
| RESEARCH ARTICLE**Sitting on the Barrel of Gunpowder: Injectable Hard Drug Use and Its Social and Public Health Implications among Nigerian Youths****Afolabi Tolulope Apetuje¹ ✉ Ibikunle Gbenga² and Adediran Adewale Gbolagade³**¹*Federal University Oye-Ekiti, Nigeria*²*Ekiti State University, Ado-Ekiti, Nigeria*³*Afe Babalola University, Ado-Ekiti, Nigeria***Corresponding Author:** Afolabi Tolulope Apetuje, **E-mail:** afolabi.tolulopekolade@gmail.com

| ABSTRACT

The increasing injection of hard drugs among Nigerian youths has constituted a critical public health and social concern, with far-reaching consequences for national stability and development. This study examined the drivers, patterns, and implications of injectable hard drug use among youths in Nigeria, situating the phenomenon within broader socioeconomic and institutional contexts. A mixed-methods approach was adopted, combining survey data from urban and semi-urban youth populations with qualitative insights obtained through key informant interviews and focus group discussions. The findings revealed that unemployment, peer influence, weak drug control enforcement, and psychological distress were central factors influencing the widespread use of injectable drugs. Moreover, the results showed a strong association between injectable drug use and heightened risks of infectious diseases, social disintegration, criminal involvement, and premature mortality. The study further indicated that existing intervention frameworks had remained fragmented and largely ineffective in addressing youth-specific vulnerabilities. In conclusion, the study demonstrated that the unchecked injection of hard drugs among Nigerian youths represented a latent societal crisis, comparable to sitting on the barrel of gunpowder. Comprehensive prevention strategies, youth-centred rehabilitation programmes, and strengthened institutional responses were therefore essential to mitigate the escalating risks.

| KEYWORDS

Nigerian youths, injectable hard drugs, substance abuse, public health risk, social instability, drug control

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1. Introduction

The misuse of hard drugs among young people has remained a persistent global concern, with developing countries increasingly bearing a disproportionate burden of its social and health consequences. In Nigeria, this challenge has intensified over the past decade, particularly through the rising practice of injectable hard drug use among youths. Although substance abuse has long existed within Nigerian society, the shift towards injection-based drug consumption has signalled a more dangerous phase, marked by heightened health risks, deeper social dislocation, and increased threats to public safety. This phenomenon has therefore attracted growing concern among public health experts, social scientists, and policy makers.

Nigeria's youthful population, which constituted a significant proportion of the national demographic structure, has been widely regarded as a critical driver of economic growth and social development. However, this demographic advantage has increasingly been undermined by structural challenges such as unemployment, poverty, rapid urbanisation, and limited access to mental health services. Within this context, drug use emerged not only as a coping mechanism for socioeconomic frustration, but also as a social practice reinforced through peer networks and informal urban subcultures (UNODC, 2023). Injectable hard drugs, including heroin and other synthetic opioids, became particularly appealing due to their potency, perceived cost effectiveness, and rapid psychoactive effects.

The public health implications of injectable drug use among Nigerian youths have been especially severe. Evidence suggested that injection practices significantly increased exposure to blood borne infections such as HIV and hepatitis, particularly in settings characterised by needle sharing and inadequate harm reduction services (WHO, 2022). Moreover, repeated injection use has been associated with overdose, long term organ damage, and premature mortality, thereby placing additional strain on an already overstretched health system. Beyond health outcomes, injectable drug use has also been linked to heightened involvement in crime, family breakdown, and social exclusion, reinforcing cycles of marginalisation and insecurity within affected communities (Obot, 2021).

Despite these growing risks, responses to youth drug use in Nigeria have remained largely fragmented and reactive. Drug control efforts have traditionally prioritised law enforcement approaches, often focusing on drug seizures and arrests rather than prevention, treatment, and rehabilitation. Although agencies such as the National Drug Law Enforcement Agency intensified operations in recent years, scholars argued that punitive strategies alone had limited effectiveness in addressing the complex social and psychological drivers of drug injection among youths (Adelekan & Lawal, 2020). Consequently, many young users remained outside formal support systems, while stigma and fear of criminalisation discouraged help seeking behaviours.

From a multidisciplinary perspective, injectable drug use among Nigerian youths cannot be adequately understood through a single lens. Sociological analyses have highlighted the role of social inequality, peer influence, and urban marginality in shaping drug use trajectories. Psychological perspectives have emphasised trauma, stress, and untreated mental health conditions as critical precursors to substance dependence. Meanwhile, public health research has underscored systemic gaps in prevention, harm reduction, and youth friendly services (Degenhardt et al., 2019). Although these studies offered valuable insights, they often examined drug use in isolation, without fully integrating its broader societal implications.

A notable limitation in existing scholarship has been the insufficient focus on injectable drug use as a distinct and escalating practice among Nigerian youths. Many studies addressed substance abuse broadly, without disaggregating modes of consumption or adequately capturing the specific risks associated with injection practices. Furthermore, limited empirical attention has been given to how structural failures, including weak institutional coordination and inadequate youth welfare systems, interacted to sustain this trend. As a result, policy responses have frequently lacked evidence based grounding tailored to the realities of young people engaged in injectable drug use.

This gap in the literature has had practical consequences. Without a clear understanding of the patterns, drivers, and impacts of injectable hard drug use, interventions have remained poorly targeted and inconsistently implemented. Prevention programmes have often failed to resonate with youth experiences, while rehabilitation services have remained inaccessible or under resourced. In addition, the absence of integrated data has constrained the development of holistic strategies that linked health, social welfare, education, and law enforcement sectors.

Against this backdrop, the present study was designed to examine injectable hard drug use among Nigerian youths through a multidisciplinary framework. The study focused on identifying the key socioeconomic, psychological, and institutional factors associated with this practice, while also assessing its public health and social consequences. By

combining quantitative and qualitative evidence, the study sought to provide a nuanced understanding of why injectable drug use persisted and how it shaped youth vulnerability within contemporary Nigerian society.

The specific objectives of the study were to examine the patterns of injectable hard drug use among Nigerian youths, to identify the primary drivers influencing this behaviour, and to assess its implications for public health and social stability. In doing so, the study aimed to provide empirical evidence to inform more effective prevention, rehabilitation, and policy interventions. Ultimately, the study positioned injectable hard drug use among Nigerian youths as a latent societal crisis, one that demanded coordinated, evidence-driven, and youth-centred responses to prevent long-term national repercussions.

2. Literature Review

2.1 Youth Drug Abuse in the Nigerian Context

Drug abuse among youths has remained a persistent social and public health challenge in Nigeria, with patterns evolving in response to changing socioeconomic and urban dynamics. Earlier studies largely focused on non-injectable substances such as cannabis, alcohol, and prescription drugs, which were commonly associated with experimentation and recreational use among adolescents and young adults. However, recent evidence indicated a worrying transition towards more potent substances and riskier modes of consumption, including injectable hard drugs (Akunna & Lucyann, 2023). This shift reflected deeper structural vulnerabilities affecting Nigerian youths, particularly within urban and semi-urban environments characterised by poverty, unemployment, and social exclusion.

Nigeria's youthful demographic structure, while often described as a developmental asset, has increasingly been linked to heightened exposure to social risk factors. Rapid urbanisation, limited employment opportunities, and weakened family support systems have contributed to conditions in which drug use became normalised as a coping mechanism (Elemile et al., 2023). Moreover, the absence of comprehensive youth welfare policies and accessible mental health services further exacerbated susceptibility to substance dependence. Within this broader context, injectable drug use emerged as a particularly dangerous practice due to its intensity, immediacy of effect, and association with severe health outcomes.

2.2 Emergence of Injectable Hard Drug Use among Youths

Injectable hard drug use represented a significant escalation in the drug abuse trajectory among Nigerian youths. Studies suggested that substances such as heroin, synthetic opioids, and other injectable psychoactive drugs became increasingly prevalent in informal urban settlements and high-risk social spaces (Akunna & Lucyann, 2023). Unlike oral or inhaled drugs, injection practices intensified physiological dependence and increased the likelihood of overdose, thereby amplifying both individual and societal harm.

The appeal of injectable drugs among youths was often linked to perceptions of efficiency and potency. Some users reported that injection offered faster relief from psychological distress and socioeconomic frustration compared to other methods of consumption (Mukaila, 2022). In addition, injectable drugs were sometimes viewed as more economical, as smaller quantities produced stronger effects. These perceptions, although dangerous, contributed to the growing popularity of injection practices within certain youth networks.

Research also highlighted the role of informal drug markets and weak regulatory oversight in sustaining access to injectable drugs. Although law enforcement agencies intensified efforts to curb drug trafficking, porous borders and limited community surveillance continued to facilitate the circulation of injectable substances (Kolawole & Erinola, 2024). Consequently, many youths encountered injectable drugs within their immediate social environments, often without adequate awareness of associated risks.

2.3 Public Health Implications of Injectable Drug Use

The public health consequences of injectable drug use among Nigerian youths have been widely documented and remained deeply concerning. Injection practices significantly increased exposure to blood borne infections,

particularly HIV and hepatitis B and C, especially in settings where needle sharing was common (WHO, 2022). Inadequate access to sterile injecting equipment and the absence of harm reduction programmes further compounded these risks.

Beyond infectious diseases, injectable drug use has been associated with overdose, cardiovascular complications, organ damage, and premature mortality. Nigerian health systems, already strained by limited resources and competing health priorities, faced additional pressure from drug related emergencies and long term care needs (Nnam et al., 2021). Moreover, stigma surrounding drug use often discouraged youths from seeking timely medical assistance, thereby worsening health outcomes.

The public health burden extended beyond physical illness. Injectable drug use has been linked to mental health disorders, including depression, anxiety, and substance induced psychosis. These conditions frequently coexisted with social isolation, homelessness, and family conflict, reinforcing cycles of vulnerability and marginalisation (Umar & Birai, 2022).

2.4 Social Consequences and Community Impact

Injectable drug use among youths has also produced significant social consequences, affecting families, communities, and broader societal stability. Studies indicated strong associations between injectable drug use and involvement in criminal activities such as theft, violence, and illicit drug distribution (Kolawole & Erinola, 2024). These behaviours often emerged as means of sustaining drug dependence in the absence of legitimate income sources.

Families of young drug users frequently experienced emotional distress, financial strain, and social stigma. In many cases, family relationships deteriorated due to mistrust, conflict, and repeated failed attempts at intervention. At the community level, concentrations of injectable drug use contributed to insecurity, reduced social cohesion, and declining neighbourhood safety (Elemile et al., 2023).

These social disruptions reinforced negative public perceptions of youths and further marginalised already vulnerable populations. As a result, community responses often leaned towards exclusion and punishment rather than support and rehabilitation, thereby limiting opportunities for recovery and reintegration.

2.5 Theoretical Framework

2.5.1 Social Learning Theory

Social Learning Theory provided a critical lens for understanding the initiation and continuation of injectable drug use among Nigerian youths. The theory posited that behaviour was learned through observation, imitation, and reinforcement within social contexts. In the Nigerian setting, empirical studies demonstrated that youths were often introduced to drug use through peers, older acquaintances, or street-based social groups where substance use was normalized (Akintunde & Akintunde, 2022).

Injectable drug practices were rarely adopted in isolation. Instead, they were learned within close social networks where experienced users demonstrated injection techniques, shared substances, and reinforced continued use through social approval. Positive reinforcement, such as perceived acceptance and temporary psychological relief, strengthened the persistence of these behaviours. Moreover, the absence of visible negative consequences in the short term further reinforced learning processes.

Social Learning Theory was particularly relevant to this study because it explained how injectable drug use spread within youth communities despite widespread awareness of risks. It justified the examination of peer influence, social environments, and initiation pathways as key determinants of injectable drug use. By embedding this theory within the literature, the study acknowledged that individual choices were deeply shaped by social interaction and environmental exposure.

2.5.2 Strain Theory

Strain Theory offered a complementary explanation by focusing on structural pressures that increased youth vulnerability to injectable drug use. The theory suggested that individuals experiencing persistent strain due to blocked opportunities or unmet expectations were more likely to engage in deviant behaviours as coping mechanisms. In Nigeria, widespread youth unemployment, poverty, and social inequality constituted significant sources of strain (Paul & Kabiru, 2025).

Empirical studies indicated that many youths turned to hard drugs as a means of escaping feelings of frustration, hopelessness, and social failure. Injectable drugs, due to their potency, were often perceived as offering rapid psychological relief from these stressors (Mukaila, 2022). Strain Theory therefore explained why injectable drug use was more prevalent among youths facing severe economic and social disadvantage.

The relevance of Strain Theory to this study lay in its ability to link individual behaviour to broader institutional and economic failures. It supported the inclusion of socioeconomic variables and policy context in analysing injectable drug use. By integrating this theory, the study moved beyond individual blame and highlighted the role of systemic neglect in shaping youth risk behaviours.

2.5.3 Gaps in Existing Literature

Despite growing scholarship on youth drug abuse in Nigeria, several gaps remained evident. First, many studies examined substance abuse broadly without distinguishing between modes of consumption. As a result, the specific risks and dynamics associated with injectable drug use were often underexplored. Second, limited research integrated social and structural explanations within a single analytical framework, leading to fragmented interpretations.

Furthermore, few studies adopted multidisciplinary approaches that combined public health, sociological, and psychological perspectives. This limitation constrained the development of comprehensive interventions capable of addressing both behavioural and structural drivers of injectable drug use. Consequently, policy responses remained reactive and insufficiently targeted.

3. Methodology

This study adopted a mixed methods research design in order to obtain a comprehensive understanding of injectable hard drug use among Nigerian youths. The use of mixed methods was considered appropriate because it allowed for the integration of quantitative measurement of prevalence and patterns with qualitative exploration of lived experiences, motivations, and social contexts. Previous studies on substance abuse in Nigeria demonstrated that mixed methods approaches enhanced analytical depth and improved the credibility of findings when addressing complex and sensitive social phenomena (Dumbili, 2014; Adekeye et al., 2017).

The study was conducted in selected urban and semi urban areas in Nigeria where youth drug use had been reported as a growing concern. These settings were characterised by high population density, informal settlements, and limited access to structured youth support services. The selection of these areas was guided by their relevance to the study objectives and their representation of broader youth experiences within the Nigerian context.

The study population consisted of Nigerian youths aged between 18 and 35 years. This age range was selected because it represented the most active and vulnerable segment of the population in relation to substance use and risk taking behaviours. Both male and female youths were included in order to capture gender related differences in patterns and experiences of injectable drug use. The population also reflected diversity in educational background, employment status, and socioeconomic conditions, which were relevant to understanding structural and social influences on drug use behaviour.

Demographic characteristics of the participants were systematically documented. These included age, gender, educational attainment, employment status, marital status, and residential location. Recording these characteristics allowed for a more nuanced interpretation of the findings and supported subgroup analyses during the quantitative phase. Previous research emphasised that demographic variables played a significant role in shaping youth vulnerability to drug abuse and were therefore essential for meaningful analysis (Nnam et al., 2021).

A total sample size of 300 participants was utilised for the quantitative component of the study. This number was considered adequate to ensure statistical reliability and meaningful inference. The sample size was determined using standard sample size estimation procedures commonly applied in social and public health research, taking into account population size, confidence level, and margin of error. Studies on youth drug abuse in Nigeria indicated that samples of this magnitude provided sufficient power for descriptive and inferential analysis (Sani et al., 2024). Participants for the quantitative survey were selected using a multistage sampling technique, which involved the random selection of study locations followed by systematic selection of eligible respondents.

For the qualitative component, 15 participants were purposively selected from the survey respondents. This group included youths with direct experience of injectable drug use, as well as key informants such as community leaders and health workers involved in substance abuse intervention. The qualitative sample size was guided by the principle of data saturation, which occurred when no new themes emerged from additional interviews. Prior mixed methods studies in Nigeria supported this approach as sufficient for in depth qualitative analysis (Adekeye et al., 2017).

Data collection for the quantitative phase was carried out using a structured questionnaire designed to capture information on drug use history, frequency of injection, initiation pathways, health experiences, and social influences. The instrument also included sections on demographic characteristics and socioeconomic conditions. The questionnaire was pretested to ensure clarity, relevance, and reliability, and necessary adjustments were made before full administration.

Qualitative data were collected through semi structured interviews and focus group discussions. These methods allowed participants to express their experiences and perceptions in their own words, thereby providing deeper insight into the social learning and strain related factors influencing injectable drug use. Interview guides were developed in alignment with the study objectives and theoretical framework.

Data analysis followed a sequential approach. Quantitative data were analysed using descriptive and inferential statistical techniques to identify patterns, relationships, and trends. Qualitative data were transcribed verbatim and analysed thematically. Themes were identified through systematic coding and were interpreted in relation to Social Learning Theory and Strain Theory, which guided the analytical framework of the study.

Ethical considerations were carefully observed throughout the research process. Informed consent was obtained from all participants, confidentiality was assured, and participation was entirely voluntary. Ethical approval was secured from a recognised institutional review body prior to data collection. These measures were essential given the sensitive nature of injectable drug use and the vulnerability of the study population.

4. Results

This section presented the findings from the quantitative and qualitative components of the study. Quantitative results were derived from 300 completed questionnaires, while qualitative findings were obtained from 15 in depth interviews. The presentation followed the study objectives and reflected the structure outlined in the methodology.

4.1 Quantitative Results

A total of 300 questionnaires were valid and included in the analysis. The demographic characteristics of respondents are presented in Table 1.

Table 1: Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage
Age	18–24 years	128	42.7
	25–29 years	109	36.3
	30–35 years	63	21.0
Gender	Male	198	66.0
	Female	102	34.0
Education	Primary	54	18.0
	Secondary	167	55.7
	Tertiary	79	26.3
Employment	Unemployed	141	47.0
	Informal employment	103	34.3
	Formal employment	56	18.7

Patterns of injectable hard drug use among respondents are presented in Table 2. The results showed variation in substance type and frequency of injection.

Table 2: Types and Frequency of Injectable Hard Drug Use

Substance Type	Occasional Use	Regular Use	Total
Heroin	71	94	165
Synthetic opioids	49	63	112
Other injectables	11	12	23
Total	131	169	300

Initiation pathways into injectable drug use were also documented. Table 3 summarised the primary factors reported by respondents.

Table 3: Factors Influencing Initiation into Injectable Drug Use

Factor	Frequency	Percentage
Peer influence	138	46.0
Social environment exposure	72	24.0
Psychological distress	54	18.0
Economic hardship	36	12.0
Total	300	100.0

Health-related experiences associated with injectable drug use are presented in Table 4.

Table 4: Reported Health Experiences Related to Injectable Drug Use

Health Indicator	Yes	No
Frequent illness	173	127
Injection site infection	119	181
Hospitalisation due to drug use	87	213
Testing for blood borne infections	94	206

Social consequences reported by respondents are shown in Table 5.

Table 5: Reported Social Consequences of Injectable Drug Use

Social Outcome	Frequency	Percentage
Family conflict	162	54.0
Job loss or instability	137	45.7
Encounter with law enforcement	118	39.3
Social isolation	149	49.7

4.2 Qualitative Results

Qualitative findings were obtained from interviews with 15 participants. Responses were organised around recurring themes emerging from the data. Direct quotations were used to present participants' experiences.

Peer influence featured prominently in interview narratives. One participant stated, *I started injecting because my friends were already doing it and they taught me how*. Another respondent explained, *Once you stay around people who inject, it becomes normal*.

Economic hardship was frequently mentioned. A participant reported, *I had no job and no money, so the drugs helped me escape reality*. Another noted, *Injecting felt stronger and faster when life was frustrating*.

Health experiences were also described. One interviewee stated, *I got sick many times after injecting, but I avoided hospitals*. Another said, *We shared needles because there was no other choice*.

Social consequences emerged strongly in participants' accounts. One respondent explained, *My family lost trust in me completely*. Another stated, *People avoided me when they found out I was injecting*.

Participants also spoke about the absence of support services. One interviewee remarked, *There were no proper centres to help youths like us*. Another stated, *The response was mostly arrest, not rehabilitation*.

The results presented empirical evidence on the demographic profile, patterns, drivers, health outcomes, and social consequences of injectable hard drug use among Nigerian youths. The next section interprets these findings in relation to existing literature and the theoretical framework.

5. Discussion

This study examined injectable hard drug use among Nigerian youths by integrating quantitative and qualitative evidence within a multidisciplinary framework. The findings highlighted the complex interplay between social influence, structural strain, and health vulnerability, reinforcing concerns that injectable drug use represented an escalating public health and social challenge. The discussion interpreted these findings in relation to existing literature and the theoretical perspectives underpinning the study.

The demographic profile of respondents reflected patterns reported in previous Nigerian studies, which consistently showed higher involvement of males and younger age groups in high risk drug behaviours (Akunna & Lucyann, 2023; Sani et al., 2024). The predominance of unemployed and informally employed youths in the sample underscored the role of socioeconomic vulnerability in shaping exposure to injectable drug use. Although drug abuse cut across social categories, the concentration among economically marginalized youths suggested that structural disadvantage remained a critical contextual factor.

The patterns of injectable hard drug use identified in this study aligned with existing evidence that heroin and synthetic opioids were increasingly used among Nigerian youths (Mukaila, 2022; Kolawole & Erinola, 2024). The prevalence of regular injection among a substantial proportion of respondents suggested progression from experimental to dependent use. This pattern was consistent with public health research indicating that injection

practices intensified dependence and increased the risk of adverse outcomes compared with other modes of drug consumption (WHO, 2022).

Initiation pathways into injectable drug use were dominated by peer influence, which supported the explanatory strength of Social Learning Theory. The quantitative findings, reinforced by qualitative accounts, demonstrated that youths often learned injection practices through close social networks where drug use was normalised. This finding mirrored earlier Nigerian studies that identified peer groups as primary conduits for the transmission of drug related behaviours (Akintunde & Akintunde, 2022). Consequently, the results suggested that injectable drug use was not merely an individual choice, but a socially learned behaviour reinforced through repeated interaction and approval within peer contexts.

Strain Theory further illuminated the role of socioeconomic stressors in sustaining injectable drug use. High levels of unemployment, financial insecurity, and social frustration were repeatedly referenced by participants, indicating that drug injection functioned as a coping response to persistent strain. This interpretation was consistent with Nigerian and regional studies that linked youth drug abuse to blocked economic opportunities and perceived social failure (Paul & Kabiru, 2025; Elemile et al., 2023). The combined application of Social Learning Theory and Strain Theory therefore provided a robust explanation for both the initiation and persistence of injectable drug use among Nigerian youths.

The health related findings of the study raised significant concern. Reports of frequent illness, injection site infections, and limited testing for blood borne infections reflected systemic gaps in harm reduction and youth friendly health services. These findings aligned with regional public health literature that highlighted the vulnerability of injecting drug users to preventable health conditions in the absence of accessible interventions (Nnam et al., 2021; WHO, 2022). Moreover, qualitative accounts of needle sharing underscored the urgent need for targeted public health responses that addressed both knowledge and access barriers.

Beyond health outcomes, the social consequences identified in the study reinforced the broader societal implications of injectable drug use. Family conflict, job instability, and encounters with law enforcement were commonly reported, reflecting patterns documented in prior Nigerian research (Kolawole & Erinola, 2024). These consequences contributed to cycles of marginalisation, where drug use both resulted from and reinforced social exclusion. As stigma and punitive responses dominated community reactions, opportunities for early intervention and recovery were further diminished.

The absence of effective support services, as reported by interview participants, pointed to institutional limitations in addressing youth drug abuse. Although enforcement focused approaches remained prominent, the findings suggested that such strategies had limited impact in reducing injectable drug use. This observation supported scholarly arguments that emphasised the need for integrated approaches combining prevention, treatment, and social support (Umar & Birai, 2022; Nnam et al., 2021). The study therefore contributed evidence supporting a shift towards more comprehensive and youth centred responses.

Despite its contributions, the study had limitations that warranted acknowledgement. The reliance on self-reported data may have introduced reporting bias, particularly given the sensitive nature of injectable drug use. In addition, the study was conducted in selected urban and semi urban areas, which limited the generalisability of findings to rural contexts. Nevertheless, the use of mixed methods strengthened the credibility of the results by allowing triangulation of quantitative and qualitative evidence.

Overall, the discussion demonstrated that injectable hard drug use among Nigerian youths was shaped by interconnected social and structural forces. By situating empirical findings within Social Learning Theory and Strain Theory, the study provided a coherent explanation for observed patterns and highlighted the urgent need for multidimensional interventions.

6. Conclusion

This study examined the phenomenon of injectable hard drug use among Nigerian youths within a multidisciplinary framework that integrated social and structural perspectives. By combining quantitative evidence from questionnaire responses with qualitative insights from in depth interviews, the study provided a comprehensive account of the patterns, drivers, and consequences of injectable drug use. The findings confirmed that injectable hard drug use had become a significant public health and social challenge, particularly among economically and socially vulnerable youth populations.

The study demonstrated that peer influence played a central role in the initiation and continuation of injectable drug use. Youths often learned injection practices within close social networks where drug use was normalised and reinforced. This finding underscored the relevance of Social Learning Theory in explaining how risky behaviours were transmitted and sustained within youth communities. In addition, the study revealed that socioeconomic strain, particularly unemployment and financial insecurity, contributed significantly to the persistence of injectable drug use. These findings supported the application of Strain Theory, which highlighted the role of structural pressures in shaping youth coping behaviours.

Health related outcomes associated with injectable drug use emerged as a major concern. Reports of frequent illness, injection related infections, and limited engagement with health services indicated heightened vulnerability to preventable health conditions. The findings suggested that existing health interventions had not adequately addressed the specific needs of injecting drug using youths. Social consequences were also evident, with many participants reporting family conflict, unstable employment, and social isolation. These outcomes reflected broader patterns of marginalization that reinforced cycles of drug dependence and social exclusion.

The study further highlighted gaps in institutional responses to youth drug abuse. Participants frequently described the absence of accessible support services and the dominance of punitive approaches. These findings suggested that current strategies had limited effectiveness in addressing the underlying drivers of injectable drug use. Consequently, the study emphasised the need for coordinated and youth centred responses that integrated prevention, treatment, and social support.

Although the study contributed valuable empirical evidence, certain limitations should be acknowledged. The reliance on self-reported data may have influenced the accuracy of some responses, and the focus on selected urban and semi-urban areas limited the generalisability of the findings. Nevertheless, the mixed methods design strengthened the validity of the study by allowing triangulation of data sources.

In conclusion, injectable hard drug use among Nigerian youths represented a latent societal crisis with significant public health and social implications. Addressing this challenge required evidence-based interventions that recognised the social learning processes and structural strains shaping youth behaviour. By providing a multidisciplinary analysis, this study offered insights that could inform more effective policies and interventions aimed at reducing injectable drug use and mitigating its long term consequences.

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