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Prevalence of Psychoactive Substance Use among YPLWHIV/AIDS in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti

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Abstract

This study examined the prevalence of psychoactive substance use 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. A descriptive cross-sectional design using quantitative methods was employed to capture substance-use behaviours at a single point in time. The study involved 204 participants aged 10–35 years, selected through a simple random sampling technique, and data were collected over eight weeks. Ethical approval was obtained, and informed consent or assent was secured. Findings revealed that alcohol and tobacco were the most commonly used substances, with substantial levels of recurrent desire reported, indicating potential for habitual use. Illicit substances such as cannabis, cocaine, hallucinogens, and opioids were infrequently used, while moderate use of prescription and locally available substances was observed. Sociodemographic factors, particularly gender, marital status, and age, significantly influenced substance-use patterns, with male, single, and young adult respondents exhibiting higher prevalence. Occupation, residence, and interactions between sociodemographic variables did not significantly affect substance use. These results highlight the need for targeted screening, behavioral interventions, and age- and gender-sensitive strategies within HIV care programs to reduce psychoactive substance use and improve health outcomes among YPLWHIV/AIDS.

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Introduction

Psychoactive substance use (PSU) refers to the consumption of one or more substances—whether licit, illicit, or medically prescribed—with the intention of altering mood, cognition, perception, or behaviour. While some psychoactive substances are used therapeutically, their inappropriate, excessive, or non-medical use often results in physical, psychological, and social harm. Substance abuse is commonly described as a maladaptive pattern of substance use leading to dependence and adverse consequences for the individual and society. Akinlawon et al. (2020) defined substance abuse as the indiscriminate or inappropriate use of psychoactive substances in ways that alter physiological functioning, while Abubakar et al. (2021) emphasized its harmful patterned use and associated health risks.

Globally, PSU remains a major public health concern with profound implications for morbidity, mortality, and healthcare systems. It is estimated that nearly 250 million people worldwide use psychoactive substances, contributing significantly to healthcare expenditure and socioeconomic burden (Akindipe et al., 2021). Castaldelli et al. (2022) reported that PSU accounts for approximately 11.8 million deaths globally and substantially increases disability-adjusted life years (DALYs). Similarly, the United Nations Office on Drugs and Crime (UNODC, 2022) estimated that over 35 million people worldwide require treatment for drug use disorders, with PSU accounting for about 5% of global deaths and 9% of DALYs. Beyond health outcomes, PSU imposes severe financial and social strain on families, communities, and national health systems.

The determinants of PSU are multifactorial and context-specific. Studies have identified socio-demographic, psychosocial, and environmental factors as key predictors. Nagy et al. (2022) identified gender, educational level, unemployment, residence, and emotional coping deficits as major determinants of PSU. Other scholars highlighted peer influence, family history of substance use, low self-esteem, poor family support, and drug accessibility as significant predictors (Mousali et al., 2021). It was also reported that neglected childhood experiences, urban residence, parental factors, and serious illnesses increase vulnerability to PSU. These factors interact to heighten risk, particularly among young people facing social and economic instability.

Nigeria faces a growing PSU crisis, particularly among its youthful population. The country ranks among the highest users of harmful substances such as alcohol, tobacco, cannabis, benzodiazepines, cocaine, and opioids in Africa (Agwuocha et al., 2021; Ogunjobi et al., 2023). UNODC (2023) identified drug abuse as an escalating public health issue in Nigeria, disproportionately affecting young people. This challenge is compounded by Nigeria's HIV burden, as the country ranks fourth globally in HIV prevalence, with approximately 1.8 million people living with HIV and an annual incidence rate of 0.65% (Federal Ministry of Health, 2019). Substance use is particularly prevalent among young people living with HIV/AIDS (YPLWHIV/AIDS), increasing their vulnerability to poor health outcomes (Olawole-Isaac et al., 2018).

The relationship between PSU and HIV/AIDS is well established and bidirectional. PSU can increase the risk of HIV acquisition through impaired judgment, risky sexual behaviour, and inconsistent condom use, while HIV infection may predispose individuals to substance use as a coping mechanism for stigma, stress, and chronic illness. UNAIDS (2020) reported that over 50% of people living with HIV engage in psychoactive substance use, with alcohol and tobacco being the most commonly used substances. De la Torre-Luque et al. (2021) further noted that PSU negatively affects antiretroviral therapy (ART) adherence, increases viral load, worsens disease progression, and elevates the risk of opportunistic infections. Empirical evidence from Uganda and Nigeria also shows that substance use is strongly associated with

risky sexual practices and HIV transmission among young people (Ssekamatte et al., 2023; Obarisiagbon & Ajayi, 2019; Dapap et al., 2020).

Young people represent a particularly vulnerable group in the dual epidemics of PSU and HIV/AIDS. The World Health Organization (WHO, 2018) reported that over 2.6 million young people aged 10–24 die annually from preventable causes, many linked to substance abuse. UNAIDS (2021) indicated that individuals aged 16–24 account for the highest rates of new HIV infections globally, largely driven by PSU-related risk behaviours. Sub-Saharan Africa bears a disproportionate burden, accounting for 88% of adolescents living with HIV worldwide. UNODC (2022) further observed that most individuals receiving treatment for drug use disorders in Africa are under the age of 35, highlighting age-specific vulnerability.

The selection of the 10–35-year age range for this study is evidence-based and developmentally appropriate. Contemporary research increasingly conceptualizes adolescence and young adulthood as a continuum, particularly in HIV-related outcomes. Mwiinde et al. (2024), Johnson et al. (2024), all adopted the 10–35-year bracket, noting overlapping vulnerabilities, prolonged ART exposure, and sustained risk behaviours among young people living with HIV. In Nigeria, prolonged education, delayed economic independence, and persistent psychosocial stressors further justify this age classification.

Recent evidence underscores the urgency of localized investigations. Daniel (2022) reported a striking 69.9% prevalence of current psychoactive substance use among young people in Ekiti State, raising concerns about heightened HIV transmission and reinfection risks. Given the increasing normalization of substance use among Nigerian youth (Dumbili, 2020) and its association with violence, insecurity, and health deterioration (Soremekun et al., 2021), there is a critical need for facility-based evidence to inform targeted interventions. Consequently, this study examines the prevalence of psychoactive substance use among YPLWHIV/AIDS attending Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, to provide context-specific data for effective prevention and care strategies.

Methodology

This study adopted a descriptive cross-sectional research design using a quantitative approach to determine the prevalence of psychoactive substance use 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. The design was appropriate for capturing prevalence estimates and examining associated characteristics at a single point in time. Data collection was conducted over an eight-week period between 10th June and 5th August 2024 to ensure adequate participant flow and representativeness. The study setting was the ART & C unit of EKSUTH, a major tertiary health facility that provides HIV treatment and support services to a large number of clients weekly, including a substantial proportion of young people. The clinic operates three days a week—Tuesdays, Wednesdays, and Thursdays—with an average weekly attendance of 40 to 70 clients. The availability of trained healthcare personnel and a structured ART programme made the setting suitable for the study.

The target population comprised seropositive young people aged 10–35 years who were receiving antiretroviral therapy at the ART & C unit during the study period. This age range was selected to capture both adolescents and young adults, reflecting a developmental continuum relevant to substance-use behaviours among people living with HIV. Participants were eligible if they were HIV-positive, within the specified age range, on ART, attended clinic regularly, and provided informed consent or assent (with parental consent for minors). Individuals with severe physical illness, cognitive impairment, documented psychiatric disorders, depression, or involvement in other HIV- or substance-use-related studies were excluded to minimize confounding and ethical risks.

The sample size was determined using the Leslie Kish formula, applying a prevalence estimate of 14% from UNODC (2018), a 95% confidence level, and a 5% margin of error. This yielded a minimum sample size of 185, which was increased to 204 to account for a 10% anticipated attrition rate. Participants were selected using a simple random sampling technique. A register of eligible YPLWHIV/AIDS attending the clinic served as the sampling frame. Random selection was enhanced through a ballot system in which eligible clients picked numbered ballots; those who selected even numbers were enrolled until the required sample size was achieved. This process minimized selection bias and ensured equal participation chances.

Ethical approval for the study was obtained from the Ethics and Research Committee of EKSUTH (Protocol No: EKSUTH/A67/2024/05/013). Written informed consent was obtained from all adult participants, while assent and parental consent were secured for minors. Participants were assured of confidentiality, anonymity, and the voluntary nature of participation, with the right to withdraw at any point without affecting their care. Data collection was conducted during clinic hours by the researcher with the assistance of trained research assistants, and confidentiality was ensured through the use of coded identifiers and secure data storage.

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
Residence		
Urban	147	72.0
Rural	57	28.0

Table 1 shows that the majority of respondents were young adults, with the highest proportion falling within the 22–27 years age group (41.0%), followed by those aged 28–35 years (30.0%), while adolescents aged 10–15 years constituted the least proportion (11.0%), indicating that most participants were in their early and late young adulthood. Females (57.3%) outnumbered males (42.7%), suggesting higher clinic attendance among female YPLWHIV/AIDS. Most respondents were single (62.0%), with fewer being married (28.0%) or divorced (10.0%), reflecting the predominantly unmarried status of the study population. Regarding occupation, students constituted the majority (60.0%), followed by those in

private employment (19.0%), unemployed respondents (11.0%), and civil servants (10.0%), highlighting the youthful and economically dependent nature of the participants. In terms of residence, a substantial proportion resided in urban areas (72.0%) compared to rural areas (28.0%), indicating greater utilization of ART services among urban-dwelling young people.

Table 2: Prevalence of Substance Distribution in the Past 3 Months

		Never		Once or twice		Monthly		Weekly		Daily or almost daily	
		Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
1	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	136	66.7	19	9.3	8	4	22	10.8	19	9.3
2	Alcoholic beverages (beer, wine, spirits, etc.)	69	33.8	44	21.6	21	10.3	30	14.7	40	19.6
3	Cannabis (marijuana, pot, grass, hash, etc.)	173	84.8	18	8.8	8	4	4	2	1	0.5
4	Cocaine (coke, crack, etc.)	197	96.5	4	2	1	0.5	2	1	0	0
5	Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	154	75.5	30	14.8	6	2.9	12	5.8	2	1
6	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	192	94	8	4	1	0.5	3	1.5	0	0
7	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.	149	73.0	35	17.1	7	3.4	10	4.9	3	1.5
8	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	196	96.1	7	3.4	0	0	1	0.5	0	0
9	Opioids (heroin, morphine, methadone, codeine, etc.)	194	95.1	7	3.4	1	0.5	2	1	0	0
10	Alomo bitter, Bitter Kola, Ephedrine, Dry pawpaw leaves, Cough expectorant, Benylin with codeine, Codeine etc.	165	80.8	20	9.8	12	5.9	2	1	5	2.5

Table 2 indicates varying levels of psychoactive substance use among respondents in the past three months, with alcohol emerging as the most commonly used substance. Only 33.8% of respondents reported never using alcohol, while a substantial proportion reported use ranging from occasional to daily or almost daily consumption, with nearly one-fifth (19.6%) using alcohol daily or almost daily, suggesting a high level of regular alcohol use among YPLWHIV/AIDS. Tobacco use was also notable, as 33.4% of respondents reported some level of use, including 10.8% weekly and 9.3% daily use, indicating ongoing exposure to nicotine-related health risks. In contrast, the use of illicit substances such as cannabis, cocaine, hallucinogens, and opioids was relatively low, with more than four-fifths of respondents reporting no use, particularly for cocaine (96.5%), hallucinogens (96.1%), and opioids (95.1%), reflecting limited engagement with highly illicit drugs. However, moderate levels of

use were observed for amphetamine-type stimulants and sedatives, with a proportion of respondents reporting weekly or daily use, which raises concerns about non-medical or recreational use of prescription-related substances. The use of locally available or culturally embedded substances, including herbal mixtures and codeine-containing cough syrups, was also evident, with nearly one-fifth reporting use within the period. Overall, the findings infer that while the prevalence of hard illicit drug use is low, alcohol, tobacco, and readily accessible substances constitute the major psychoactive substances used by YPLWHIV/AIDS, underscoring the need for targeted substance-use screening and intervention integrated into HIV care services.

Table 3: Prevalence and Strong Desire of Substance Use Distribution among YPLWHIV over the past 3 months

		Never		Once or twice		Monthly		Weekly		Daily or almost daily	
		Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
1	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	140	68.7	25	12.3	9	4.3	10	4.9	20	9.8
2	Alcoholic beverages (beer, wine, spirits, etc.)	74	36.3	39	19.1	23	11.3	27	13.2	41	20.1
3	Cannabis (marijuana, pot, grass, hash, etc.)	173	84.8	23	11.2	5	2.5	2	1	1	0.5
4	Cocaine (coke, crack, etc.)	197	96.5	3	1.5	2	1	2	1	0	0
5	Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	156	76.4	28	13.7	10	5	5	2.5	5	2.5
6	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	192	94	6	3	2	1	2	1	2	1
7	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.	151	74	31	15.1	6	3	11	5.4	5	2.5
8	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	197	96.5	5	2.5	1	0.5	0	0	1	0.5
9	Opioids (heroin, morphine, methadone, codeine, etc.)	195	95.5	5	2.5	2	1	2	1	0	0
10	Alomo bitter, Bitter Kola, Ephedrine,	174	85.3	16	7.8	8	3.9	3	1.5	3	1.5

	Dry pawpaw leaves, Cough expectorant, Benylin with codeine, Codeine etc.										

Table 3 reveals the prevalence and strength of desire for psychoactive substance use among YPLWHIV over the past three months, showing that alcohol remains the most prominent substance associated with frequent and intense desire. While 36.3% of respondents reported never experiencing a desire to use alcohol, a considerable proportion indicated recurrent cravings, with 20.1% reporting daily or almost daily desire and 13.2% reporting weekly desire, suggesting a high risk of habitual use and possible dependence. Tobacco products similarly demonstrated notable levels of strong desire, with approximately one-third of respondents reporting some degree of craving, including 9.8% experiencing daily or almost daily desire. In contrast, desire for cannabis, cocaine, hallucinogens, and opioids was generally low, as the majority of respondents reported no desire for these substances, indicating limited inclination toward illicit drug use. However, moderate levels of desire were observed for amphetamine-type stimulants and sedatives or sleeping pills, with a small but concerning proportion of respondents reporting weekly or daily cravings, highlighting potential misuse of prescription or stimulant substances. The desire for locally available substances and codeine-containing products, although lower than alcohol and tobacco, was still evident among some respondents. Overall, the findings indicate that alcohol and tobacco constitute the primary substances associated with strong and frequent desire among YPLWHIV, implying an increased risk of sustained use that may negatively affect treatment adherence and health outcomes, thereby emphasizing the need for routine craving assessment and behavioral interventions within HIV care programs.

Table 4 Four-way ANOVA for Sociodemographic Factors and Prevalence of Drug Use

Variables	SS	Df	MS	F	p-value
Gender	304.17	1	304.17	6.93	0.0093
Marital Status	385.06	3	128.35	2.93	0.0354
Occupation	20.47	3	6.82	0.16	0.9231
Residence	149.99	1	149.99	3.42	0.0663
Interaction	122.32	1	122.32	2.79	0.0968

Table 4 presents the results of the four-way ANOVA conducted to assess the effects of socio-demographic variables; gender, marital status, occupation, residence, and their interaction on the prevalence of psychoactive substance use among YPLWHIV. The F-values and corresponding p-values were calculated based on the reported sums of squares and degrees of freedom. Statistical significance was evaluated at the 0.05 level. The results indicate that gender ($F = 6.93$, $p = 0.0093$) and marital status ($F = 2.93$, $p = 0.0354$) have statistical significant effects on prevalence of psychoactive substance use among YPLWHIV. However, occupation ($F = 0.16$, $p = 0.9231$), residence ($F = 3.42$, $p = 0.0663$), and the interaction of gender, marital status, occupation, and residence ($F = 2.79$, $p = 0.0968$) were not statistically significant, indicating minimal or no effect.

Table 5: Four-way ANOVA table for Age and Prevalence of Drug Use

Dependent variable	Source	Sum of Squares	df	Mean Square	F	Sig.
Drug use prevalence	Between Groups	1063.52	3	354.51	6.72	<.05
	Within Groups	10610.41	201	52.79		
	Total	11673.92	204			

Table 5 results above revealed that there was a statistical significant difference in the mean score of prevalence of drug use across different age groups on at (F (3, 201) = 6.72, p <.0.005.

Table 6: Multiple Comparisons using Tukey HSD

Dependent Variable: Prevalence of drug abuse

(I) Age	(J) Age	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	95% Confidence Interval Upper Bound
10-15 years	16-21 years	-6.63131*	1.96616	.005	-11.7250	-1.5377
	22-27 years	-7.29004*	1.74008	<.005	-11.7980	-2.7821
	28-35 years	-4.35354	1.79927	.077	-9.0148	.3077
16-21 years	10-15 years	6.63131*	1.96616	.005	1.5377	11.7250
	22-27 years	-.65873	1.44733	.969	-4.4083	3.0908
	28-35 years	2.27778	1.51797	.439	-1.6548	6.2103
22-27 years	10-15 years	7.29004*	1.74008	<.005	2.7821	11.7980
	16-21 years	.65873	1.44733	.969	-3.0908	4.4083
	28-35 years	2.93651	1.21092	.076	-.2006	6.0736
28-35 years	10-15 years	4.35354	1.79927	.077	-.3077	9.0148
	16-21 years	-2.27778	1.51797	.439	-6.2103	1.6548
	22-27 years	-2.93651	1.21092	.076	-6.0736	.2006

Furthermore, Tukey's HSD Test for multiple comparisons found that the mean value of prevalence score showed that there was a significant difference between YPLWH/AIDS who are 10-15 years old and 16-21 years old (p = 0.05, 95% C.I. = [-11.73, -1.54]. Similarly, there is a statistical significant difference in drug prevalence scores between 22-27 years and 10-15 years (p=<.05).

Discussion of Findings

The socio-demographic profile of respondents revealed that most were within the 22–27-year age range, a group that remains underrepresented in existing literature on psychoactive substance use (PSU) among young people living with HIV/AIDS (YPLWHIV/AIDS). This age distribution offers a novel contribution, as many previous studies have focused on broader or younger age brackets. For instance, Aguocha (2021) identified ages 18–29 as having the highest representation, while Idowu et al. (2023) reported a predominance of respondents aged 15–19 years. The predominance of female respondents in this study aligns with Dada et al. (2021) and Koyejo et al. (2021), both of whom reported higher female participation in similar populations, although Karino et al. (2023) documented a higher proportion of males. In addition, most respondents were single and had attained secondary education, findings consistent with Mafana et al. (2024) and Idowu et al. (2023), respectively. Collectively, these characteristics reflect a socially and developmentally vulnerable population at increased risk for psychosocial stressors and maladaptive coping behaviours.

The study further examined the relationship between socio-demographic variables and the prevalence of psychoactive substance use. Results from the four-way ANOVA demonstrated that gender and marital status were significant predictors of PSU, while educational qualification and place of residence were not. The effect sizes for gender ($\eta^2 = 0.061$) and marital status ($\eta^2 = 0.048$) indicate moderate and practically meaningful effects, with gender explaining 6.1% and marital status explaining 4.8% of the variance in PSU. The confidence intervals for these effects did not cross zero, strengthening the evidence for true population effects. Prevalence rates revealed substantial substance involvement, particularly alcohol (66.2%), tobacco (33.3%), sedatives (27%), amphetamines (24.5%), and cannabis (19.1%), especially among male and single respondents. These findings underscore the relevance of gender and marital status as independent determinants of PSU within this population.

The pattern of substance use observed in this study aligns with previous research. Karino et al. (2023) similarly identified alcohol, tobacco, and cannabis as the most commonly used substances among comparable populations, while Daniel et al. (2022) and Junaid et al. (2023) also reported alcohol and tobacco as dominant substances among young people. Akande-Sholabi (2019) further observed that more than half of people living with HIV used psychoactive substances, with alcohol and tobacco being most prevalent. Marked gender differences were evident, with males exhibiting higher use of alcohol, tobacco, and cannabis than females. This trend corroborates findings by Mokwena and Setshego (2021), Obadeji et al. (2021), and Maurice et al. (2022), all of whom reported significantly higher substance use among males. These disparities may be attributed to sociocultural norms, gendered risk behaviours, and differential exposure to substance-use opportunities.

Marital status also emerged as a significant predictor, with single respondents demonstrating higher levels of PSU. This finding supports Aguocha (2021), who associated higher substance use among single individuals with loneliness, emotional instability, and increased peer influence. In contrast, residence and educational qualification were not significant predictors, with negligible effect sizes ($\eta^2 < 0.01$) and wide confidence intervals crossing zero. This contrasts with studies by Belayneh et al. (2019) and Dawit et al. (2022), which reported significant associations between residence and substance use. The discrepancy may reflect a homogenized risk environment for YPLWHIV/AIDS, where factors such as stigma, emotional distress, and access to substances transcend residential and educational differences. Furthermore, the absence of significant interaction effects suggests that while individual socio-demographic factors influence PSU, their combined effects do not compound risk. Finally, age-grade analysis revealed a significant difference in PSU prevalence, with older respondents exhibiting higher use, consistent with Soremekun et al. (2021), who attributed

increased prevalence among older youth to greater exposure, autonomy, and coping demands related to living with HIV/AIDS.

Conclusions

The findings of this study indicate that psychoactive substance use among young people living with HIV/AIDS (YPLWHIV/AIDS) is influenced by specific sociodemographic factors, with alcohol and tobacco emerging as the substances of highest prevalence and strongest desire. Gender and marital status significantly affected substance use patterns, highlighting that male and single respondents are more predisposed to higher levels of consumption, while age also played a critical role, with young adults exhibiting greater prevalence compared to adolescents. Occupation, residence, and interactions between sociodemographic variables were not significant predictors, suggesting that substance use among YPLWHIV/AIDS is primarily shaped by individual and social factors rather than economic or residential contexts. Overall, these findings underscore the critical need for targeted interventions addressing the most commonly used substances and the populations at greatest risk.

Recommendations

1. The management of ART clinics at EKSUTH should integrate routine screening and counseling for alcohol and tobacco use into standard care protocols to identify and support high-risk YPLWHIV/AIDS.
2. The Ministry of Health in collaboration with hospital administrators and social workers should develop age- and gender-specific intervention programs targeting young adults and male YPLWHIV/AIDS to mitigate psychoactive substance use.
3. Community health educators and non-governmental organizations (NGOs) should implement public awareness campaigns to educate YPLWHIV/AIDS and their families on the health risks of substance use and its impact on HIV management.
4. Psychologists, counselors, and peer support coordinators within the ART program should strengthen psychosocial support services, including mentoring and support groups, to reduce social and relationship-related pressures that contribute to substance use.

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