Nigeria's repressive drug policies have been exacerbated by a lack of services for people who use drugs, police violence and human rights abuses, and a lack of education about drug use and the prevention of transmittable diseases. However, recent efforts have paved the way for implementing harm reduction into national policies.

This document

This policy brief aims to promote the realisation of health and human rights for people who use drugs in Nigeria. It is intended primarily for policymakers and programme managers to inform decisions on policies, programs, and interventions for people who use drugs. The brief outlines the context in which people who use drugs find themselves in Nigeria, paying particular attention to the national drug policy framework, drug use and health of people who use drugs, the existence of harm reduction services and peer involvement, the context of human rights, availability of care in prisons, situation of women who use drugs, and additional social issues and inequalities. Recommendations are provided based on the data gathered and community reviews. The brief is based on a database built within the framework of the Love Alliance program.

Policy

While Nigeria has historically implemented a repressive drug policy and continues to enforce restrictive and punitive policies, in recent years, some services for people who use drugs, such as harm reduction services, have been implemented. In 1989, the National Drug Law Enforcement Agency (NDLEA) was established, leading to the criminalisation of use and possession and limiting the offences punishable by death. In practice, the diversion of some minors to treatment and rehabilitation programs occurs. Nigeria's 1999 National Drug Control Master Plan, funded by the EU and UNODC and developed by the Inter Ministerial Drug Control Committee, is now launching its fourth iteration, for the first time explicitly proposing the implementation of harm reduction policies. The 2018 National Drug Use Survey helped establish the National Program on Drug Demand and Harm Reduction to coordinate with the health sector response to drug use. Youth-centered drug policy recommendations were drafted in 2017. In 2024, proposed amendments to the NDLEA Act drew criticism for reintroducing the death penalty, which was later removed; the revised bill expands life imprisonment and awaits presidential assent.

Drug use and health

According to the 2018 National Drug Use Survey, the prevalence of drug use in the age group 15-64 is approximately three times higher than the global average; the most commonly used drugs are cannabis, prescription opioids, and cough syrup. Injection and other drug use have been recorded nationwide, but most prevalent in Lagos and Oyo State. Around 80,000 of the 14.3 million people in Nigeria who use drugs inject them, most commonly pharmaceutical opioids, heroin, and crack. The primary sources of drugs and injection equipment are pharmacies, drug dealers, and fellow people who use drugs. However, most information about drug-related death is scarce. Opioids are now the leading cause of fatal overdoses, with synthetic opioids increasingly reported. Knowledge about HIV transmission is low amongst people who

inject drugs, who often share needles and are unaware of where to get testing; they make up 9% of total HIV incidence. Recent studies show HIV prevalence among PWID may be much higher than national estimates, especially for women and those with lower education. Although under examined, Nigera's high burden of HCV (2.2%) also identifies people who inject drugs as a key population.

Harm Reduction

Although the National Drug Control Master Plan 2021-2015 introduced harm reduction to the country's official drug policy, resources for people who use drugs in Nigeria have classically been challenging to access. About 40% of high-risk users report their need for urgent treatment, but the lack of availability, cost of treatment options, stigma, and lack of information present major barriers. In addition, the fear of promoting drug use, lack of funding, staff resistance, poor training, community resistance, and a lack of clear government policies present institutional barriers. In 2020, Nigeria piloted its first Needle and Syringe Programs, which are due to be scaled up, and in 2021, standard policy and practice guidelines have been developed for treatment centers. The Global Fund and PEPFAR are both contributing funding to Nigeria's harm reduction efforts. As of 2025, only one state—Gombe—has an operational Medically Assisted Treatment (MAT) site, and naloxone is not available at the community level. Coverage remains limited, with NSPs reduced from seven to four states following funding cuts. However, further advocacy interventions in harm reduction and prevention of transmittable diseases are still necessary.

Peer Involvement

Peer groups, such as the Drug Harm Reduction Advocacy Network (DHRAN), have been at the forefront of advocacy for people who use drugs. They provide services such as policy advocacy, support for community organizations, health and social interventions, and harm reduction, and represented people who use drugs at the Country Coordinating Meeting for the first time. DHRAN estimates that peers are involved in 70% of drug user-specific programs. However, The Nigeria Network of People who Use Drugs claims that people who currently use drugs do not have input in planning services.

Human Rights

The Amnesty International Report 2020/21 lists a variety of human rights violations, ranging from outright violence to discrimination. A Youthrise Nigeria report, corroborated with qualitative research, found regular police violence, including assault, threats, and extortion.

Prison

The National Situation and Needs Assessment of HIV and AIDS, Drug Use and Related Health Services in Nigerian Prisons survey demonstrated that 2.5% of prisoners inject drugs, a rate 25 times the general population; HIB prevalence is also twice as high. This survey also highlights the lack of harm reduction services available for people who use drugs in prisons. In addition, less than two thirds of the prison population has access to health services for transmittable diseases. A pilot project for treatment and counselling for people who use drugs in prison was scheduled to begin in 2015, though the results are unknown. Some improvements have been made in sensitisation training and counselling for inmates.

Women who use drugs

Women in Nigeria account for approximately 25% of all PWUD, yet only 6% of people accessing treatment are women. Women are likely to share their partner's needles and have higher rates of injecting heroin than men, as well as engaging in high-risk sexual behaviours. In response to the lack of women-specific treatments, the Ministry of Health opened a treatment program in Sokoto State in 2019, and Youthrise Nigeria developed a drop-in centre for women. Outlook Humanitarian Care Initiative follows a similar mission through advocacy

and research. In 2025, a new centre in Gombe—VATADD—was launched to provide vocational training and psychosocial support to women who use drugs.

Social Inequalities

Nigeria's high out-of-pocket spending on healthcare and the inability to pay for treatment are significant barriers for people who use drugs to access care. Economic inequalities also lead to the adoption of injecting drug use. To address stigma, sensitisation around drug issues was recommended to the Nigerian Police Force and the National Drug Law Enforcement Agency. The media contributes to this stigma by publishing sensationalist headlights and perpetuating drug use stereotypes.

Recommendations

Based on data gathered via desk research and critical informants and on the validation meeting with Love Alliance grantees and other key stakeholders from Nigeria, we propose the following recommendations:

Advocacy & policy reform

→ Advocate for the decriminalisation of people who use drugs, the start of OAT, following up on the already developed guidelines, and affordable and accessible drug treatment. → Support and develop the involvement of the Drug Harm Reduction Advocacy Network Nigeria in policy-making and planning

→ Build CSO's capacity for advocacy, activism and influencing policy change → Provide sustainable funding for peer-led organisations and support their capacity building on grant-making and securing funding

→ Assure (different groups of) people who use drugs are represented in official meetings

Awareness raising

→ Promote awareness-raising among Nigeria Drug Law Enforcement Agency, police force and civil defence regarding stigma and discrimination against people who use drugs. → Sensitise healthcare professionals (including those in HIV clinics and working in prisons) to reduce discrimination against people who use drugs and increase access to care. → Promote information campaigns on STIs and other transmissible diseases for people who use drugs and sensitisation of media and religious agencies on drug use and people who use drugs.

Community-based research and assessments

→ Update and collect data on drug use, expanding current studies to include drug-related risks and harms and overdose management.

→ Document human rights violations of people who use drugs

→ Set up and strengthen a community monitoring system to monitor and evaluate the quality of harm reduction and HIV services

→ Support community-based research on people who use drugs in prison settings

Harm Reduction services

→ Assure that people with lived experience of drug use have input in the planning and evaluating of current services.

→ Upscale NSP services to areas not yet covered

→ Implement OAT and overdose management services, including naloxone distribution. → Develop more gender-specific/sensitive services and youth specific/sensitive services. → Provide harm reduction in prison settings, services for people using stimulant drugs, and mental health support for people who use drugs

→ Set up economic empowerment programs for people who use drugs in services being provided (including information on how to navigate employment search processes)

Capacity building (or learning needs)

→ Help structure NNPUD, building the organisation's capacity to interface with other national and international organisations and networks

→ Help peer-led organisations to build visibility and institutional capacity to attract funding. → Build the capacity of CSOs and current harm reduction services on how to engage with sex workers and women who use drugs; build the capacity of people who use drugs to work as paralegals to help defend the rights of the community; build the ability of peers to work with community members in prison.

→ Provide direct funding to local organisations to support local capacity building.

→ Support local and capacitated trainers to build learning trajectories.