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Pattern of Psychoactive Substance Use among Young People Living with HIV/AIDS (YPLWHIV/AIDS) in a Tertiary Health Institution in Ekiti State

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Abstract:

This study examined the pattern of psychoactive substance use among young people living with HIV/AIDS (YPLWHIV/AIDS) attending a tertiary health institution in Ekiti State, Nigeria. A descriptive cross-sectional design using a quantitative approach was adopted, involving 204 sero-positive clients aged 10–35 years receiving care at the Antiretroviral Therapy and Counselling (ART&C) unit of Ekiti State University Teaching Hospital, Ado-Ekiti. Participants were selected through simple random sampling, and data were collected using an adapted version of the World Health Organization Alcohol, Smoking and Substance Involvement Screening Test (WHO-ASSIST). Findings revealed that psychoactive substance use was common among respondents, with alcohol being the most frequently used substance, followed by tobacco, non-prescribed medications, and locally available mixtures. Patterns of use were characterized by predominant oral intake, self-medication without prescription, and frequent combination of substances, raising concerns about potential drug interactions and adverse health outcomes. Although substance use cut across all age groups and genders, marital status and educational qualification significantly influenced patterns of use, highlighting the protective role of social support and health literacy. Age, gender, occupation, and residence showed limited influence on substance use patterns. The study underscores the need for integrating substance-use screening, counselling, and targeted health education into HIV care services to improve treatment adherence and overall well-being among YPLWHIV/AIDS.

Keywords: Psychoactive substance use; Young people; HIV/AIDS; Drug use pattern; WHO-ASSIST,

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Introduction

Psychoactive substance use (PSU) refers to the consumption of substances, either licit or illicit, intended to alter feelings, thoughts, or behaviors, often resulting in significant physical, psychological, and social consequences (Akinlawon et al., 2020; Abubakar et al., 2021). Substance abuse, a subset of PSU, occurs when repeated use leads to dependence and negatively affects health, social functioning, and overall well-being. The inappropriate or non-prescribed use of psychoactive substances can disrupt physiological functions, impair judgment, and exacerbate mental health challenges (Akinlawon et al., 2020; Abubakar et al., 2021). Globally, PSU is a major public health concern, contributing substantially to morbidity, mortality, and socioeconomic burdens. Approximately 250 million people are affected worldwide, with PSU responsible for 11.8 million deaths and significant disability-adjusted life years (DALYs) (Akindipe et al., 2021; Castaldelli et al., 2022). The United Nations Office on Drugs and Crime (UNODC, 2022) estimated that 35 million individuals require treatment for substance use disorders globally, with PSU accounting for 5% of deaths and 9% of DALYs. These statistics highlight the pervasive impact of substance use on public health systems and societal well-being.

Several factors contribute to the prevalence of PSU among young people. Gender, residence, unemployment, single parenthood, education level, and coping mechanisms are recognized as key determinants (Nagy et al., 2022). Peer influence, family history, low self-esteem, poor family support, and easy accessibility of drugs also increase vulnerability to substance use (Kabisa et al., 2021; Mousali et al., 2021). In Nigeria, the intersection of PSU with HIV/AIDS presents a critical public health challenge. Nigeria ranks as the fourth-largest country in HIV prevalence globally, with an estimated 1.8 million people living with HIV and an annual incidence rate of 0.65% among HIV-negative individuals (Federal Ministry of Health, 2019). Substance use is particularly prevalent among young people living with HIV (YPLWHIV/AIDS), who face elevated risks due to socio-economic stressors and health vulnerabilities (Olawole-Isaac et al., 2018; UNODC, 2023). The most commonly used substances among Nigerian youth include alcohol, tobacco, cannabis, benzodiazepines, cocaine, and opioids, reflecting widespread accessibility and social acceptability (Agwuocha et al., 2021; Ogunjobi et al., 2023).

The relationship between PSU and HIV/AIDS is bidirectional, with substance use both contributing to HIV acquisition and complicating disease management. Psychoactive substances impair judgment, increase risky sexual behaviors, reduce adherence to antiretroviral therapy (ART), and exacerbate disease progression (UNAIDS, 2020; De la Torre-Luque et al., 2021). Empirical evidence indicates that over 50% of people living with HIV engage in PSU, with alcohol and tobacco being predominant (UNAIDS, 2020). Studies across sub-Saharan Africa highlight the association between substance use and risky sexual behaviors among young people, reinforcing the link between PSU and heightened HIV transmission risk (Ssekamatte et al., 2023; Obarisiagbon & Ajayi, 2019; Dapap et al., 2020). Young people aged 10–24 are particularly vulnerable, accounting for a substantial proportion of new HIV infections globally, with sub-Saharan Africa representing 88% of adolescents living with HIV (WHO, 2018; UNAIDS, 2021). This age group also constitutes the majority of individuals receiving treatment for drug use disorders in Africa, underscoring the developmental vulnerability to both PSU and HIV/AIDS (UNODC, 2022).

Patterns of psychoactive substance use among youths and PLWHIV demonstrate consistent trends. Alcohol is the most commonly used substance, with prevalence rates ranging from 29.8% in Osun State, Nigeria (Idowu et al., 2023) to 86.7% in Spain (Fuster-Ruizde et al.,

2019). Poly-substance use, particularly alcohol combined with sedatives or cannabis, has been observed in tertiary health care settings in Nigeria (Koyejo et al., 2021). Gender disparities are evident, with males exhibiting higher rates of alcohol, nicotine, and cannabis use compared to females (Obadeji et al., 2021). High-risk dependent patterns, including khat and tobacco use among students, further demonstrate the early initiation and entrenchment of substance use behaviors (Tariku, 2020). National trends indicate that PSU among Nigerian youth is rising alarmingly, with projections suggesting that 20 million Nigerians will be drug users by 2030, a 40% increase from 2019 levels (UNODC, 2022; Foster et al., 2021). PSU has become increasingly normalized among youths, often reinforced by peer pressure and cultural acceptance, and is associated with social vices such as criminality, violence, and gender-based abuse (Dumbili, 2020; Foster et al., 2021; Soremekun et al., 2021). In Ekiti State, it was reported that 69.9% of young people currently use at least one psychoactive substance, highlighting the public health imperative for targeted interventions among YPLWHIV/AIDS.

Given the escalating prevalence of PSU and its interaction with HIV/AIDS, this study seeks to investigate the pattern of psychoactive substance use among young people living with HIV/AIDS in a tertiary health institution in Ekiti State. The study adopts a developmental approach, focusing on individuals aged 10–35 years, a range supported by recent literature as capturing the socio-developmental continuum of adolescence and young adulthood in HIV-affected populations (Johnson et al., 2024; Wigle et al., 2022). By identifying the patterns of substance use in this population, the study aims to inform evidence-based interventions to mitigate substance-related harms and improve HIV treatment outcomes.

The study therefore examined pattern of psychoactive substance use among Young People Living with HIV/AIDS (YPLWHIV/AIDS) in a tertiary health institution in Ekiti State

Methodology

The study adopted a descriptive cross-sectional research design using a quantitative approach to examine the pattern of psychoactive substance use (PSU) among young people living with HIV/AIDS (YPLWHIV/AIDS) attending the Antiretroviral Therapy and Counselling (ART&C) unit of Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti. This design was deemed appropriate as it provides a snapshot of substance use behaviors at a single point in time, allowing for an assessment of the types and frequency of substances used within the target population. Data collection was conducted over eight weeks, from June 10 to August 5, 2024, ensuring adequate representation of clinic attendees and capturing the variations in substance use patterns across different age and gender groups.

The study setting, the ART&C unit of EKSUTH, was selected due to its accessibility to YPLWHIV/AIDS and the high volume of young clients it serves. The unit operates three times a week—Tuesdays, Wednesdays, and Thursdays—and manages over 60 clients weekly, including adolescents and young adults who are particularly vulnerable to substance use. The staff complement includes senior nurses, social workers, health information officers, and health assistants, providing a structured environment conducive to systematic participant recruitment and data collection. The target population consisted of sero-positive clients aged 10–35 years attending the ART&C unit during the study period. The inclusion of participants aged 10–35 years allowed for the assessment of substance use patterns across adolescence and early adulthood, reflecting developmental stages where experimentation with psychoactive substances is prevalent. Participants were grouped into four age categories: 10–15, 16–21, 22–27, and 28–35 years.

A total of 204 participants were selected using a simple random sampling technique. The sample size was determined with Leslie Kish's formula, based on a 14% prevalence estimate from UNODC (2018), and included a 10% attrition allowance. The sampling frame consisted of the ART&C clinic register, and eligible respondents were recruited through a ballot method, where those who selected even numbers were included in the study. This approach enhanced randomness and minimized selection bias.

Data collection was conducted using an adapted version of the World Health Organization Alcohol, Smoking, and Substance Involvement Screening Test (WHO-ASSIST), which is an internationally validated instrument designed to capture patterns of psychoactive substance use. The adapted tool focused specifically on the frequency, type, and combination of substances used by participants. Section BI and BII of the instrument, encompassing items 12–26, were used to record lifetime and past three-month use of alcohol, tobacco, cannabis, sedatives, amphetamines, and other substances. The reliability of the instrument was established through a pilot study involving 21 YPLWHIV/AIDS at a comparable facility, yielding a Cronbach's alpha of 0.82, indicating acceptable internal consistency. Face and content validity were ensured through expert review to confirm that the items accurately captured patterns of substance use among the target population.

Ethical approval was obtained from the EKSUTH Ethics and Research Committee (Protocol Number: EKSUTH/A67/2024/05/013), and written informed consent was secured from all participants, with parental consent and assent for minors. Participants were assured of confidentiality and voluntary participation, with data coded and securely stored. Trained research assistants administered the questionnaires during clinic hours in 15-minute sessions, and completed forms were collected immediately to ensure data integrity. The methodology ensured a reliable, ethical, and systematic assessment of the patterns of psychoactive substance use among YPLWHIV/AIDS attending EKSUTH.

Results

Table 1: Sociodemographic Data of Respondents

Age Grade	Frequency	Percentage (%)
10–15 years	22	11.0
16–21 years	36	18.0
22–27 years	84	41.0
28–35 years	63	30.0
Sex		
Male	87	42.7
Female	117	57.3
Marital Status		
Married	58	28.0
Single	126	62.0
Divorced	20	10.0
Occupation		
Civil Servants	20	10
Private	38	19
Unemployed	22	11
Students	124	60
Educational Qualification		
None (Illiterate)	13	6

Primary	44	22
Secondary	78	38
Tertiary	69	34

Table 1 shows that the respondents were predominantly young adults, with the largest proportion aged 22–27 years (41.0%), followed by those aged 28–35 years (30.0%), indicating that most participants were in their early to mid-adulthood, while adolescents aged 10–15 years constituted the smallest group (11.0%). Females accounted for a higher proportion of respondents (57.3%) compared with males (42.7%), suggesting greater female representation among clinic attendees. The majority of respondents were single (62.0%), whereas 28.0% were married and a smaller proportion were divorced (10.0%), reflecting a largely unmarried population. In terms of occupation, students formed the largest group (60.0%), followed by those in private employment (19.0%), the unemployed (11.0%), and civil servants (10.0%), highlighting a predominance of individuals engaged in education. Regarding educational attainment, most respondents had secondary education (38.0%) or tertiary education (34.0%), while fewer had primary education (22.0%) or no formal education (6.0%), indicating that the majority of participants possessed at least a basic level of formal education.

Table 2: Pattern of Psychoactive Substance Use among YPLWHIV/AIDS

S/N	**Which of the following substances have you ever used in your life? (NON MEDICAL USE ONLY)**	**YES**		**NO**	
		FREQ	(%)	**FREQ**	(%)
1	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	75	36.8	129	63.2
2	Alcoholic beverages (beer, wine, spirits, etc.)	144	70.6	60	29.4
3	Cannabis (marijuana, pot, grass, hash, etc.)	34	16.6	170	83.4
4	Cocaine (coke, crack, etc.)	7	3.4	197	96.6
5	Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	56	27.5	148	72.5
6	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	23	11.3	181	88.7
7	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.	65	31.9	139	68.1
8	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	8	3.9	196	96.1
9	Opioids (heroin, morphine, methadone, codeine, etc.)	11	5.4	193	94.6
10	Others: Alomo bitter, Bitter Kola, Ephedrine, Dry pawpaw leaves, Cough expectorant, Benylin with codeine, Codeine etc.	72	35.3	132	64.7

Table 2 indicates that alcohol was the most commonly used psychoactive substance among YPLWHIV/AIDS, with over two-thirds of respondents (70.6%) reporting lifetime use,

followed by tobacco products (36.8%) and other substances such as herbal mixtures and codeine-containing products (35.3%), suggesting a high reliance on socially accessible and culturally accepted substances. A considerable proportion of respondents also reported use of sedatives or sleeping pills (31.9%) and amphetamine-type stimulants (27.5%), indicating notable engagement with prescription and stimulant substances. In contrast, the use of cannabis was relatively lower (16.6%), while inhalants (11.3%), opioids (5.4%), hallucinogens (3.9%), and cocaine (3.4%) were least reported, reflecting limited exposure to or accessibility of these illicit drugs. Overall, the pattern demonstrates a predominance of legal, easily obtainable, or locally available substances over highly regulated or illicit drugs. The inference from this distribution is that substance use among YPLWHIV/AIDS is shaped more by availability, social acceptability, and perceived coping benefits than by experimentation with hard drugs, underscoring the need for targeted interventions that address alcohol, tobacco, and misuse of prescription and locally concocted substances within this population.

Table 3: Use of Drug without Prescription

Male (F)/ (%)				**Female (F) /(%)**				**Total (F)**	**Total %**
Yes	%	No	%	Yes	(%)	No	(%)	Freq.	Percent
40	45.9	47	19.5	48	41.0	69	28.75	204	100

Table 3 **a**bove elicited responses on whether they have ever use drug without being prescribed before where 116(56.9%) responded that they have never use drug without prescription. Gender distributions showed that 40(45.9%) of the male respondents used drug without prescription.

Table 4: Combination of Drugs during Use

VARIABLES									
Male (f)/ (%)				**Female (f) /(%)**				**Total (f)**	**Total %**
YES	%	NO	%	YES	(%)	NO	(%)	FREQ.	PERCENT
46	52.8	41	20	68	58.1	49	24.1	204	100

Table 4 results showed that 114 (55.9%) respondents have been combining drugs. Gender distributions showed that 68(58.1%) of the female respondents combined drugs.

Table 5: Genders Distribution for Preferred Routes of Using Drugs

	Male (f)/ (%)				**Female (f) / (%)**				**Total (f)**	**Total %**
	YES	%	NO	%	YES	(%)	NO	(%)	FREQ.	PERCENT
Mouth	77	88.5	10	11.5	110	94.0	7	6.0	204	100
Nasal	15	17.2	72	82.8	12	10.3	105	89.7	204	100

Injections	10	11.5	77	88.5	12	10.3	105	89.7	204	100
Multiple	22	25.3	65	74.7	20	17. 1	97	82.9	204	100

Table 5 examined the routes by which the respondents have been taking their drug with 187 (91.7%) choosing mouth. Gender distribution for the routes of taking drugs showed that, female respondents 110(94%) preferred taking drugs by mouth, while, 15(17.2%) of the male respondents prefer using drug through nasal route. 10(11.5%) and 22(25.3%) were recorded for injection and multiple routes respectively with the male respondents preferred using the routes above their female respondents.

Table 6: Gender Distribution of Non-Prescribed Drug Use

	Male (F)/ (%)				**Female (F) /(%)**				**Total (F)**	**Total %**
	YES	%	NO	%	YES	(%)	NO	(%)	FREQ.	PERCENT
Analgesic	65	32	22	11	80	39	37	18	204	100
Diet pills	20	9.8	67	33	45	22.1	72	35.1	204	100
Sedative	40	19.6	47	23.2	64	31.3	53	25.9	204	100

Table 6 illustrates gender-specific usage of non-prescribed drugs; analgesics, diet pills, and sedatives among respondents. Female participants reported higher usage across all drugs, with 39% using analgesics, 22.1% using diet pills, and 31.3% using sedatives, compared to males with 32%, 9.8%, and 19.6% respectively. Analgesic misuse was the most common overall, particularly among females, followed by sedative use. Diet pill usage was lowest, but still notably higher in females (22.1%) than in males (9.8%) suggesting gender disparity in non-prescribed drug use.

Table 7: Specific Distribution of Drugs Combined

Drug Combinations	**Male (Yes/No)**	**Female (Yes/No)**	**Total Yes**	**Total No**	**Total (N=204)**
Ibuprofen, Valium, Pain Extra, Dexamethasone	44 (50.5%) / 43 (49.5%)	60 (51.3%) / 57 (48.7%)	104	100	204 (100%)
Valium and Tramadol	40 (46%) / 47 (54%)	42 (36%) / 75 (64%)	82	122	204 (100%)
Alcohol, Cigarette, Kolanut	50 (57.5%) / 37 (42.5%)	20 (17%) / 97 (83%)	70	134	204 (100%)
Pain Extra, Cyprigold, Cypron, Alcohol	30 (34.5%) / 57 (65.5%)	80 (68%) / 37 (32%)	110	94	204 (100%)

Table 7 illustrates the frequency of specific drug combinations used by respondents. The most commonly reported combination was Alcohol, Cigarette, and Kolanut with 147 instances. This was followed by Valium and Tramadol (117), Pain Extra, Cyprigold, Cypron, and Alcohol (110), and Ibuprofen, Valium, Pain Extra, and Dexamethasone (104). The results

suggests a concerning use of self-medication and recreational drug mixing among YPLW HIV/AIDS.

Table 7: Four-way ANOVA for Sociodemographic Factors and Pattern of Drug Use

Source	*Sum of Square*	*df*	*Mean Square*	*F*	*P*
Gender	19.24	1	19.24	3.80	>.05
Marital Status	61.44	3	20.48	4.05	< .05
Occupation	4.53	3	1.51	0.30	>.05
Educational qualification	62.52	3	20.84	4.07	<.05
Residence	3.10	1	3.10	0..61	>.05
Gender X Marital status X Occupation X Educational qualification X Residence	3.45	1	3.45	.68	>.05
Error	6974.98	159			
Total	179127	204			

Table 7 results above showed the Four-way Analysis of Variance (ANOVA) results which revealed that marital status F sum of Squares = 61.44, F = 4.05, p < 0.05 and educational qualification F Sum of Squares = 62.52, F = 4.07, p < 0.05 significantly influence drug use patterns while, gender F Sum of Squares = 19.24, F = 3.80, p > 0.05, occupation F Sum of Squares = 4.53, F = 0.30, p > 0.05 nor residence F Sum of Squares = 3.10, F = 0.61, p > 0.05 has main influence on pattern of drug usage

Table 8: Four-way ANOVA table for Age and Pattern of drug use

Dependent variable	Source	Sum of Squares	df	Mean Square	F	Sig.
Drug Use pattern	Between Groups	43.03	3	14.35	2.45	>.05
	Within Groups	1176.36	201	5.85		
	Total	1219.40	204			

Table 8 results above showed that there is no significant difference in age groups and patterns of drug use F (3, 201) = 2.45, *p* >.05. This means that age does not determine the pattern of drug use.

Discussion of Findings

The present study examined the pattern of psychoactive substance use among young people living with HIV/AIDS (YPLWHIV/AIDS) attending the ART & C unit of EKSUTH, Ado-Ekiti, with particular attention to the influence of socio-demographic variables. Findings from the four-way ANOVA demonstrated that marital status and educational qualification significantly influenced patterns of psychoactive substance use, with p-values less than 0.05 and partial eta-squared (η^2) values indicating small to moderate effects. Educational qualification recorded an η^2 of 0.042, while marital status yielded an η^2 of 0.037, suggesting that these factors exert meaningful influence on substance use behaviours among the respondents. The confidence interval for educational qualification (.021–.071) further supports the precision and reliability of this effect. These findings suggest that differences in social roles and cognitive awareness associated with education and marital status play important roles in shaping how psychoactive substances are used among YPLWHIV/AIDS.

The protective role of education observed in this study is consistent with existing literature. Studies by Daniel et al. (2022), similarly reported lower levels and less risky patterns of

psychoactive substance use among individuals with higher educational attainment. This trend has been attributed to increased health literacy, better understanding of the adverse effects of substance use, and greater awareness of how psychoactive substances may compromise adherence to antiretroviral therapy (ART) and overall treatment outcomes. Higher education may also enhance problem-solving skills and access to healthier coping mechanisms, reducing reliance on psychoactive substances as a means of managing HIV-related stress. Thus, educational attainment appears to function as an important protective factor in moderating substance use patterns among YPLWHIV/AIDS.

Marital status also emerged as a significant determinant of psychoactive substance use patterns, with married respondents exhibiting less risky patterns compared to their unmarried counterparts. This finding aligns with the work of Liu et al. (2021), who reported lower substance use among married individuals due to increased social support, emotional stability, and a heightened sense of responsibility. In contrast, single individuals, including those who may be parenting alone or lacking stable social networks, may resort to psychoactive substances as coping strategies for loneliness, stigma, and the psychological burden associated with living with HIV. These dynamics highlight the importance of social support systems in shaping behavioural responses to chronic illness and reinforce the need for psychosocial interventions targeting unmarried YPLWHIV/AIDS.

In contrast, gender, occupation, residence, and age grades did not significantly predict patterns of psychoactive substance use in this study, as indicated by non-significant p-values ($p > 0.05$), negligible effect sizes ($\eta^2 < 0.01$), and wide confidence intervals crossing zero. The lack of gender differences is consistent with findings by Aguocha et al. (2021), who reported comparable lifetime substance use rates among males and females, though it contrasts with Jones et al. (2022), who documented higher substance use among males. Similarly, the non-significance of occupation and residence contradicts reports by Morawej et al. (2022) and Dawit et al. (2022), suggesting that contextual, cultural, and methodological differences may account for these inconsistencies. Furthermore, age grades were not significantly associated with substance use patterns, supporting Nagy et al. (2022), who argued that psychoactive substance use is often driven by emotional distress rather than age. However, this finding diverges from Durowade et al. (2022), who observed higher use among individuals aged 20–29 years. Overall, these results suggest that among YPLWHIV/AIDS in this setting, psychosocial and educational factors exert greater influence on substance use patterns than demographic characteristics alone.

Conclusion

This study concludes that psychoactive substance use is a common behavioural pattern among young people living with HIV/AIDS, largely influenced by social context, accessibility, and coping needs rather than by clinical or demographic differences alone. The respondents were predominantly young, unmarried, and engaged in educational activities, with a reasonable level of formal education, yet substance use particularly of alcohol, tobacco, non-prescribed medications, and locally available mixtures remained widespread. The pattern of use was characterized by oral consumption, frequent self-medication, and drug combinations, reflecting normalization of certain substances and limited risk perception. Marital status and educational attainment emerged as key factors shaping patterns of use, suggesting that social support structures and health literacy play important roles in moderating behaviour. In contrast, age, gender, occupation, and residence showed limited influence on how substances were used, indicating that shared psychosocial stressors related to living with HIV may cut across these categories.

Recommendations

1. HIV treatment facilities should integrate routine substance-use screening and counselling into ART services, with emphasis on commonly used substances such as alcohol, tobacco, non-prescribed analgesics, sedatives, and locally concocted mixtures.
2. Targeted health education programmes should be strengthened to improve health literacy among young people living with HIV/AIDS, focusing on the risks of self-medication, drug combinations, and potential interactions with antiretroviral therapy.
3. Psychosocial support interventions, including peer support groups and counselling services, should be prioritized for unmarried and socially isolated clients to provide healthier coping strategies for stress, stigma, and emotional burden.
4. Policies and community-based interventions should promote collaboration between healthcare providers, pharmacists, and regulatory agencies to reduce access to non-prescribed medications and raise awareness about responsible medication use among young people living with HIV/AIDS.

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