drug abuse is an addictive personality, a psychological susceptibility resulting from challenging family relationships, inadequate reinforcement, the absence of healthy role models, conflicting parental expectations, and a lack of love and respect. Harm reduction is a public health approach that focuses on minimizing the harmful effects of drugs and reducing judgment. It aims to meet people where they are in life and provide judgment-free, empathetic, supportive, and needed medical psychosocial outreach. More harm reduction-focused services would likely improve public health and build supportive communities to achieve superior healthcare outcomes. A greater combination harm reduction with a greater reliance on community empowerment through collaboration would likely facilitate the political will and investment needed to keep people with drug use disorders healthy and safe until they are ready to access and receive treatment.

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INTRODUCTION

1.1 Historical Viewpoint

Harm reduction and substance use date back to the early 20th century, when drug use was first criminalized in many countries, including the United States. At that time, substance addiction was viewed as a moral failing rather than a health issue, and drug users were subject to harsh criminal penalties. In the 1960s, however, attitudes toward drug use changed, especially with the rise of counterculture movements that encouraged drug use as a means of self-exploration and rebellion. This resulted in an expanded recognition of drug addiction as a health issue as opposed to a moral failing and the emergence of the first harm reduction strategies, Hathaway et al. (2009)

In Europe in the 1980s, as a response to the spread of HIV/AIDS among injecting drug users, needle and syringe exchange programs were among the first harm reduction strategies. These programs were founded on the premise that supplying drug users with disinfected needles and syringes would reduce the spread of blood-borne diseases. These strategies are intended to reduce the adverse effects of drug use, such as overdose and infection, while improving the health and well-being of drug users, Vasylyeva et al. (2016).

Today, harm reduction is recognized as a crucial public health strategy for addressing drug abuse and its associated harms. While the criminalization of drug use and the war on drugs persist in many nations, proponents of harm reduction advocate for policies and practices that prioritize the health and well-being of drug users and promote community readiness as a means to reintegration.

In the 1980s, the implementation of harm-reduction strategies began in the Netherlands. According to the Dutch, traditional drug policies, such as criminalization

and abstinence-based approaches, were ineffective in reducing drug use and its associated ills, especially among injecting drug users. In order to prevent the spread of blood-borne diseases such as HIV/AIDS, the Dutch government implemented harm reduction strategies such as needle and syringe exchange programs, which provided sterile injection equipment to drug users. Other harm reduction interventions implemented in the Netherlands were drug consumption rooms, which provided a safe and hygienic environment for drug use, and methadone maintenance treatment, which offered opioid substitution therapy to individuals with opioid addiction. The Dutch approach to drug policy, prioritizing harm reduction over criminalization, became known as the "Dutch model" and served as a model for other countries' harm reduction strategies. Today, harm reduction strategies are implemented in numerous nations with varying effectiveness and acceptability, O'Hare (2007).

In the 1980s and 1990s, harm reduction strategies emerged in the United States, establishing the first needle exchange program in Tacoma, Washington, in 1988. However, harm reduction approaches encountered significant opposition and stigma, especially during the 1980s and 1990s "War on Drugs" era, and federal funding for harm reduction interventions was limited. In comparison to other regions, harm reduction implementation in African nations, including Nigeria, has been limited. Despite evidence of drug use and associated harm in several African nations, including Nigeria, harm reduction policies and interventions often remain absent or underdeveloped.

Drug abuse and addiction are recognized as significant public health issues in Nigeria. Despite this, the government has prioritized supply-reduction strategies such as drug interdiction and criminal justice measures. Harm reduction strategies, such as exchange programs for needles and syringes and opioid substitution therapy, are not

widely available. Access to naloxone, which can reverse opioid overdose, remains illegal and banned. As in other African countries, stigma and misinformation surrounding drug use and addiction pose significant obstacles to implementing harm reduction in Nigeria. Many Nigerians view drug use as a moral deficit rather than a health issue, which can discourage drug users from seeking help, accessing, and utilizing harm reduction services.

1.2 Community Perspective

Drug abuse severely impacts the life and well-being of those who use drugs; often, this harm is extended to loved ones, communities, and societies. This harmful behavior adversely impacts health, leading to psychological and emotional problems that negatively impact Nigeria's quality of life and productivity strength (Shamblen et al., 2018).

Traditional professional treatment for drug use is either not sufficient or has a high recidivism rate which is evident in the cases of relapse and increased criminal activities in most communities in Nigeria. The interest in the need to reduce drug abuse has increased, Adesina et al. (2022) and research has demonstrated that the effectiveness of any prevention, treatment, or management approaches to minimize the adverse impact of drug use lies at the core of the community’s readiness to adapt and facilitate contextualized strategies Adesina et al. (2022).

The psychological explanation for drug abuse has included multiple factors, including a presumed addictive personality, a psychological vulnerability resulting from problematic family relationships, inappropriate reinforcement, the lack of healthy role models, contradictory parental expectations, and an absence of love and respect. (Fillmore & Hohman, 2015).

Research has demonstrated the effectiveness of community prevention approaches; researchers and prevention practitioners have discovered that communities vary widely in their interest, ability, and willingness to initiate drug abuse prevention and support efforts, that is, in their level of readiness (Ghahremani et al., 2021). Some communities do not recognize that they have a drug abuse problem or deny that such a problem exists. Other communities have not only identified a drug abuse problem, but they have also taken positive steps to address it. There likely is broad, widespread awareness of the problem; the citizens believe that correcting the problem is possible because of a strong sense of community. Other communities fall between these two extremes, for example, recognizing that the community has a drug abuse problem but having little knowledge and understanding and perhaps even less capability to address it effectively (Jalloh et al., 2017).

The concept of harm reduction involves reducing the adverse effects of drug usage while acknowledging that total abstinence from all illicit drug use within communities with easy access is not feasible for all residents at any given time. The strategy accepts that drug use occurs and mitigates the risks associated with the use rather than maintaining a rigid belief that abstinence or treatment is the only form of success. Harm reduction efforts increase access to prevention, treatment, and recovery resources, meeting residents "where they are" on their terms – thus, harm reduction can be the first step to recovery for individuals and communities.

Harm reduction has been categorized as both a pathway to recovery and a series of services to reduce the harmful consequences of drug use, invariably making a healthy community. Harm reduction is focused on helping people, regardless of where they are in drug use, without judgment. These actions reduce stigma and discrimination against people affected by drug use.

The basics of community psychology, as a participant conceptualizer, incorporate its core values into its research and practice; as a result, the main objective of this study is to investigate community knowledge, continuing harm reduction initiatives, and available community assistance that encourage and foster an environment that is supportive of the health, wellness, and reintegration of persons with drug use disorders (Elias, 1994).

2.0 Literature Review

While this study intends to apply a strength-based approach, it is essential to understand some critical aspects of drug use in Nigeria.

Approximately 14.4% or 14.3 million people ages 15 to 64 years old in Nigeria use drugs. About one in seven people has used psychoactive substances (other than tobacco and alcohol) for non-medical purposes. Among every four drug users in Nigeria, one is a woman. More men (21.8% or 10.8 million) than women (7.0% or 3.4 million) report using drugs. The highest levels of drug use are found among those aged 25-39 years. In this group, in 2018, one in five people had used drugs in the past year and are suffering from a drug abuse disorder (UNODC, 2018).

Cannabis is the most used drug. An estimated 10.8% of the population, or 10.6 million people, had used cannabis in the past year. The average age of initiation of cannabis use among the general population was 19 years. Cannabis use was seven times higher among men (18.8% among men vs. 2.6% of women), while the gender gap in the non-medical use of pharmaceutical opioids (such as tramadol) was less marked (6% among men vs. 3.3% among women) (UNODC, 2018).

Nearly 40% of high-risk drug users indicated a need for treatment. Most of these users report that it is not easy to access drug treatment. The cost of treatment and the stigma attached to drug use and seeking treatment were cited as the primary barriers to accessing drug treatment services. In addition, two-thirds of people who used drugs reported having serious problems (such as missing school or work, doing a poor job at work/school, or neglecting their family or children) due to their drug use (UNODC, Drug Use in Nigeria 2018).

The illicit nature of drug use and the social stigmatization of this behavior poses challenges to determining the extent of drug use in a population. Nearly 1 in 8 persons

(12 percent of the adult population) in Nigeria has suffered some consequence due to another person's drug use. Among those who had experienced any consequences, most had felt threatened or afraid of someone's use of drugs (8 percent of the adult population). Other vital consequences that people had experienced were that someone using drugs had harmed them or themselves both physically and emotionally (5 percent of the adult population) or that they had stopped seeing a relative or friend due to their drug use (5 percent of the adult population) (UNODC, Drug Use in Nigeria 2018).

2.1 Drugs, Drug Use, and Drug Misuse

A drug is defined in the broad sense as "any chemical entity or a mixture of entities, other than those required for the maintenance of normal; health (like food), the administration of which alters the biological function and possibly structure" (UNODC, 2003). Any psychoactive substance can alter how the mind or body works, regardless of legal status or medical approval. It can be synthetic or produced from natural sources. It can be used for various reasons, including medicinal, recreational, and spiritual (Institute of Medicine, & Committee on Opportunities in Drug Abuse Research. (1996). Pathways of Addiction: Opportunities in Drug Abuse Research. National Academies Press).

The terms drug use and substance abuse are often used interchangeably to explain the continued use of illicit drugs such as amphetamines, cocaine, inhalants, LSD, marijuana, and PCP and the misuse of prescriptive drugs with negative consequences (John, G. 2021).

Drugs are categorized as legal and illegal; the legal substances are controlled, prescribed, and accessed by an appropriate authority, like health facilities, for example, codeine, tramadol, and other medications to treat pain and other illness for individuals,

the legal age to access these medications is either at the age of 18 or 21years, depending on the country (APA, 2013). Illegal substances have been deemed unlawful by the government, often abused, not prescribed, and taken wrongly, such as cocaine, heroin, and cannabis (John, G. 2021).

The use of psychoactive chemicals, licit or illicit, can objectively be labeled as drug abuse only when the user becomes dysfunctional as a consequence, for example, is unable to maintain employment, has impaired social relationships, exhibits dangerous – reckless or aggressive behavior, and significantly endangers their health – sometimes referred to as a problem drug use. Thus, drug use, as opposed to drug abuse, can be viewed as a continuum. (Abadinsky, 2017)

The excessive use of drugs, including alcohol, heroin, cocaine, and prescription drugs, wrecks lives, families, and communities. Excessive use decreases the quality of life and increases the likelihood of injury and death from domestic abuse, risky sexual behavior (HIV/AIDS, Hepatitis), organ damage, cancers, neurological defects, car crashes, and other threats (Olson et al., 2017).

From a community psychology perspective, the differential impact of substance use (taking a drug) vs. misuse (excessive or high-risk use) is part of a larger constellation of antecedents and consequences of harm. Often the line between use and abuse is more connected to poor education, unemployment, and other burdens in under-resourced communities than to the amount of use, the drug used, or the susceptibility of a particular person to a drug. In other words, all else equal, the consequence of the use is often more significant for those without fundamental societal resources (Olson, Emshoff, & Rivera, 2017). Drug misuse and addiction generate serious social crises covering all areas of public life and the most significant public health threat (Wilkinson & Marmot, 2003).

2.2 Public Health Pathway to Harm Reduction

Harm Reduction is a proven public health approach that reduces the adverse health, social and economic outcomes related to various risk-associated activities. Harm reduction reduces harm to individuals, families, and the broader community (Hawk et al., 2017).

The large-scale harm reduction approach in modern public health can be traced to the mid-1980s in Liverpool and the surrounding area. The harm reduction model in the UK was based on a population approach to achieve the public health goal of reducing the harm to health associated with drug use. The particular concern at that time was the risk of HIV infection, but there was also the health issue of a group of young people under-served by health services. To achieve the goal, services were developed that would attract the majority of those at risk within the community, not simply the few who wished to stop using drugs, and which would enable contact with the target group to be maintained to bring about the necessary changes in behavior required to maintain health and reduce risk (Ashton & Seymour, 2010).

Public health has focused on two pillars/ matrix – prevention and treatment (Kleinman & Kleinman, 1996). Primary prevention aims to prevent new cases by interrupting transmission, and secondary prevention is to identify early new cases; both share the objective of reducing new cases (Van & Hochberg, 2017). Treatment is caring for symptomatic and ill people and supporting those in recovery (Merrill et al., 2002). In secondary prevention, healthcare providers work in partnership with clients to provide culturally and linguistically effective services so that they can be as well as possible irrespective of how much they default in adherence to their use of medicine. The same attitude should guide holistic care for substance use regardless of health

status, race, or economic status; there should be equitable access to an intervention in the health and healthcare system (Patin et al., 2012)

In many cultures and organized religious communities, drug use is labeled a sin, crime, disease, or harmful habit; however, drug use is neither binary nor linear; it is as diverse as the people who use them. Harm reduction is healthcare; and can be a universal precaution applied to all individuals regardless of their disclosure of negative health behaviors, given that health behaviors are not binary or linear but operate along a continuum based on a variety of individual and social determinants (Hawk, M. et al., 2017).

Underlying factors contribute to various drug use – opioid and overdose, heroin, cannabis, etc. People have different motivations for starting drugs.

The preference and trajectory differ, which are affected by the geographical, socio-economic, and life circumstances they use to get high and sometimes not feel sick. The body is accustomed to a substance, and going without it can be depleting; withdrawal symptoms can be severe and drawn to seek a refill, which can cause some to seek care and others not. This is strongly related to the various reasons for drug use initiation/commencement; there will be different reasons for stopping. Based on principles of public health, harm reduction offers a pragmatic yet compassionate set of strategies designed to reduce the harmful consequences of addictive behavior for both drug consumers and the communities in which they live (Marlatt, 1996).

There must be a continuous conscious realization that not everyone wants to stop using; as such, not everyone is eligible or fit for either a prevention or treatment program: thus, the unready cannot be ignored or sacrificed; this is the point where we need to embrace the concept of harm reduction. Harm reduction is critical to keeping people who use drugs alive and as healthy as possible. Limiting our strategy to only

prevention and treatment will mean abandoning millions of people to the fate of self-destruction and death – harm reduction will save lives. Harm reduction should be considered an essential and equal pillar alongside prevention and treatment. Drug use exists because of addiction, depression, self-hatred, etc.

According to Hawk & Coulter (2017), healthcare principles for drug use should include humanism – which provides value, care for, respect, and dignify patients as individuals; individualism - people present with their individual needs and strengths, and each should be assessed, and no assumptions should be made based on harmful health behavior; pragmatism – social and community norms influence health behavior and the ability to change, behavior does not occur in a vacuum; autonomy – Individuals make their ultimate decisions about their health, treatment, and medications, this should be respected.

Provider–patient partnerships are essential to driving shared decision-making and reciprocal learning.

2.2.1 Drug Use and Harm Reduction

The U.S.-based Harm Reduction Coalition notes no single definition or formula for implementing harm reduction because harm reduction-informed approaches focus on specific individuals and communities. However, Harm Reduction International (HRI) broadly describes harm reduction as "…policies, programs, and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families, and the community." (National Harm Reduction Coalition, 2020).

Harm reduction reduces an activity's risks that carry some potential danger rather than avoiding that activity altogether. The idea neither encourages, discourages, nor intensifies drug use; it creates safe spaces and hopes for recovery for people who engage in the use. This approach is a set of practical strategies intended to reduce the negative consequences of high-risk behaviors such as drug use. Harm reduction is a non-judgmental approach that attempts to meet people "where they are " with their addiction struggle on their terms. And it is likely to serve as a pathway to prevention, treatment, and recovery. The process accepts that drug use occurs and mitigates the risks associated with the use rather than maintaining a rigid belief that abstinence or treatment is the only form of success. The strategy does not stop people from using illegal drugs but rather meeting the people "where they are" on their terms and serves as a pathway to additional prevention, treatment, and recovery services.

The principal feature of harm reduction is the acceptance that some drug users cannot be expected to cease their drug use at present. Harm reduction is neutral about the long-term intervention goals, and high priority is short-term, realizable goals. The essence of the concept is to ameliorate adverse consequences of drug use while drug use continues, at least in the short term (Single, 1995).

The critical characteristics of harm reduction include but are not limited to (1) targeting risk and harm to people who use substances, understanding the roots of these risks, and tailoring interventions to reduce them; (2) acknowledging the significance of any positive change that people who use substances make in their lives; (3) accepting people who use drugs as they are and treating them with dignity and compassion; (4) protecting the human rights of people who use drugs; (5) and maintaining transparency in decisions about interventions as well as their successes and failure (Hawk & Coulter, 2017).

Studies have found that harm reduction is a viable treatment option within the field of addiction. The guiding premise of the harm reduction approach is that all people can achieve improved psychological and physiological health even if they cannot be drug-free (Madden, 2017). The harm reduction model faces resistance within the addiction field of practice when clinicians hesitate to embrace the productive use of the model entirely. Madden (2017) states that the factors that may influence drug use counselors' use of the harm reduction model are significant. Specific individual counselor-independent variables (recovery status, education level, age, length of time in the field, and understanding of substance abuse conceptualizations) may influence counselors' acceptance of the harm reduction approach as a viable treatment for drug abuse.

Proponents of harm using harm reduction models to treat substance use disorders argue that drug users are already faced with multiple challenges. Therefore, intervention should reduce the risk associated with their drug use. Marlatt (1998) described the principles which underlie a harm-reduction approach to drug use: 1) Harm reduction is an alternative to the moral, criminal, and disease models 2) Harm reduction accepts choices if total abstinence is not a realistic goal, 3) Harm reduction is a bottom-up, consumer-oriented approach. 4) Harm reduction promotes more accessible access to services, and 5) Harm reduction involves compassionate pragmatism rather than moral idealism.

In recent years, this approach has also been applied to reducing negative health outcomes associated with sexual activity. Examples of harm reduction services include1) Needle distribution/recovery, 2) Opioid replacement (e.g., methadone), 3) Overdose, 4) Antidote provision (e.g., naloxone), 5) Safer sex supply distribution (e.g., condoms), 6) Outreach/education programs.

2.3 Overview of Harm Reduction Concept and Action in Nigeria

Sub-Saharan Africa has a documented significant burden of heroin and cocaine injection and HIV transmission. But the region is behind in implementing and scaling up harm reduction measures such as syringe exchange programs and opiate substitution therapy due to political preference for controlling drug supply through legal prohibition and high upfront costs associated with harm reduction approaches. Though the policy environment is changing, and small-scale programs are emerging in some countries, large-scale programs needed to stem the HIV epidemic among people who inject drugs are inhibited by social, cultural, and political barriers (Nelson, 2016).

According to UNODC's World Drug Report (2020), most countries in sub-Saharan Africa have poor data collection and availability on drug use and people's health. Harm reduction services for people who inject drugs are limited. Injecting drug use is reported in 38 of 49 countries in sub-Saharan Africa. The number of people injecting drugs is between 560,000 and 2.7 million, demonstrating the lack of data. Most people who report injecting drugs in sub-Saharan Africa are male, ranging from 66% in northern Nigeria to 93% in Nairobi, Kenya (Nelson, 2016)

Drug use is criminalized in most sub-Saharan African countries, and people who use drugs are the target of law enforcement operations. Government policies on psychoactive drugs reflect a political preference for controlling the drug supply. National and regional drug policies, influenced by the United States, UN conventions, and other states' interests, often limit resources for harm reduction because they condone drug use (Kalunta-Crumpton, 2016).

Current harm reduction models are also problematic in sub-Saharan Africa because they may alleviate the individual and their rights above society and its needs. They focus on

behavioral changes and do not consider the social factors predisposing people to drug harm. There is a need to align harm reduction programs with the realities of local contexts to guarantee local acceptance and increase the potential for sustainability (Nelson, 2016).

Nigeria continues to be politically resistant to significant harm reduction interventions, even given the high lifetime prevalence of use of drugs, such as heroin (63%) and cocaine (70%) among people who inject drugs, and unsafe practices, such as the sharing and reuse of needles (Ogunrombi, 2018). Methamphetamine laboratories have been discovered in Nigeria, and civil society organizations report a growth in the use of Amphetamine Type Stimulus (ATS).

According to the National HIV/AIDS and STIs Control Program (2015), even though unsafe practices such as the sharing and reusing of needles are high, needles and syringes are sold at pharmacies. Still, users who inject drugs often ask health providers undesirable questions and worry about criminal repercussions.

Civil society organizations in the country, such as Youth RISE, continue to advocate for initiating Naloxone (NSPs) as an essential harm reduction service; this has propelled the government to consider prioritizing the implementation of harm reduction programs. According to Obot (2018), the Ministry of Health began a consultation on developing guidelines on methadone for drug rehabilitation treatment by setting up a task force to advise on implementing harm reduction in the country.

A national civil society stakeholder meeting on harm reduction was held for the first time in 2017. The meeting involved the Ministry of Health and the National Drug Law Enforcement Agency, which had stood against harm reduction in the past, with a national harm reduction coalition being formed (Ogunrombi, 2018). A drug user network was also established in Nigeria in 2017, known as the Drug Harm Reduction

Advocacy Network, and linked to the International Network of People Who Use Drugs (INPUD). Nigeria has thus joined ten other sub-Saharan countries in the region that have started to implement harm reduction programs, particularly the needle and syringe programs (NSPs); other countries are Benin, Kenya, Mali, Mauritius, and Mozambique. In Nigeria, three pilot sites are now operational with support from the federal government (Nelson &Nnam, 2020).

Despite these achievements and the demonstrated effectiveness of NSP programs in sub-Saharan Africa, coverage remains inadequate. The reality is that a large proportion of people who inject drugs regularly share equipment, and research carried out in Nigeria revealed that only 25% of people who inject drugs know that sharing syringes carries the risk of HIV transmission (Nelson, 2016). In 2019, the government committed to piloting needle and syringe programs in Nigeria after advocacy from the health sector and civil society organizations. Pilots were implemented in three states in 2020, but the coverage and extent are unclear (Nelson &Nnam, 2020). Opioid Agonist Therapy (OAT) remains unavailable in Nigeria, despite significant populations of people who inject drugs and high HIV prevalence in both countries. However, the Nigerian government began processes in March 2019 to develop guidelines on methadone for drug treatment and has also created a national task force on harm reduction.

Notably, Nigeria and South Africa are the sites of manufacture of ATS such as methamphetamine; these substances are manufactured mainly for export (UNODC, 2020). The prevalence of amphetamine and methamphetamine use across Africa is less than 0.5%, while cocaine use is even less prevalent (0.2%) (UNODC, 2020). National-level data is completely absent in most countries. In Nigeria, the use of amphetamines and MDMA is prevalent among young people, negligible among older people, and less

prevalent among women and girls (UNODC, 2018). Overall, the estimated prevalence of the use of amphetamines is 0.2% (Donnenfeld et al., 2019).

Civil society actors in Nigeria continue to advocate for the inclusion of naloxone in all public harm reduction programs (Nelson &Nnam, 2020), as naloxone is reportedly unavailable (Global State of Harm Reduction, 2018). A national task force has been formulated in Nigeria to develop policies as the government has started to show some signs of embracing harm reduction. However, most sub-Saharan African countries continue to focus on supply reduction and criminalization of drug use (Global State of Harm Reduction, 2018).

The number of countries with Needle and Syringe Programs (NSPs) implemented has remained level since the Global State of Harm Reduction (2018). As of 2020, 86 countries globally have at least one NSP on the ground; this has meant NSP closures and openings in several countries since 2018. In sub-Saharan Africa, NSPs opened in Benin, Nigeria, and Sierra Leone (Global State of Harm Reduction, 2020).

2.3.1 De-stigmatization and Harm Reduction

Our disdain for drugs and people who use drugs goes very deep. The community is bombarded with images and media stories about the horrible impact of drugs on the users' community, stigmatizing the community as a whole. Stigma is a robust social process characterized by labeling, stereotyping, and separation, leading to status loss and discrimination occurring in the context of power (Link & Phelan, 2001). Stigma is a social determinant of health, particularly regarding drug use and treatment access; stigma can limit individuals and families from speaking out and perhaps seeking care and treatment and possibly affect the care they receive (Zwick et al., 2020).

Despite healthcare already having effective tools, including medications for opioid and alcohol use disorder, untreated drug and alcohol use contributes to tens of thousands of deaths every year and impacts many more lives (National Institute on Drug Abuse [NIDA], 2020). However, these medicated tools and resources' accessibility, demand, and utilization have been poor because the people who could benefit do not even seek them out due to the stigma surrounding persons with addiction (NIDA 2020). Stigma is a barrier to care for people seeking substance abuse prevention, treatment, or support to maintain a healthy quality of life (Lan, Thanh & Li, 2018; Stringer & Baker, 2018). Stigma toward a person living with substance abuse undermines access to diagnosis, treatment, and successful health outcomes (Van et al., 2013). Stigma is a problem with health conditions ranging from cancer and HIV to many mental illnesses. Still, little progress has been made in removing the stigma around substance use disorders, as people with addiction continue to be blamed for their disease (NIDA, 2020).

Stigma reduction is not a routine part of delivering or evaluating health services. It is regularly integrated into pre-service and in-service training of all cadres of healthcare workers (Nyblade, Stockton, & Giger, 2019). Stigma on the part of healthcare providers who tacitly see a patient’s drug or alcohol problem as their fault leads to substandard care or even rejecting individuals seeking treatment (NIDA, 2020). Stigmatizing attitudes of health professionals toward people with substance use problems may negatively affect healthcare delivery and could result in treatment avoidance or interruption during relapse (Neale et al.; 2008). People showing signs of acute intoxication or withdrawal symptoms are sometimes expelled from emergency rooms by staff, fearful of their behavior or assuming they are only seeking drugs leading people with addiction to internalize the stigma through the feeling of shame and refuse

to seek treatment as a result (NIDA, 2020). Previous studies demonstrate the adverse effects of stigma experiences among people in treatment for substance use disorders on recovery and feelings of self-efficacy (Schomerus et al., 2011).

Attitudes toward substance use may be how proscribed gender norms and traditional gendered expectations are enforced (Peralta &Jauk, 2011). Juveniles labeled as drug-addicted are more likely to suffer from marginalization, isolation, stigmatization, and imprisonment, confirming their negative identity by society, peer groups and family and creating a social stigma (Chapman, 1968). Women who do not conform to socially defined standards of feminine behavior are subjected to negative sanctions for their transgressions, including views of female users as dirty, masculine, and sexually available (Anderson, 2010). In several cases, teens with drug-abuser parents or adolescents who live in disadvantaged neighborhoods develop a sense of stigmatization, leading them to assume criminal and antisocial conduct and maintain it in adulthood (Luther, 2016; Massarwi & Khoury-Kassabri, 2017).

Studies on the stigma of psychoactive substance use and abuse in Nigeria are few, mainly from medical service providers' perceptions (Bawo&Omoaregba, 2013). Intersecting stigmas encourages secrecy and concealment of drug use behaviors (et al., 2019). Police arrest is stigmatizing for all drug users (Nelson, 2018); this experience is intensified for women since “being prosecuted or convicted represents an even more substantial breach with gender expectations for women than for men and is thus more stigmatizing” (Dahl & Sandberg, 2015). Adeyemi et al. (2021) show that a lack of formal education has a significant positive association with public stigma.

Alleviating stigma is not easy because violations of social norms reject people with addiction or mental illness. Even people in healthcare, if they do not have training in caring for people with substance use disorders, may be at a loss as to how to interact

with someone acting threateningly because of withdrawal or some drugs' effects (NIDA, 2020).

Studies have shown that the cost of treatment, the stigma associated with accessing such services, the stigma associated with substance use, the availability of adequate drug treatment and care services, etc., are among many factors preventing people with drug use disorder from assessing services from health providers.

2.3.2 De-stigmatizing the healthcare profession.

According to the 2018 World Drug Report of the UN Office on Drugs and Crime (UNODC), About 275 million people worldwide, roughly 5.6 percent of the global population aged 15–64, used drugs at least once in 2016. Some 31 million people who use drugs suffer from drug use disorders, meaning that their drug use is harmful to the point where they may need treatment.

Stigma is society's negative attitudes and behaviors towards individuals because of their substance use disorders, propagated by people working in health care; it causes feelings of sham, limit access to care, and ultimately contributes to vicious cycles of addiction. This is particularly true for people living with drug use disorders. Despite the extent of this public health problem, people facing addictive disorders face a highly stigmatizing moral judgment from society, particularly about people who use illicit drugs. According to World Health Organization, addiction to illegal drugs is the most stigmatizing condition; people with problematic alcohol and other drug use experience stigmatizing or discriminatory attitudes daily. These experiences can be highly distressing and can result in people feeling shame, guilt, anger, rejection, and a sense of worthlessness or hopelessness, which can, in turn, trigger other alcohol or other drug use and other forms of risky behaviors.

Historically, the medical community has not been supportive when treating people with substance use disorders. Stigmatizing patients with drug use disorder deepens prejudicial feelings among health care providers, such as fear, anger, or disgust. Such emotions result in discriminatory clinical care. A Massachusetts survey found that 24% of emergency, family, and internal medicine providers believed their practices would attract undesirable patients if they treated individuals with opioid use disorder (Bottner, Moriates, & Stefanko, 2020).

The current issues that exacerbate this problem include a lack of training for healthcare workers on human rights and medical ethics, resource limitations, limited accountability mechanisms, and personal moral judgment around culpability. Stigma undermines access to diagnosis, treatment, and successful health outcomes (Shirley-Beavan, Roig, Burke-Shyne, Daniels, & Csak, 2020).

2.3.3 Community Perception and Support Towards Harm Reduction

The family remains the primary source of attachment, nurturing, and socialization for humans in our current society. Therefore, the perception of drug use by the family and individual family members merits attention to develop the most effective way to involve the family in the harm-reduction processes of drug use. Research on substance abuse and dependence emphasize the protective or risk-enhancing effects of the family (National Institute on Drug Abuse, 2006). A sense of belonging to family, school, and the community is a significant protective factor against health-risk behaviors in young people. It should be recognized that susceptibility to changes in addiction is substantially influenced by factors outside an individual's control, such as genetics or the environment in which one is born and raised (National Institute on Drug Abuse, 2020). Notably, family conflicts, negative relationships with

family, and not having family support are defined as quite essential factors in the development of behavioral and psychological problems in adolescence period (Yörükoğlu & Çocuk, 1998). It was noted that students whose mothers and fathers displayed a more democratic attitude did not smoke cigarettes, as the attitude of the high school students against addictive substances was positively correlated with democratic and protective demanding parental attitudes. In other words, as parental attitude changed from an authoritative perspective to a democratic philosophy, tolerance and negative mood against addictive substances increased.

In the community, a criminal environment, offense involvement, parents with substance abuse disorders, relatives or friends who use drugs, and poverty are the leading social factors impacting adolescent development. Teens who suffer from one or more of these risk factors experience negative expectations from others and may internalize a self-image based on the proposed perception of self (Saladino & Cabras, 2021). Drug use within the family influences adolescents' perception of drug use acceptability which forms a basis for early drug trials and initiation, irrespective of societal prejudice.

The school environment and the classroom climate are significant variables influencing the effectiveness of drug abuse prevention, which can directly affect emotional well-being and health, and academic outcomes (United Nations Office on Drugs and Crime, 2018). Parental attitudes gain importance, particularly in the high school period, as these are the years that adolescent develops skills to cope with risky behaviors (Öztekin, Şengezer, &Özkara, 2021). The role of schools in partnership with parents and the community is to help to integrate consistent and relevant health messages into the home and the community to improve student health and promote a greater awareness of health issues among students and their families (United Nations

Office on Drugs and Crime, 2004). In this regard, especially communication within the family, the attitudes of the parents to the adolescent, and conflicts within the family are determinative, especially positive family attitude toward substance abuse appears as a risk factor (Öztekin, Şengezer&Özkara, 2021).

2.3.4 Community Readiness

A community is any group of people who share common interests, problems, or needs, including neighborhoods, schools, clubs, or groups of people such as children of incarcerated parents. An individual's sense of community is typically strongest at the point closest to one's geographical home or other common social characteristic or affinity (e.g., block or neighborhood, ethnic community, church, school, business). The level of the community most effectively targeted for prevention efforts is the one with which people identify most strongly and believe they have the most capacity to influence change – thus having a sense of community (Sarason, 1974).

Community prevention approaches in health promotion, crime, delinquency prevention, and community development, especially the interest in reducing drug abuse, have increased over the last decades. Research has demonstrated the effectiveness of community prevention approaches; researchers and prevention practitioners have discovered that communities vary widely in their interest, ability, and willingness to initiate drug abuse prevention efforts, that is, in their level of readiness (Oetting et al. 1995).

Some communities do not recognize that they have a drug abuse problem or deny that such a problem exists. Other communities have not only identified a drug abuse problem, but they have also taken positive steps to address it. In these latter communities, there likely is broad popular awareness of the problem; because of a

strong sense of community, the citizens believe that correcting the problem is possible. However, other communities still fall between these two extremes, for example, recognizing that the community has a drug abuse problem but having little knowledge and understanding and perhaps even less capability to address it effectively. (Fernandez et al., 2006)

A major challenge for communities wishing to undertake substance abuse prevention efforts is determined by their level or degree of readiness. The community's readiness can be influenced by and reflected in the degree of readiness of the individual members of the community and in the norms that operate within the community. For example, some community members, especially the identified leaders or gatekeepers, may be reluctant to publicly identify a drug abuse problem for various reasons (not the least of which may be political). Therefore, they may fail to see or not address the problem.

In some circumstances, high levels of drug abuse may not be perceived as a problem because of specific community barriers, such as acceptance of the problem by community leaders and local norms that support drug abuse. Therefore, a community's readiness to initiate effective drug use and abuse prevention efforts will vary greatly. Thus, the degree of readiness within a community can be viewed as a stage in the developmental process in the community in which prevention efforts can be either facilitated or thwarted (Fernandez et al., 2006).

2.3.5 Measures Indicative of Community Readiness to Harm Reduction

Identifying a severe level of risk in a community does not always translate into community readiness to take action. Based on studies of many small communities,

researchers have identified nine stages of enthusiasm that can guide planning (Plested et al. 1999):

Table 1: Community Readiness Measurement Scale

1. No Awareness	Community members and leaders do not regard the issue as a problem.
2. Denial	The community has little or no recognition that a local problem exists, but there is some recognition that the behavior itself could be a problem.
3. Vague Awareness	The community feels a local problem exists and there should be something done, but there is no motivation or interest to do anything about it.
4. Preplanning	There is definite recognition by a few community members that a local problem exists and that something should be done about it.

5. Preparation	Planning has been initiated, and practical details are being discussed. Community climate shows modest support of Planning efforts. Local resources are being organized and sought. General information exists about the issue, and leadership is active and energetic.
6. Initiation	Sufficient information exists to justify prevention activities. New activities have been started, and staff members have built capacity.
7. Stabilization	One or two activities are running, stable, and supported by local administrators. Limited evaluation efforts are taking place other than local prevalence tracking, and no perceived need for change or expansion.
8. Confirmation/ Expansion	Standard efforts are in place with authorities supporting the idea of expansion or improving activities. Local data on problems is routinely collected.
9. Professionalization	Detailed knowledge of the issue, including prevalence, risk factors, and intervention areas. Efforts are diversified to include the general population as well as high-risk groups.

The community readiness assessment survey measures readiness for five key dimensions: (1) Community Knowledge of Efforts; (2) Leadership; (3) Community Climate; (4) Community Knowledge of Issues; (5) resources.

According to the National Institute on Drug Abuse (2003), much of the research on the stages of community readiness has examined small communities; large communities find that these stages provide a structure to describe levels of awareness of drug issues in their community and willingness to embrace a prevention program.

The use of any substance in many societies is socially accepted or rejected depending on the socio-cultural values and norms of the people (Nwagu, Dibia, & Odo,

2017). Society's social and cultural norms can influence substance use in any community. Still, if properly guided with the right and correct information and education, the community can be equipped with relevant strategies required to play valuable roles in controlling abuse, hence preventing problems, particularly among young people (Nwagu, Dibia, & Odo, 2017). In Nigeria, some cultural practices that regulate or discourage using these harmful substances: Religious beliefs, Family /Parental Disapproval Sacred Days, Dedicated Days, Gender/Age, Intertribal/Communal Conflicts, etc. The prevalence of drug abuse has significant associations with cultural factors such as type of family, occupation, and monthly income (Lawal & Aliyu, 2020). In northern Nigeria, cultural factors such as poverty, ignorance, family instability, family type, religion, lack of family support system, almajiri system, ignorance, and solid cultural disposition may be responsible for the widespread use of substances among youths.

Parents can work with others in their community to increase awareness about the local drug abuse problem and the need for research-based prevention programs. Prevention programs can strengthen protective factors among young children by teaching parents better family communication skills, developmentally appropriate discipline styles, firm and consistent rule enforcement, and other family management skills. Parents also can be taught how to increase their emotional, social, cognitive, and material support, which includes, for example, meeting their children's financial, transportation, health care, and homework needs. Research confirms the benefit of parents taking a more active role in their children's lives by talking with them about drugs, monitoring their activities, getting to know their friends, understanding their problems and concerns, providing consistent rules and discipline, and being involved in their learning and education.

The importance of the parent-child relationship continues through adolescence and beyond. The relationship between a parent and their child is a unique bond that nurtures a child's holistic growth and development. It lays the foundation for their behavior, personality, traits, and values. Furthermore, there is a likelihood that family structure, economic resources, and residential mobility can strongly influence the initiation into drug use by the adolescent (Hoffmann, J. P., & Johnson, R. A. 1998).

Schools/Educators can work with others in their school and school system to review current programs and identify research-based prevention interventions appropriate for students. School prevention programs focus on children's social and academic skills, including enhancing peer relationships, self-control, coping skills, social behaviors, and drug refusal skills. School-based prevention programs should be integrated within the school's own goal of enhanced academic performance. Evidence is emerging that a significant risk for school failure is a child's inability to read by the third and fourth grades (Barrera et al., 2002). School failure is strongly associated with drug abuse. Integrated programs strengthen students' bonding to school and reduce their likelihood of dropping out. Most prevention curricula include a normative education component designed to correct the misperception that many students are abusing drugs.

Community Leaders can organize a community group to develop a community prevention plan, coordinate resources, and activities, and support research-based prevention in all community sectors. Prevention programs work at the community level with civic, religious, law enforcement, and other government organizations to enhance anti-drug norms and prosocial behaviors. Strategies to change critical aspects of the environment are often employed at the community level. These can involve instituting new policies, such as the drug-free school concept, or strengthening community

practices, such as asking for proof of age to buy cigarettes. Many programs coordinate prevention efforts across settings to communicate consistent messages through school, work, religious institutions, and the media. Research has shown that programs that reach youth through multiple sources can strongly impact community norms (Chou et al., 1998).

3.0 CHARACTERISTICS AND THEORIES

3.1 Purpose of the Study

Globally, drug abuse and harm reduction have become significant public health issues, and there has been a growing need to identify effective strategies, particularly community-based ones. This thesis explores community readiness to address drug use and the adoption of harm reduction strategies to facilitate better health outcomes in a supportive environment for individuals with drug-related disorders to thrive.

Harm reduction and community-based interventions receive little consideration in the current approach to drug abuse, which emphasizes prevention and treatment. This

thesis argues that community education on the harms of drug abuse, deliberate onset community participation, and intervention engagement could facilitate community readiness, which is crucial for addressing drug use and promoting well-being and reintegration. A qualitative study employing a protocol for semi-structured in-depth individual interviews was conducted to investigate the experiences of parents and non-parents of children and family members who have misused drugs and participated in harm-reduction programs. The experience of health workers in providing harm reduction services to clients with drug use disorders in a health facility was explored. A strengths-based model examined individual, community, and societal influences on drug use and harm reduction.

In contrast to one-size-fits-all approaches, the findings of this study will contribute to the development of effective harm-reduction interventions that are community-based and tailored to the cultural context of a population. This can strengthen the traditional care-seeking behavior of families and individuals with a drug use disorder; traditional care-seeking centers can be utilized to refer individuals with a drug use disorder to additional support services and to address the socio-cultural determinants of drug use. The study will also shed light on the role of community readiness in promoting the health and reintegration of drug-using individuals.

3.2 Positionality Statement

As a community psychology doctoral student, my experiences, values, and beliefs inform and shape my understanding of the world and my role as a researcher. I am an African woman who was born and raised in a community that cherished and upheld her culture, values, and beliefs; the communal living experience of my upbringing has shaped my belief that communities have the capacity to come together

to address complex issues such as drug use and its impact on individuals and society. My education and personal and professional experiences in public health program implementation have taught me the importance of community-based research approaches, prioritizing marginalized communities' voices and experiences through a collaborative, participatory, and empowering approach that centers the perspectives and needs of those most impacted by social injustices.

The researcher grew up in Lagos State, Nigeria's most populous and industrialized state, which is home to diverse social and cultural communities with a survivalist lifestyle that included early mornings and late nights, social and economic tension, degraded lawbreakers, and the occasional act of abuse, pocket snatchers, abusive language, cynicism, and bad behavior. Lagos represents Nigeria's diverse culture and people who have developed an addiction to substances/drugs to complete daily tasks and reach their objectives. The increase and continuous use of pharmaceutical analgesics like tramadol, codeine, morphine, cocaine, cannabis, heroin, tranquilizers, and injecting drugs have increased the demand for scarce urgent care and support, which is always met with the punitive measure to address the many associated risks with drug use in Nigeria.

The researcher strongly believes that harm-reduction strategies should take precedence over punitive measures. These strategies recognize the complexity of drug use and prioritize the health and well-being of individuals who use drugs while considering the impact on communities and society. Moreover, community readiness which depicts their internal strength and highlights their needs for external support if met, can create a supportive environment that promotes harm reduction and recovery-oriented practices and fosters social inclusion and reintegration.

Overall, the researcher believes that community readiness and harm reduction contextual approaches are essential in addressing drug use and promoting well-being and reintegration for individuals who use drugs. As a researcher in community psychology, I am committed to advancing the understanding of these concepts and their applications in practice and advocating for policies and practices that prioritize the health and well-being of individuals and communities affected by drug use.

As a community psychology doctoral candidate, I know my position of privilege and power, and I recognize the importance of acknowledging and addressing my biases and assumptions. I am committed to conducting ethical, respectful, and culturally sensitive research that considers the diverse perspectives and experiences of the communities I work with. To be transparent and accountable and to engage in critical self-reflection and reflexivity. I am committed to using my positionality to advocate for social justice and equity and to promote positive social change through my research.

Research on sensitive subjects, such as drug and substance abuse, can be challenging for participants. Engaging data collectors with lived experience may foster a safe, non-judgmental ambiance that places participants at ease. In this study, this was a crucial and valuable recruitment strategy to engage and obtain the participation of a community member in recovery as a member of the Nigerian research team.

This research enumerator connected with parents and family members of individuals with drug use disorders, encouraging participation. These results in a substantial number of three participating family members, which we consider to be a good number compared to the general assumption that individuals may be reluctant to participate in the survey for fear of disclosing the drug use status of a family member to the police. Evident in all of his interview transcripts is that the enumerator asked more pertinent questions and elicited the entire spectrum of experiences related to the

research topic by asking more insightful questions. A significant number of coded categories and themes during the data analysis of this study were informed by his interview transcripts due to the simplicity of interpretation and specificity of the participants' responses.

His fellow enumerators recalled how he swiftly established trust and rapport with the participants and made them feel much more at ease than they did, despite the emotional difficulty observed among parents of individuals with drug use disorders. Some interviewees ended the interview abruptly because they were crying. Still, he put them at ease to freely share their personal experiences and emotions. The participation of individuals with the actual use of drugs in this study's data collection improved its relevance and trustworthiness. It promoted participant comfort, increased community participation and engagement, and fostered more inclusive and well-informed research practices.

3.3 Research Questions

The research examines community perception of drug misuse-related harm reduction approaches and community readiness in promoting harm reduction, supporting the well-being and reintegration of individuals with drug use disorder, and identifying strategies and best practices for addressing this complex issue in different communities and contexts. The study answers four primary questions:

1. What are the community member's perspectives on the causes of a drug problem and potential solutions?
2. Do healthcare practitioners' perceptions moderate health choice of treatment approach for people with drug-related disorders?

3. What are effective ways to foster strong and healthy parental relationships with people with a drug use disorder?
4. Which community-satisfied needs and accessible resources can promote harm reduction efforts to enable wellness and reintegration?

The research findings, the lessons learned, and the recommendations are experiences shared by participants that mirror the need for contextual harm reduction programming.

4.0 METHOD

4.1 Design of the Study

The researcher selected a Phenomenological Theory research method for this study to explore the depth and complexity of the experiences of families with drug-using children and healthcare practitioners who provide the required services and support for the associated disorder. The lived reality of families with children who have drug use disorders is assumed to differ, and the same goes for how healthcare practitioners respond to them based on how they are perceived - the bias of stigma and blaming the victim. The research method captured data that addressed how the use of different types of drugs has impacted the community and family members and how the addictive behavior has negatively affected the overall health and well-being of people with drug use disorder in the community. The researcher used a one–on–one in-depth interview to understand participants' perception of drug misuse and community readiness to adapt its associated harm reduction strategies.

The researcher identified, recruited, and collected data from participants who volunteered to share their lived realities. This study collected data using a protocol for semi-structured in-depth individual interviews; some discussions were conducted in person at the interviewee's preferred location, in the health facilities, and within the communities; other interviews were conducted virtually via WhatsApp calls at the earliest convenience of the participants.

Signatures and verbal assurances regarding participants' informed consent to participate in the interview and permission to record and take electronic notes were obtained before the start of the study. The average discussion duration for in-person and virtual interviews was 45 minutes and 60 minutes, respectively; the virtual discussion took longer due to inconsistent internet connectivity between the researcher and participant

location. Thematic coding was used as a qualitative data collection technique. The survey and interview protocol was designed by the researcher using qualitative research methodologies.

4.2 Participants

Participants who are parents of an individual with drug use disorder and nonparents of individuals with drug use disorder were drawn from High School Community in Oshodi/Isolo ward and Oshukoti Community in the Ejomu Oba Nla ward, both in Akure South of Ondo state, Nigeria. Most parents interviewed had primary or secondary school education, and a few had university degrees. Unofficially, these two study sites are recognized as major hubs for the collection and distribution of cannabis and other illegal substances within the state and other states; the state is notorious for its high crime rate, poverty, and insecurity, and its large population of young thugs and criminals who commit crimes while under the influence of a variety of substances and drugs. The local research assistants identified and recruited participants from these communities with support from a community leader who served as a guide during the selection process. The research team visited eighty households but only conducted eighteen (18) interviews, of which only nine (9) were completed.

Fig 1: Description of Interview

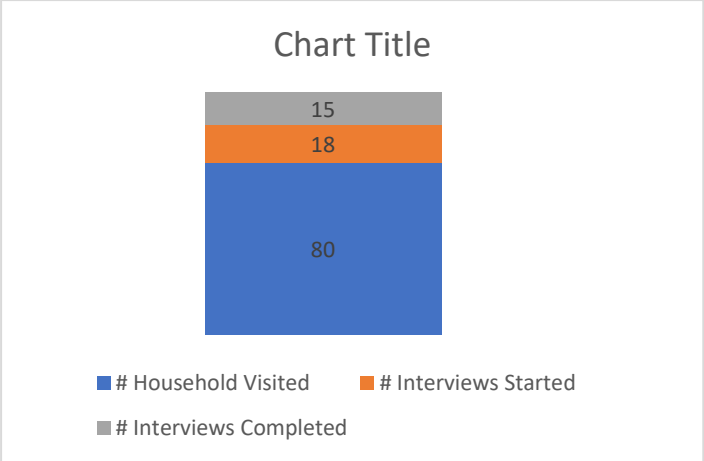
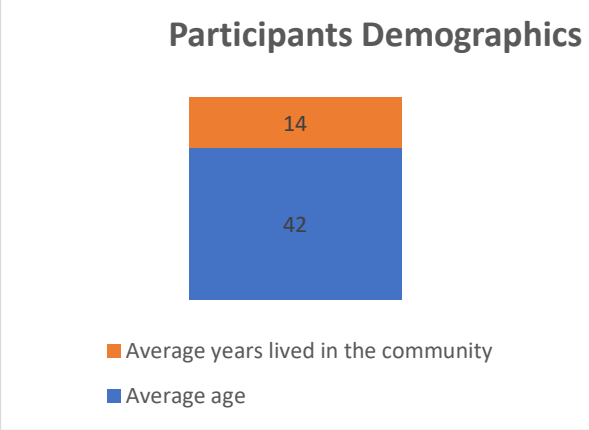


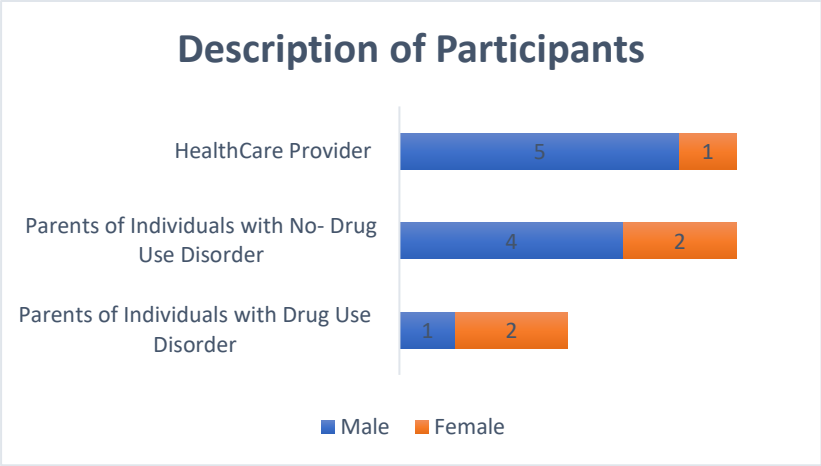
Fig 2: Participants' Demographics



Participating Healthcare providers were employees of the Neuro-Psychiatric Hospital in Akure Oda, Akure South, Ondo State. Two (4) nurses and two (2) physicians were interviewed during the research. A total of twelve interviews were conducted and completed.

Some of the barriers that led to the reason why some households with a person with a drug use disorder refused an interview (75%) and the incompletion of fifty-five percent (25%) of the interviews were that parents of family members with a substance use disorder became emotional and refused to continue the interview three times. Due to the fear of being identified by narcotic law enforcement agencies, some individuals hesitated to share their experiences. As observed during the interviews, others were reticent to identify as parents of individuals with a substance use disorder to protect their children by not associating them with drug use. They prefer to respond to the queries as if they were a drug-using neighbor child.

Fig 3: Description of Participants



4.3 Procedures

4.3.1 Recruitment

The researcher conducted a search for local research assistants in Nigeria, the location of the study, who will be responsible for identifying and recruiting study participants.

The assistants were responsible for collaborating with the researcher to identify and facilitate community entry and participation, recruit community members who agreed to participate voluntarily in the study and conduct required interviews. The selection criteria required the candidate to be a community member and have lived there for at least three years, speak the local dialect proficiently, be familiar with the terrain, and possess at least a bachelor's degree. The researcher received eight resumes for this position, but only five fits the requirements. With the assistance of the researcher's advisor, an introductory and orientation virtual meeting was held with the successful candidates to share a detailed description of the study's purpose, processes, methodology, and expectations and review the research interview protocol. The virtual meeting lasted three hours, with the next step requiring all new research assistants to complete the CITI that certifies them to participate in the study's data collection; all five research assistants completed the required human research training (CITI), but only four were available to participate in the study.

The four-man trained member of the local research team in Nigeria and the lead researcher (myself) conducted the interview; to ensure community participation and engagement, research assistants were selected from the community where the study was conducted. An advocacy and entry meeting were held with the stakeholders and leaders of the community of interest before the commencement of the study. The study's purpose was explained, including information about the researcher, reasons for

conducting this interview, and collecting data —the researcher reiterated the community's role in identifying ways to reduce drug use's negative consequences.

Data was collected using a semi-structured in-depth individual interviews protocol. The interview protocol was developed to explore community knowledge, continuing harm reduction initiatives, and available community assistance that encourages and fosters an environment that supports the health, wellness, and reintegration of persons with drug use disorders. The discussions were conducted in person and virtually – the researcher utilized the WhatsApp application to join the conversation while the local research member was in person at a location of the interviewees' preference within the community.

Before the interview, the participants completed an informed consent form indicating an informed agreement to participate and permission to record and take notes. The responder was notified that conversations should last between 15 and 45 minutes; the interview duration was 40 minutes.

The participants were receptive and appeared ready to begin the discussion; thereafter, they requested that his community be notified of any intentions to organize a sensitization activity to educate community members about harm reduction measures. In addition, he advised that the study includes a focus on the spiritual causes and effects of drug abuse, and he urged that we speak with religious leaders about continuing efforts to support harm reduction programs in the community. A phone was used to record the conversation, and a notebook was used to capture the respondent's non-verbal behavior and gestures; recordings were emailed to the researcher following the interview.

4.4 Data Analysis.

The open-ended interviews allowed the researcher to delve into various rich and intricate experiences during data collection. The research seeks to explore, analyze, and code data for the description of themes and to interpret the meaning of the information using personal reflections and previous research, as well as a person-centered and adaptable structure.

The researcher utilized inductive coding without preconceived categories or theoretical frameworks to develop, comprehend, and answer research questions using data from this study derived from participants' lived experiences and stories about a household member with a drug use disorder. Beginning with an open mind, the researcher conducts exhaustive data analysis, extracting patterns, themes, and concepts from the interview transcripts. The researcher creates codes based on the content and significance of the data, allowing for the emergence of new categories as the analysis progresses and developing a result framework with data-based explanations. By identifying patterns, themes, and relationships, the Perception, Attitude, and Policy (PAP)Shift result framework was developed to interpret and explain community readiness for adapting harm reduction approaches.

The interview recording was manually and automatically transcribed using otter.ai, a tool for automated transcription., NVIVO – a data management software package that facilitates qualitative data analysis processing, organizing, and visualization – was utilized to code the data (Soehardi et al., 2021).

4.4.1 Creating Research Project on NVIVO:

- A new project, a name, and a project file location were created, and a qualitative-type interview transcript text document for the research project. In

NVIOVO, "Documents," was chosen the folders containing transcript text documents were selected. A file within the project file contained all imported interview recordings.

- NVivo supports common file formats like Word, PDF, plain, or rich text. For audio or video recordings, choose "Audio" or "Video" and select the files or folders containing the audio or video recordings. NVivo supports popular audio and video file formats.
- For other data types, depending on the data to import, choose the relevant import option (e.g., "Pictures" for images, "External" for spreadsheets, etc.); import your data.

- The appropriate data type was selected and imported my data from the desktop via the "Import" tab of the ribbon menu.

4.4.2 Coding Themes

Themes are categories and codes used to classify this research data. Nodes were coded to represent the study topic to analyze and explore this qualitative data.

- Nodes were used to assign descriptive names to the categories/themes of all data, such as "community effort." For this study, multiple nodes were constructed to capture distinct data themes; common patterns and themes were identified in the transcripts.
- Related themes within the document were extracted, and coding nodes were created to contain relevant transcript extracts and text.
- Coding stripes provided insight into the densest portions of the data and linked concepts with hierarchical coding of sixteen parent themes derived from the transcript. Access to drugs, barriers, behavior modification, care-seeking

behavior, community climate, needs efforts, perception, consequences, family relationships, services, infrastructure depletion, lack of funding and government disinterest in financial allocation, legislative inaction, and human resource capacity were among the themes from the coding analysis.

- The themes identified served as the basis for discussion, conclusion, and recommendations.

Table 2: Examples of Themes, Description, Original Data source, and no of times themes were referenced

Category / Nodes/ Themes	Description	No Original Data source	No of times themes were referenced
Barriers to Implementation	Limitations and challenges include cultural conflicts that will likely obstruct the acceptability and implementation of HR Strategies.	5	9

4.4.3 Modify and Organize Themes

As the analysis progressed, research themes were modified.

- Modifications were made to the category description using the "list panel" and "properties" to construct node folders to hierarchize related nodes/themes.
- Before the final compilation of codes, the interview transcript was read, revised, and reviewed multiple times to ensure that essential data and recurring topics were recorded during the coding process and that relevant themes were identified.
- The coding stripes were activated, hierarchical nodes were created based on the research topic, and the nodes were reviewed and modified multiple times to ensure they accurately represented and conveyed the purpose of the study. It helped to gain insights, identify patterns, and explore relationships between different nodes/themes within the study data.

4.4.4 Codebook (Refer to Codebook Appendix B)

In NVivo, a codebook was generated. The Codebook view summarizes study categories, nodes, themes, and their respective definitions.

- The researcher added and modified the category/node descriptions to comprehensively explain the theme and annotate specific nodes to provide additional context and insights.
- In the codebook, references were generated to help link each transcript file's original data sources. You can add references to specific nodes in the Codebook view by right-clicking on a node and selecting "Add Reference." Select sources associated with the topic, such as documents, audio, and video files.

- The custom and populated codebook was stored as a document for future use.

  In the Codebook view, select "Export" or "Print" from the "Output" tab of the ribbon menu to save or print the Codebook document.

5.0 RESULTS

5.1 Findings

5.2 Community members' perspectives on the causes of the drug problem and potential solutions

5.2.1 *Causes, access, and consequences.*

The lack of knowledge about the potential risks and negative consequences of substance use, awareness of healthy coping mechanisms, or a lack of education about addiction among the community members, may be more likely to experiment with drugs. *"Information is power, most people are taking these drugs and they don't know the effect on their health"- Healthcare Worker 4*

Healthcare practitioners and parents are worried that most people, particularly emerging adults who have been observed to engage more in drug use may not fully understand how drug use can impact their physical and mental health, relationships, and overall quality of life. *"We have had and still have the highest number of them on admission but these days too I discovered that adolescents too, teenagers are also engaging in this kind of behavior but mostly this behavior is mostly seen among the youth"-Healthcare Worker 4*

"They don't know about some of the impacts of these drugs; they can abuse them because of a lack of knowledge; it's unfortunate. People taking those drugs don't know how much it can have a negative effect on them - Parent of Non-User 3

Peer influence, including pressure to experiment with drugs during socialization with peers through social media and in schools, or exposure to social situations where substance use is normalized or encouraged has been identified as a major cause and access to the initiation of drug use in the community. "*Most youth they frequently abuse*

drugs due to peer influence, most of them they are been pressurized by their friends in school, like from my research so far, from my patients I discovered that most of them said they started drugs while they were in school, that they were been introduced to these drugs by their friends, they see it as a way of socializing, It is a form of youthful exorbitant while growing up" *Healthcare Worker 2.*

Job-related factors include elevated stress levels, work-related injuries, and easy drug access. *"In our time when we use these drugs, it only helps us to work better, I was a construction worker, it gives me energy" Parent of User 2*

The state of the nation's economy and the high levels of depravity and unemployment among the populace, particularly among young people, contribute to the desire or use of drugs. The concept of an extraterrestrial power that drives and controls drug use behavior contributes to the notion that drug abuse and its harmful consequences have spiritual causes. *"You will see that such behavior is not just normal / not an act the regular or ordinary human mind can conceive of doing. There probably is an extra-terrestrial power beyond them that is controlling and engineering this behavior through their minds" – Parent of Non-Drug User -Interview 1*.

Prescription and illegal drugs such as cocaine, marijuana, amphetamine, methamphetamine, codeine, tramadol, heroin, and crack are regularly used. Increased crime, public disturbance, domestic violence, and cult/gang violence indicate drug use's deleterious effects on the community. Families of people with drug use disorders experience depressive episodes, deteriorating mental health, disaffection, embarrassment, shame, financial burdens, and instability. Health complications, economic instability, indebtedness, suicide/death from overdose, loss of job, unstable home, homelessness, incarceration, and directionless children who are more likely to

engage in street life and crime are among the significant negative effects of illegal drug use or prescription drug overdose.

Individuals with drug use disorders access legal and illegal substances by overusing prescription medications and through social media and local networks where individuals purchase, sell, and overdose on legal and illegal narcotics. The only known accessible medical therapies offered at medical institutions are psychotherapy, counseling, and safe sex products like condoms. Safe consumption locations and opioid replacement medicines like naloxone, on the other hand, are unavailable and appear exotic. The age groupings of people known to use drugs often include teenagers, emerging adults between the ages of 15 and 21 years, and middle-aged adults between the ages of 45 and 50. There have been more reports of men engaging in this illegal behavior - "I *can say people from age 15 – 21years, but when you take it a little further to the middle-aged adult who is within the age bracket of 45 to 50 years.*" ***Parent of Non-Drug User 1.***

5.3 Barriers to Harm Reduction Strategy

5.3.1 Leadership, policy, and budgetary restrictions

The lack of sufficient community resources may hamper the acceptability and implementation of harm reduction measures. Considering and initiating community harm reduction programs is possible if particular needs are met. Several needs have been identified, including youth unemployment, crumbling structures, uninspired health professionals, outdated or ambiguous information regarding drug use and its dangers, a lack of medical supplies, and inept leadership. *"Another need is to have leadership by example; when our political class leads by example, there will be, or we will all feel, a positive impact on society.* **"Parent of Non-Drug User-1**

With the government's inaction in addressing the deteriorating economic and infrastructure conditions that deprive the populace of basic social amenities and exclude budgetary assistance for harm reduction services in the community and medical facilities, the danger of drug abuse has increased - "*All these strategies require financial support, and funding for the community and health facilities' activities is a significant challenge for harm reduction strategy implementation."* **Parent of Non-DrugUser-2**

Lack of community-level awareness, orientation, or training for community leaders and gatekeepers to recognize the source(s) and influence of drug use and a lack of qualified and licensed health practitioners are significant obstacles. Cultural and religious conflicts likely to prevent the acceptance, adoption, and implementation of harm reduction measures are among the obstacles and challenges to implementing harm reduction activities or initiatives.

5.4 Community Resources to Promote Harm Reduction Efforts.

5.4.1 Community effort and family support

Community consensus on inclusive, group-wide activities and actions is recommended for combating drug misuse. Adopting harm reduction measures is highly dependent on the competence and capacity of the community's leadership and ability to inspire trust. Relevant community stakeholders in academic institutions and social, cultural, and sports groups are ill-equipped to employ harm reduction approaches because they lack critical information and knowledge. Due to the stigma and shame associated with drug use, community members with children or family members who suffer from drug use disorders may be hesitant to identify with such a program; as a result, there is insufficient information to persuade them to take collective action and join the campaign.

Given that social media is a significant contributor to drug availability and usage, the media has not utilized its platforms to inform the public about the negative effects of drug use, which are intended to dissuade future use and refer people to avenues for care and support if and when the need arises.

The ancient virtue of being a sanctuary of healing and reconnection to whatever individuals believe appears to have been removed from the religious and belief centers. The leaders were revered for their ability to offer spiritual direction for making amends, reparations, and achieving inner peace; however, recently, many have appeared to have lost trust and shunned religious institutions since it seems they get no benefit or value from them.

The family is the first line of defense against drug usage and the foundation for preventing the onset of drug addiction; unfortunately, when children lack adequate emotional support from their parents, they may feel neglected, lonely, or misunderstood. Neglectful parents may fail to adequately supervise their children's activities, leaving them unsupervised and more susceptible to peer pressure or negative influences. This emotional void may cause them to seek solace in substances to cope with their feelings of abandonment and increase their propensity to experiment with substances at a younger age. When parents notice their children are suffering from health problems, they frequently turn to self-care or management. Parents' care-seeking behavior is essential to a child's recovery. It was observed that parents and relatives of people with drug disorders do not seek or initiate early care for their children and wards *"Until they break down in terms of developing behavioral problems until their behavior completely changes and the relation or the people they live with can no longer contain such behavior, then that's when they begin to look for help* **"Healthcare worker. 2**

Parents no longer spend time with their children as a family and do not present a united front to correct them when they stray. "*I believe society starts from the home. Parents are not trying as much as possible to help and fight against the use of drugs*"." **Parent of Non-Drug User- 2**

5.5 Building a Strong Family Support System.

The absence of a strong parental support system for individuals with drug use disorders can facilitate their care-seeking and reintegration process.

5.5.1 Denial, Ignorance, and Lack of Awareness

Families and individuals with drug use disorder may struggle to acknowledge the severity of their problem or deny they have a substance abuse problem*." I told you that once they know that this is a problem, we definitely procure a solution to that problem, but most of them believe there is nothing wrong with them, so it takes time before they can adjust"* **Healthcare Worker 6**.

Community respondents narrated the ordeal of the unwillingness of drug users to quit, which has brought their families both health and economic hardship, *"So, in advising, we've done a lot concerning that. Then taking them to the hospital for rehabilitation, but someone that you have taken to the hospital today and the person comes back home only to continue, so I think we are trying. Still, it is not working"* **Parent of User 3.**

Ignorance could significantly delay care-seeking, *"People frequently misuse them because; they have little or no idea about them"* **Parent of Non-User 4.**

Parents are called to action to continue to educate themselves and seek a better understanding of substance use disorders in order to provide accurate information, challenge stigmas, and approach the situation with compassion and

empathy, *"So we, family, friends have a huge role to play, and I can tell you we are in a serious mess as regard to the use of drugs in Nigeria* **"Healthcare Worker 3.**

5.5.2 Care Seeking Behavior Support

A family member of a person who struggles with drug abuse identified consistent support and encouragement throughout the care-seeking and reintegration journey as a supportive path for household members with drug use challenges. *"Such a child needs to be loved even more and then provide some particular kind of enlightenment and support; I think two wrongs can never make a right; such a child has to be missing something meaningful in his life or needs someone, a parent who can direct and show the child right steps and the right life path. Show love and let the child understand they are still a family member who is loved and appreciated through time and always* **"Parent of Non-Drug User 3.**

However, participants mentioned that the stigma associated with drug use disorders had discouraged them from helping their children to seek treatment, I used to be a user, and my son is currently a user, and he is an embarrassment, **Parent of Drug User 3**

Participants emphasized the fear of judgment, rejection, or social repercussions if their family members' drug use is revealed. This can result in feelings of humiliation and a reluctance to seek help and delay obtaining health care and treatment from medical facilities. People may fear the repercussions of seeking assistance because of the fear of disturbed relationships. These concerns can act as barriers to treatment access and delay care-seeking. *"They see us as responsible and don't give us some leadership roles because they see how our family friends are disgracing themselves using drugs and posing as danger to the community*, **"Parent of User 2.**

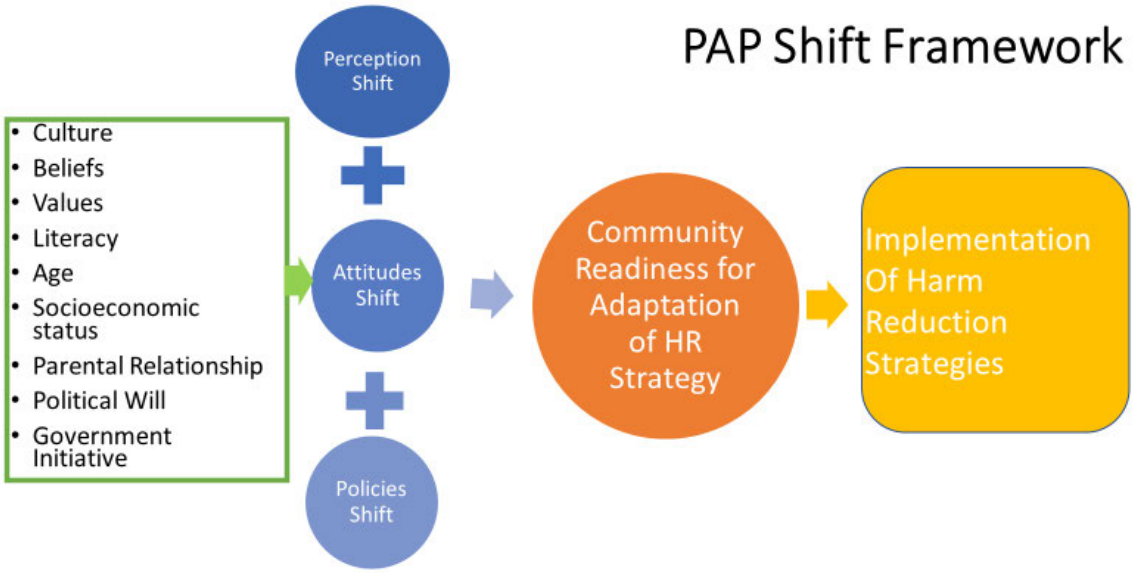
5.5.3 Involvement in Facility Care

Healthcare workers laid emphasis on the need for a family member to encourage and support their participation in drug use treatment programs. Help them navigate the healthcare system, attend therapy sessions, and connect with support groups. Your involvement demonstrates your commitment to their recovery and can help them stay motivated, *"The first one is we try to find out family support they are getting from their family; if they have family support, we engage their family in their care, we try to find out what the family are willing to do, to access them and if there is a good relationship with the patient and the family member,* **"Healthcare worker 4.**

5.5.4 Lack of Community Support

Parents of people will drug use shared experiences of loss of friends, source of income, and the absence of a strong social network in their community, which greatly influences their financial capacity to continue to provide basic support to their family member with drug use disorder. "*Then people will tend to move far away, stay away from their family, and even the shame is there as in it is so shameful*." **Parent of Drug User 3.** Without a supportive environment, individuals hesitate to seek assistance, feeling isolated and unsupported.

Fig 4: **Results Framework**



5.6 Perception Shift

Drug use is stigmatized and viewed negatively, emphasizing strict social norms and values. In this study, people who use and suffer from drug use disorder are seen as exhibiting signs of weakness, lack of discipline, disregard for oneself and others, and

moral failure. Table 1: describes how young people are viewed to rebel against cultural values and norms and express their independence and freedom by using and overdosing on drugs or other illegal substances. Respondents have associated drug use with criminal activity and delinquent behavior, reinforcing negative perceptions. However, two respondents have viewed the responsible use of substances like cannabis for recreational purposes as relatively harmless while condemning the use of illegal drugs such as cocaine or heroin.

Table 3: Category: Cause of Drug Use

Description	Quotes
The reason people want to use drugs or overdose on drugs and how they are viewed for using drugs	*"Moral decadence in our society as a whole, and unemployment"* **- Parent of Non-User 3**
	"The adolescent stage; in that stage, the teenagers think more, they tend to know more, they have access to the internet and all that social media influence, and with that, they go into things that are above their age." ***Parent of User 3***
	"Some know the consequences, but still, they are too arrogant to stop using drugs or seek help." **Parent of Non-User 4.**
	*"Most of them will not listen to the advice****" Parent of User 1***
	"Some know the consequences, but still, they are too arrogant to stop using drugs or seek help." **Parent of Non-User 2**

Table 4: Category: Negative Impact of Drug Use:

Description	**Quotes**
Depression, depreciative mental health, disaffection, shame, financial burden, and instability.	*"The impact of it on the family is a shame, and families are not finding it easy, you know, for someone's child should go out and misbehave, you know, it brings shame to the family, we find a way to be coping with it, you know, hoping they will change or we accept our destiny,"* - **Parent of Non-User 2**
	"The guilt and loss of friends in the community;" **Parent of Non-User 4**

Table 3 reports various psychological and financial burdens, and instability experiences family members of people with addiction challenges have experienced as a result of how they are perceived in the community.

Table 5: Category: Healthcare Workers' Take on Care Seeking

Description	Quotes
Delay action or omission taken by an individual, friend, or relative of a person with a drug use disorder to seek appropriate treatment or assistance.	*"They don't come for treatment until they break down."* - **Healthcare Worker 2**
	Like I said, they don't come for treatment until there is a problem, most times behavioral problems. – **Healthcare Worker 3**

Table 5 Provides input from healthcare workers who reported that they had observed the delay in seeking care at the hospital by people with drug use disorders; most times, when people do seek care, it was observed that it is when the physical and psychological negative consequences have progressed, or an ooverdose has occurred.

Perception shifts towards a more compassionate and supportive approach to drug use disorder intervention can help to reduce the stigma associated with addiction, encourage early care-seeking behavior, improve access to treatment and support, and promote better outcomes for individuals and communities affected by drug use disorders. The positive shift in how people with drug use disorder are viewed can have significant implications for drug use policies and interventions and individuals' and communities' social and economic well-being.

5.7 Attitude Shift

Drug use disorder is a health condition requiring appropriate care, support, and treatment; stigma, discrimination, and marginalization characterize the community's evaluation and behavioral tendencies toward individuals with substance use disorder. Changing behavior or attitude requires altering how family members, healthcare professionals, and the community treat individuals with addiction. Participating family members of individuals with a substance use disorder reported experiencing emotional distress, depression, unjust labeling, guilt, poverty, and humiliation. They reiterated their claim that they are denied access to certain privileges, respect, and dignity in the community and that they are held responsible for the moral failing of a family member who has become a problem for the community. They described how the behavior of others in their neighborhood, workplaces, and places of worship had caused painful emotional feelings of humiliation or anxiety and how the reduced interaction has caused a financial decline and debt that has led to insufficient funds to meet the household's basic needs because a substantial amount of funds are used to care for a family member with a drug use disorder, and they cannot access more funds.

Table 6: Theme: Consequences of Drug Use

Description	**Quotes**
Emotional, mental, physical, and social-economic adverse effects of drug use on individuals, families, and the community	*"They see us as responsible and don't give us some leadership roles because they see how our family friends are disgracing themselves using drugs and posing a danger to the community."* **Parent of Use 2**
	"I can say it's not been easy because even the stigma is there because he started misbehaving." *"Or when the guy gets there, they will be like, "he has come again" You understand that kind of thing as in the stigma is there. Then people will tend to move far away, stay away from their family, and even the shame is there as in it is so shameful" Parent of User 3"Also, we have not been coping well financially, and their finances have decreased. You are spending money in the hospital and police station and settling quarrels with money when they destroy people's property".* ***Parent of Use 2***
	"If family members pass by, people usually laugh at them, scorn them and whisper and say, "Look at that person; she is the sister or the brother of that person that is having mental issues." "It brings shame to the family, we find a way to be coping with it, you know, hoping they will change, or we accept our destiny" **Parent of User 1**

5.8 Policy Shift

As reported by study participants, the emphasis on government action and support to mitigate the causes and solutions to address drug use situations and implement harm reduction intervention was repeatedly cited as an essential requirement for facilitating community readiness to adopt harm reduction strategies. Some participants stated that political officeholders and actors are unwilling to act on substance use-related healthcare services. Community members reported that government employees and persons acting on behalf of the government provide access to or encourage the use of drugs to disrupt the electoral process in support of or for the benefit of certain government officials, which makes them guilty of a felony; however, because they have the power and wealth to influence the judicial system, they continue to commit this heinous crime, which has become a vicious cycle.

Table 7: Sample Quotes for Government Commitment and Investment Initiative

Category	Description	Quotes
Causes of Drug Use Among young people.	Delay action or omission taken by an individual, friend, or relative of a person with a drug use disorder to seek appropriate treatment or assistance.	*Our politicians they will want to engage youths in thuggery and what have you, and some of the youth they don't have the boldness to do such a thing but they need that money so by that they will have to look for something to make them high that's how they put it, they want to high so that they will be able to do that job and get themselves paid especially during elections. So, I think those are the little things that cause youth to use drugs.* **Parents of Use 3**
Barriers to Harm Reduction Implementation	Limitations and challenges include cultural conflicts that will likely obstruct the acceptability and implementation of HR Strategies.	*"I can say the government is not supporting the health facility and the staff, there is a shortage of health workers to support and provide services to drug users who need help, and I think something must be done to help the staff and health facility."* – **Parents of Non-Use 3**
		"The government cannot deny that they don't know where it is being manufactured because it is manufactured from a company, a factory in the country." **Parents of Use 2**
Community Needs	Identified internal and external resources required to implement HRS in the community	*"We are clamoring and want to call other policymakers to make sure that enough facilities are on the ground for our health care provider so that their job will be effective."* *"We implore the government and the policy makers, the federal ministry of health and the world health organization should come and do something, come to our aid by trying to improve the welfare and the wages of our workers here so that's it".* ***Healthcare worker 3***

		"The Obas for example, they can enact a law that they don't want people smoking around our community and once they do that at least that one will reduce right? Then anybody caught maybe smoking or if there is a law to prosecute them at least that one will reduce [use]." **Healthcare worker 6**

6.0 DISCUSSION

6.1 Connecting Results and Existing Literature

Harm Reduction is a well-established public health strategy that reduces the negative health, social, and economic outcomes associated with various risky behaviors. (Hawk et al., 2017) Harm reduction reduces the impact on individuals, families, and the larger community. The research participants' experiences reveal the negative effects of drug use disorder in the family, including shame, stigma, discrimination, loss of social networks and associations, poverty, a sense of guilt, and enabling behavior. As a result of repeated destruction of personal and community property and the infliction of suffering and injury on oneself or others when people with addiction act under the influence of all accessible psychoactive substances, the community is constantly confronted with increased crime and violence rates. Moreover, overdose has led to an increase in mortality rate and overburdened healthcare facilities, some of which have been caused by automobile accidents. Individuals with substance abuse issues are not exempt from health, physical, socioeconomic, and societal harm and disruption.

Based on public health principles, harm reduction offers a set of pragmatic yet compassionate strategies designed to reduce the harmful consequences of addictive behavior for both substance users and their communities (Marlatt, 1996). One might presume that the government will invest its resources, exert its political influence, and be willing to collaborate with the necessary community stakeholders in order to tame or, preferably, reduce the incidence rate in Nigeria. One out of every four narcotic users in Nigeria is female. More males report drug use (21.8% or 10.8 million) than women (7.0% or 3.4 million). The greatest rates of drug use are found among individuals aged 25 to 39. In 2018, one-fifth of this group had used drugs in the previous year and suffered from a substance use disorder (UNODC, 2018). The lack of political will and government investment in the health sector, particularly for substance use disorder care and treatment, has not created a pathway for communities to either have the adequate knowledge that could foster action to galvanize resources needed to compassionately prepare to support and care for people with substance use disorder, particularly paving a path to wellness and reintegration through the adaptation of harm reduction.

The five dimensions of community readiness (1) Community Knowledge of Efforts; (2) Leadership; (3) Community Climate; (4) Community Knowledge of Issues; (5) resources as explored in this study reveal and support the necessity of the dimension stages' availability in the community to facilitate the implementation of harm reduction initiatives in small or large communities. Perception, attitude in the community is a catalyst that allows stigma and discrimination to flourish in any community, as this study demonstrates. The enforcement of prescribed gender norms and traditional gendered expectations may occur through attitudes toward substance use (Peralta & Jauk, 2011). Juveniles who are labeled as drug-addicted are more likely to experience marginalization, isolation, stigmatization, and incarceration, which reinforces their

negative identity in the eyes of society, their peers, and their families and perpetuates a social stigma.

A positive shift in perception requires that family, healthcare practitioners, and community members as a whole move away from stigmatizing and blaming individuals who struggle with addiction and towards a more compassionate and supportive approach that recognizes addiction as a disease that requires care and support. To adequately provide this support, a community should acknowledge the following.

- Addiction can affect anyone, regardless of their background or personal choices.
- Addiction is a chronic disease that requires ongoing care and support, and relapse is a common and expected part of the recovery process.
- Addiction is not a moral failing or a lack of willpower but rather a complex biological, psychological, and social interaction.
- Create a supportive and inclusive community that encourages individuals with drug use disorder to seek help and participate in community life without fear of judgment or discrimination.

A policy shift requires changing the priorities, approach, and direction of government policies regarding how to address access to the high supply of drugs in the community, including the use of punitive measures to deal decisively with drug cartels and barons; policies to compassionately respond to the needs of the community in order to provide affordable healthcare services to people with substance use disorder, which may include the use of harm reduction services. In relation to current research, Nigeria continues to be politically resistant to significant harm reduction interventions, even given the high lifetime prevalence of use of drugs, such as heroin (63%) and cocaine (70%) among people who inject drugs, and unsafe practices, such as the sharing and reuse of needles (Ogunrombi, 2018) and the link to drawing conclusions from the

responses of study participants, *"We implore the government, and the policy maker, the federal ministry of health and the world health organization should come and do something* ***"Health worker 3****,* which bolsters the call for government action, some of the considerations for government initiatives and/or activitiesn should be directed toward new policies or modifications that may address the needs of the community as follows:

- New evidence or research findings
- Changes in political leadership
- Shifts in public opinion.
- An increase in federal, state, and local budgetary allocations for healthcare services, as well as the introduction of budget line items for drug use treatment, care, and support, including medical supplies and equipment, adequate and enabling health facilities – considering integrated services for harm reduction – or changes should be made to the nation's current dilapidated health facility structures.
    - A shift in policy could entail new training regulations and reevaluated incentives for health workers, including harm reduction approaches. Effective drug abuse interventions and programs require adequate funding. Without adequate policy support, funding for these programs may be constrained, resulting in insufficient resources for those in need.
    - A shift in healthcare policy could involve a change in the manner in which the government finances or regulates healthcare services or a shift toward more preventative and community-based care.
- Policies can be developed to prioritize prevention efforts, such as education programs promoting healthy decision-making and drug use alternatives in the

community. Prevention efforts can help reduce drug demand and the likelihood of drug abuse and dependence.

- Evidence-based intervention policies can encourage the use of evidence-based interventions and practices, such as harm reduction, that have been demonstrated to be effective in managing substance use disorders, which is likely to lead to additional treatment and abstinence. This can help ensure that patients receive the most effective available treatments.
- Increased access to services and decreased barriers to care, support, and treatment can result from policies aimed at reducing the stigma associated with substance abuse.

Interventions and programs for substance abuse frequently necessitate collaboration between various sectors, including healthcare, law enforcement, and community organizations. Policies can facilitate collaboration and coordination between these sectors, leading to a more efficient and effective response to substance abuse.

Education to reduce stigma, increasing awareness about available resources, improving access to treatment, fostering supportive environments, and providing early intervention programs can all contribute to reducing delays in seeking care for people with drug disorders. Additionally, destigmatizing substance use disorders and promoting a culture of compassion and understanding can encourage individuals to seek help sooner.

6.2 Recommendations

Community Psychologists, harm reductionists, international and local non-governmental organizations, and funding partners implementing harm reduction

strategies in any community dominated or prescribed by a particular culture require a collaborative and sensitive approach that takes into account the community's unique needs, beliefs, and values. Education and awareness are essential for reducing stigma and increasing knowledge of drug abuse and harm reduction. For community participation and engagement, it is pertinent for program implementers to develop culturally appropriate educational materials and engage in outreach efforts to increase understanding of harm reduction strategies and their advantages.

Community-specific needs and preferences inform the development of harm reduction services. This may involve providing services in the community's native language, providing culturally appropriate services such as traditional healing practices or ceremonies, and collaborating with community members to determine their community's most effective harm-reduction strategies. Support community harm reduction efforts by fostering partnerships with local organizations and service providers. This may involve collaborating with healthcare providers, social service agencies, and community organizations to offer harm reduction services and support.

6.3 Limitations of the Study

This study aimed to explore community readiness and the adoption of harm reduction measures to promote better health outcomes in a supportive environment for individuals with drug-related disorders to thrive. This study does not include information directly from people with substance use disorders. It does not attempt to identify all illicit drugs used or focus on a specific age group or gender within the population of interest.

The focus is on determining community perception, available resources, and continuing and future efforts necessary to increase the acceptability of harm reduction

strategies. The emphasis is on identifying the perceptions of the community, the resources available, and the ongoing and future activities required to promote the acceptability of harm reduction initiatives. The role of religion - faith, and media as a component of readiness was frequently cited and should be investigated further.

6.4 Implication for Future Research

The findings of this study do not investigate specific barriers to care-seeking encountered by individuals and families when seeking care, support, and treatment for substance use disorder. Future studies should delve deeper into the role of family dynamics and support in care-seeking behavior; findings from this future research could identify the impact of family attitudes, communication patterns, and the availability of support systems, which can shed light on how to engage and involve families in accessing treatment and or harm reduction services. To determine the extent to which cultural and social factors affect care-seeking behavior, it is necessary to investigate them. Understanding how cultural beliefs, norms, and social networks influence care-seeking decisions can inform the development of culturally sensitive interventions that meet diverse populations' particular needs and preferences.

6.5 Implication for Future Policy and Practice

This study's findings may assist community leaders and stakeholders in identifying viable solutions to the drug use problem and diverse community needs and accessible resources that can encourage harm reduction initiatives and purposeful actions leading to the health and reintegration of community members with drug use disorder. Several responses from study participants regarding the community needs requiring to foster the implementation of harm reduction approaches reiterated that

sensitization and orientation sessions in academic institutions; religious, social, cultural, and sports-related activities would raise the necessary awareness and provide access to correct and adequate information, resulting in a greater understanding of harm reduction strategies. The outcomes of this study may provide insights into methods for fostering strong and healthy parental relationships capable of preventing and reducing the onset of drug use among family members.

As a result of their discriminatory and stigmatizing attitude, the perception and attitude of healthcare professionals are likely to influence the care-seeking behavior of individuals with substance use disorders. A healthcare worker described the unpredictable and harmful behavior of some substance use dependency clients seeking care and treatment at their facility. This is frequently one of the reasons they prefer to treat them with greater caution than patients without substance use disorder, "*And when it comes to those people taking drugs, they can do and undo anytime, so one needs to be very careful while taking care of them. I've had a situation whereby one of our staff was injured through a drug patient, and it takes time before that wound can heal," **Healthcare Worker 6.***

Sessions of practical capacity-building for practitioners must be considered essential to providing these services.

This study investigated the community needs that could facilitate harm reduction services; a recurring request from community stakeholders, especially among participating health workers, was for the government to enact a law that strengthens the critical infrastructure and investment in developing, renovating, and updating harm reduction service facilities while providing the public with access to essential amenities including housing and employment for the young people. Funding integrated harm

reduction services under one roof could eliminate stigma and encourage individuals with substance use disorder to seek treatment and utilize services among individuals with substance use disorder.

7.0 CONCLUSION

Providing a variety of services that cater to various needs and preferences of families and persons with drug use disorders may include counseling, peer support, psychosocial care, and treatment program referrals. Contextualized harm reduction programs can facilitate individuals' access to the care they require and increase their likelihood of continuing care and treatment; educating and raising awareness about drug use disorders, their dangers, and the advantages of treatment may encourage people to seek treatment and care if understanding and stigma increase and decrease, respectively. Harm reduction programs can assist individuals in navigating the complex healthcare system and gaining access to the necessary care and services by collaborating closely with the traditional healing institution and providers

Overall, harm reduction services can be useful in encouraging persons with drug disorders to seek care. Community nonjudgmental support, a variety of services, education, awareness, and forming partnerships with care providers can set an enabling climate and readiness position to assist individuals in gaining access to the necessary care and services to overcome drug use disorder.

Appendix A: Interview Protocol

Drug Use and Harm Reduction: Community Readiness as a Pathway to Well-Being and Reintegration

Parents (Non-users and Users) Key Informant Interview Guide.

These interviews will be conducted with parents of people with drug use disorder in target community dwellers in Ondo State, Nigeria.

I- QUESTIONNAIRE DATA	
Date	
State	
Name of Facility/Community	
Position of Respondent	
II- INTRODUCTION/INFORMED CONSENT NOTE	
Before beginning the interview, read the consent form and obtain the participant's consent to proceed with the discussion. DO NOT proceed without informed consent. Inform the participant that you want to start recording the interview & taking notes and start the audio recorder.	
You are being asked to participate in this survey for a research project by Omale Lauretta, a doctoral student at National Louis University. The study is titled: Drug Use and Harm Reduction: Community Readiness as a Pathway to Well-Being and Reintegration. I am part of a team looking at ways to reduce the negative consequences associated with drug use. We aim to learn how community readiness may facilitate the well-being and reintegration of community members with drug-related disorders. You were purposively selected based on our interests and the study's feasibility of access to community parents and health facilities. If you want to be part of the study, I will ask you some questions, and the discussion will be recorded. The questions will include issues related to information, knowledge, attitudes, and perception of drug use and harm reduction in the facility and community, as well as your ideas about how to improve it.	

We are also necessarily interested in your personal and non-personal experiences.

The interview will take between 15-45 minutes. I assure you that everything you tell me will be kept confidential and will not be shared with anyone outside the study team. If you agree to talk with me, you may refuse to answer any question you don't want to answer, or you can stop the interview anytime. As far as the research team is aware, there are no anticipated risks or benefits more significant than those encountered daily.

Further, the information gained from this study could be helpful to community psychologists collaborating with organizations focused on working with communities to reduce the harm associated with drug use. You will not be given money or anything else to participate in this study. Still, it is an opportunity to help better understand the issues around drug use and harm reduction issues regarding community readiness, well-being, and reintegration. You can ask questions about this study at any time during the interview.

Upon request, you may receive summary results from this study and copies of any publications that may occur. Please email the researcher, Omale Lauretta, at [redacted] to request results from this study.

If you have questions or require additional information, don't hesitate to contact the researcher at lomale@my.nl.edu.

Suppose you have any concerns or questions before or during participation that the researcher has not addressed. In that case, you may contact Dr. Judah Viola at judah.viola@nl.edu, the academic advisor and chair overseeing this project. You may also contact the National Louis University Institutional Review Board Chair Shaunti Knauth via email at shaunti.knauth@nl.edu.

Do you have any questions now?

May I proceed with the interview? ○ **Yes (Go to section A)** ○**No (DO NOT Complete interview)**

Person Obtaining Consent:

I have discussed this study with the participant and answered all the participant's questions in a language s/he understands. I believe the participant understood this explanation and voluntarily agreed to participate in this study.

Participant Signature /Date: ……

Name of Person Obtaining Consent /Date: ……

QUESTIONS

Section 1: Community Knowledge

1. Can you explain your perception of drug use, including known negative consequences of use?
    - How much problem do you think drug abuse is in this community?
    - What type of drugs do you believe are frequently abused/misused?
    - Why do people frequently use/abuse these drugs?
    - Which group of people mainly engage in this illegal drug use behavior?
    - Where do you think these drugs are sourced from?

Section 2: Parental Relationship and Support

2. Can you tell me how health facilities and the staff are supported and equipped to provide harm reduction services?
    - Tell us the type of support or help you are providing to your child/family member or struggling with drug use's adverse effects? ***(Ask if the respondent is a parent of a user or parent with previous experience within the community)***
    - How would you describe the impact of this drug addiction on your family and your child in particular?
    - Can you describe your relationship with your child/family before this health issue and now as identified as a drug disorder? If given an opportunity, is there something you will do to improve your relationship with your child/family member?

Section 3: Harm Reduction and Community Readiness

Definition of Harm Reduction: An array of practical strategies deployed to reduce drug use's negative health and social consequences. It aims to save lives and protect the health of drug users and their communities.

Harm reduction program: 1) Needle distribution/recovery 2) Opioid replacement (e.g., methadone) 3) Overdose 4) Antidote provision (e.g., naloxone) 5) Safer sex supply distribution (e.g., condoms) 6) Outreach/education programs.

3. How much support and equipment do you think health facilities and their staff receive or have that enables them to provide harm reduction services in this community?

- What current efforts provide this community with information, awareness, and orientation about drug use's negative impact, including how and where to get help?
- Can you tell us how the ongoing efforts have helped reduce the negative consequences of drug use in the community?
- What are some community needs, when met, that can facilitate harm reduction activities?
- What are some known or anticipated challenges to facilitating harm reduction activities in this community?

Section 4: Demographics

S/N	**Demographic Characteristics**	**Response**
1	Your age	
2	Gender	
3	Your highest level of education received	
4	Current employment status (Full time, part-time, retired, homemaker, unemployed)	
5	What is your job title?	
6	How long have you lived in this community?	
7	Marital status?	

Thank you very much for taking the time to answer our questions!
Be assured of the confidentiality of your responses.
Note to enumerators: Respondents are encouraged to share their lived experiences, especially parents of persons who use a drug.

Appendix B: Code Book

Table 8: Showing code instructions for the field assistants.

Category	Description	Files	References
Access	A location, medium, or network where prescription medications, illegal drugs, or harm reduction services may be obtained or received. E, g. social networking sites (Facebook, health facilities, etc.)	3	4
Drugs		5	10
Affordability	The cost of purchasing any substance within or outside the community	2	3
Friends	An individual with whom one has a close conversation or relationship. A person with whom one has a bond of mutual affection, a person who has a strong regard for and trust in another, and a non-enemy in the school, neighborhood, and anywhere.	3	4
Government Officials and Political Activities	Any officer or employee of a Governmental Authority or any department, agency, or instrumentality thereof, including state-owned entities or a public organization, as well as any person acting in an official capacity for or on behalf of such a government, department, agency, or instrumentality, which provides access to or encourages the use of drugs to disrupt the electoral process in support of or for the benefit of certain government officials, shall be guilty of a felony.	2	4

Category	Description	Files	References
Pharmacy	A state-licensed independent or chain pharmacy that sells medications at retail prices to the general public. For convenience, these pharmacies are typically located throughout the community.	6	7
Schools	A place or institution for a place of learning, an educational establishment, particularly for children, emerging adults, and youths.	2	3
Social Media	Websites and applications for collaboration, communication, interaction, and content sharing. People use social media to cultivate relationships with their peers, relatives, and communities.	1	1
Age Bracket of Users	Identify the age category of users, e.g., teenagers, emerging adults, adults above 21 years, and their biological and social gender identification.	12	25
Barriers to Implementation	Limitations and challenges include cultural conflicts that will likely obstruct the acceptability and implementation of HR Strategies.	2	6
Access to HRS	Health facilities or outlets – including not-for-profit organizations where can receive counseling, opioid replacement therapy, safe sex supplies, or safe consumption sites (sites where people can use pre-obtained drugs under the safety and support of trained personnel). Mention of people without entry to any harm reduction services	5	9

Category	Description	Files	References
Finance	Unavailability and no budgetary allocation to HRS	4	7
Health Care Practitioners	Shortage of qualified and licensed health practitioners that expected to provide services at various healthcare centers	2	4
Attitude	How health practitioners think, feel, and position their body implies their actions toward people with substance use disorder which is stigmatizing and discourages continued seeking of care in health facilities.	1	1
Infrastructure	Available safe spaces to provide services are limited. The basic physical structure is needed to provide services to people effectively.	2	3
Understaffed	Limited staff at the health facilities jeopardizes the ability to provide services to the increased demand for services related to substance use disorder and other related health implications.	2	3
Illiteracy and Ignorance	This is the ability to communicate formally, which challenges accessing information and services needed to support persons with drug use disorder.	1	2
Medical Supply	Limited amount of medical supply for people with Drug use disorder	1	2
Political Will	The unwillingness of or determination of an individual or group of political office holders or actors to take action on drug use-related health care services. The local and state government is	4	6

Category	Description	Files	References
	culprits of this unfavorable outcome.		
Government Initiative and Support	Economic and infrastructure improvements and provision of basic social amenities. The legislation will strengthen the nation's critical infrastructure and investments in developing, revitalizing, and modernizing harm reduction service centers.	4	5
Technical Support	Lack of community-level awareness/orientation or training for community leaders and gatekeepers to detect the source(s) and influence of drug use.	2	2
Behavior Modification	The change of behavior through the application of learned techniques or the consumption of a substance with either beneficial or detrimental reinforcement. Change in behavior from normal to abnormal and back to normal based on access to information and services regarding the risk and harm of substance use.	3	6
Relapse	Deterioration after a period of improvement through adherence to treatment and therapy.	3	3
Care Seeking Behaviour	Delay action or omission taken by an individual, friend, or relative of a person with a substance use disorder to seek appropriate treatment or assistance. The majority of the time, the reason for the delay is the stigma associated with substance abuse.	4	8
Causes of Drug Use and Misuse	The reason people want to use drugs or overdose on drugs	4	7

Category	Description	Files	References
Affluence	Individuals with access to a significant amount of wealth and money use the money for a large amount of expensive drugs and influence others to use it.	1	1
Criminal Act	Unlawful activities that are detrimental and destructive to the community.	1	1
Denial	People who do not acknowledge or believe that their wards, family members, or friends are engaging in drug use that has become detrimental to their health and harmful to the family and community are putting their health and well-being at risk.	1	1
Ignorance	Lack of access to information or action that will help persons with drug use disorder	6	10
Illiteracy	Little to no formal learning or education	1	1
Job - Related	Type of Job influences drug use.	6	9
Life Happens	The unpredictability of the event in the world influences an individual action to have a perceived "feel better."	1	1
Parental neglect and absence	No availability of parent or guardian	3	3
Peer Influence	A person who succumbs to the peer pressure of their acquaintances or peers to use or abuse drugs.	8	13
Psychological Challenges	The behavior of persons with drug use disorder affects the mind and behaviors irrationally.	2	2

Category	Description	Files	References
Self Perception	The idea people have about themselves - how people see themselves and act likewise.	9	14
Inspirational	A sensation of enthusiasm elicited by someone or something that inspires innovative and creative thought.	1	1
Self and group Defence	A fraternity that fights and takes action to protect itself from perceived threats.	2	2
Sexual Prowess and Pleasure	When drugs are used to prove one's capacity, skills, and ability to satisfy their sexual partner and help them derive enjoyment.	1	1
Socialization	When people mix up with others when engaged in activities.	3	3
Social Media and Technology	Use applications or websites to mix, interact, and communicate with people from different locations worldwide. Most people get hooked on drug use through most of these platforms.	1	2
Unwillingness to Stop		3	5
Youthful Exuberance	Young people are full of energy and excited to try new things. They are driven to explore their environment.	3	5
Community Climate	The strategies or intentions to take action or facilitate foster an environment that addresses the community's substance use problems.	2	5
Community Effort	A consensus on inclusive, group-wide initiatives and actions that are	2	4

Category	Description	Files	References
	best for the community will address the drug abuse problem.		
Academic Institutions	Establish new and strengthen existing drug-free clubs, peer-peer learning, and professional counseling in educational institutions.	1	2
Faithbased Institutions	Religious activities include providing ICE material, harm reduction, and rehabilitation centers with available counseling safe spaces. E.g., churches, mosques, and traditional centers.	2	3
Gate Keepers	Inclusion of drug use and harm reduction initiatives in town hall meetings, community sensitization, outreaches, pamphlets, and flyers within strategic places in the community. Peer education, sports clubs, socio-economic groups, e.g., Lion's Club, Rotary Club, etc	1	2
Leadership	Increase knowledge of harm reduction approaches and techniques for pollical class and elites in the community.	2	2
Referral	When a health facility recommends harm reduction services to individuals in need because they cannot provide the necessary services at present.	1	1
Training	Capacity building session for relevant community stakeholders, including family members with drug use disorder.	0	0
Awareness	Community mobilization and sensitization – distribution of	6	12

Category	Description	Files	References
	Information, education, and communication (IEC) materials.		
Media	Use of traditional and social media as a communication platform, including feedback mechanisms in the community	4	4
NGOs	A non - governmental organization that provides harm reduction-related services like Needle and Syringe Programs.	1	1
Community Needs Met to Facilitate HRS	Identified internal and external resources required to implement HRS in the community	0	0
Care and Support Unit	A combination of emotional and financial for people with drug use disorder. This is the help from family, friends, and the community to help them manage their lives to survive and thrive.	7	13
Economic Engagement	Providing tangible incentives, loans, grants, access to investable capital, etc. Equitable access to economic aid by people using drugs due to poverty or inaccessibility to work - income.	0	0
Employment	Create and increase income-earning opportunities in the community to reduce the rate of poverty	0	0
Skills Acquisition	Learning a skill or trade	1	1
Education and Outreach	Access to transformative information	6	13
IEC	Information, Educational, and communication materials are	2	2

Category	Description	Files	References
	available in the community's local language.		
Media	A mean of mass communication through effective channels reaching the population about the impact of drug abuse and misuse.	1	4
Peer-led campaigns	People with lived experience reaching out to their peers and telling their stories could influence their willingness to access harm reduction services.	1	1
Sensitization meetings in a professional and social group	Providing the community members with the information required to access health services	2	2
Faith-based	Strategic leadership involvement of the religious organizations in the community to facilitate and promote harm reduction approaches	4	4
Health Facilities	Build new structures and ensure adequate maintenance of existing systems. Provide incentives for practitioners, staff welfare, and timely payments of wages.	0	0
Finance	Monetary resources	3	4
Infrastructure	Available safe spaces to provide services are limited	10	15
Personnel	Workers and staff to provide services	5	6
Referrals and Partnership	When a health facility recommends harm reduction services to individuals in need because they cannot provide the necessary services at present. Working with	1	1

Category	Description	Files	References
	other health care facilities to help people with drug use disorder.		
Safe Supplies	Health facility needs. Uninterrupted supply of syringes for the syringe services programs (SSPs) and condoms tailored towards harm reduction strategies in a stigma-free environment.	3	6
Services	Support and care provided at health facilities for their clients	1	2
Training	Continuous capacity-building sessions using up-to-date and contextualized training resources for health practitioners and community stakeholders' social support and tracking wellness progress.	3	7
Infrastructure	Harm reduction Integrated services under one roof.	1	2
Leadership	Initiatives and upright exemplary leadership	2	2
NGO Support	A non - governmental organization that provides harm reduction-related services like Needle and Syringe Programs.	1	4
Policy and Regulation	Laws and equitable practices toward harm reduction services in the country	4	6
Post Rehabilitation Housing	Homes and center that offers a bouquet of care to help people with drug disorder withbehavioral changes before they re-enter their communities	4	5
Skills Acquisition Centers	Centers or locations to learn new skills or trade to empower people	0	0

Category	Description	Files	References
Community Perception	The assessment of the drug situation in the community by community members	3	3
Drug Use a a Problem	It is a preeminent menace, a significant societal problem, and a dangerous and deadly vicious circle.	9	16
Sources	How and where is the drug supply coming from? How do they find suppliers?	6	9
Spiritual Influence	The belief that hidden or terrestrial forces or demonic powers are responsible for a person's addiction to drugs abuse	3	7
Consequences	Emotional, mental, physical, and social-economic adverse effects of drug use on individuals, families, and the community	3	9
Community	Increase crime, public disturbance, and domestic and cult/gang violence.	6	13
Increased Crime and Violence	Under the influence of drugs or substances, the repeated destruction of personal and community property and the infliction of suffering and injury on oneself or others.	6	10
Increased Mortality	Increased number of overdoses due to drug abuse	0	0
Overburdened Health Centers	Too many demands for services with an understaffed workforce and overused medical supplies and equipment	1	3
Vehicular Crashes	Under the influence of drug use, auto crash	0	0

Category	Description	Files	References
Family	Depression, depreciative mental health, disaffection, shame, financial burden, and instability.	4	9
Discrimination and Marginalization	Unjust categorization or labeling of a person based on their illnesses, including treating them differently due to substance misuse or drug addiction. When individuals with a substance use disorder are denied access to certain privileges or respect and dignity in the community.	2	3
Financial Decline and debt	When the finance /money of a family begins to deplete because of the cost implication of caring for a member with a drug use disorder	1	1
Guilt	These are the emotional distress that family members and friends of individuals with substance abuse disorder or addiction experience. The community holds them accountable for the moral failure of one of their members, who has become a problem for the community.	1	1
Poverty	In this situation, a family has insufficient funds to meet the household's basic needs because a substantial amount of funds are used to care for a family member with a substance use disorder.	0	0
Shame	A painful emotional feeling of humiliation or distress caused by a family member's substance abuse that is perceived as wrong or inappropriate by the community.	3	5
Self	Health complications, financial instability, debts, suicide /death	8	25

Category	Description	Files	References
	from overdose, loss of job, unstable home, homelessness, incarceration, directionless children – prone to street life and crime		
At Jobs	Lost of the source of income	1	2
Death	Cessation of life due to overdose or drug use- related implication that leads to the end of life.	2	2
Health	The compromised state of complete physical, mental, and social well-being of an individual suffering from drug use-related consequences	4	7
Mental Health	When a person's intellect, emotions, and actions are impaired due to drug use. Inability to manage stress, appropriately interact with others and make healthful decisions.	2	2
Physical health	Disruption of the body's normal functions in those with a substance use disorder. These individuals cease caring about their bodies, appearances, and movements.	0	0
Poverty	In this situation, an individual has insufficient funds to meet their basic needs because a substantial amount of funds are used to care for a substance use disorder treatment.	2	2
School Drop Out	People with substance use disorders who are students frequently drop out before completing their education because they are unable to continue, and they often choose to live on the streets and join gangs.	3	6

Category	Description	Files	References
Contextual Approach to HR	Harm reduction strategies and techniques tailored to local and cultural contexts.	2	3
Education	Using cultural approaches to introduce harm reduction in the community	1	4
Information on Access to Services	Utilizing traditional healing institutions and centers to promote referrals to service centers or facilities for harm reduction.	1	1
Family Relationship	Interactionshoip and closeness between family members prior to the onset or initiation of drug misuse	1	1
Frequently Abused Drugs	Cocaine, marijuana, amphetamine, methamphetamine, codeine, tramadol, heroin, and crack.	3	6
Illegal Drugs	Cocaine, marijuana, heroin, crack.	6	10
Others	Sniffing/inhaling the odor/smell from toilet defecation to get high.	1	1
Prescription Drugs	Drugs as given by a medical doctor to reduce or stop medical-related pain from disease or surgery, e.g., amphetamine, methamphetamine, tramadol, codeine, etc	12	20
Harm Reduction Service	Available harm reduction tools, safe sex supplies, and safe and friendly counseling spaces in the health care facilities in the community.	1	1
Diagnosis	The identification of drug use disorder due to presenting symptoms.	1	2

Category	Description	Files	References
Non-Exist	No presence of health facilities providing harm reduction services in the community.	2	2
Opioid Replacement	Nonavailability of opioid substitution services	1	4
Orientation	Teaching and information sharing about the harmful consequences of relapse	5	11
Rehabilitation	Helping people with drug use disorder return to their everyday life with therapy	3	4
Safe Sex Supply	Providing instruments such as condoms, clean needles, and syringes is a barrier to transmitting infectious diseases using opiates or substances.	1	1
Therapy	Types of ongoing treatments and relief provided for people with drug use disorder in the community.	4	11
Personal Needs	Needs of a person with drug use disorder	1	2
Parental Care and Support	Prevention - Creating more time for children and family members. A united front in correcting children. Helps Seeking Behaviour: Where do parents seek care for children with DUD? Financial strength to get help, Emotional stability to wade off, and management stigma associated—the capacity to manage other children in the home.	2	3
Welfare	Needs of the person and family of people with drug use disorder	1	1

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