

# COUNTRY GUIDE

## For Implementing

### Youth-Friendly Harm Reduction

### Services in **NIGERIA**

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**Title**

Country Guide for Implementing Youth-Friendly Harm Reduction Services in Nigeria

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# 1

## INTRODUCTION

## 1. Introduction

By exploring country programs and interventions in youth-friendly harm reduction service provisions, this guide offers a practical approach to designing and implementing such services in Nigeria. Rather than being prescriptive, it provides context-based insights into what has been done and what more can be done to improve the status quo. The guide examines outcomes, identifies gaps, and offers recommendations for future action. It has been co-developed with young people and local harm reduction organizations through key informant interviews and a desk review to analyze the available evidence critically.

Commencing with the definition of key terms within the title, we set the tone and expectations for an ideal ‘youth-friendly harm reduction services’ and highlight integral components fundamental to its meaning. This is particularly important in Nigeria, where discussions on harm reduction services are suboptimal and not prioritized in the national health infrastructure, particularly for meeting the needs of young people who use drugs (YPWUD).

This country guide is suitable for three audiences- the reader who may not be abreast of harm reduction services in Nigeria, organizations that advocate for better harm reduction policies, and the experienced personnel who would find this guide helpful in uncovering insights and patterns when implementing harm reduction services for young people.

## HARM REDUCTION

Harm reduction, as a pragmatic and transformative approach to reducing the possible harms caused by punitive drug policies, stands at the forefront of community-driven public health strategies, aiming to empower individuals who use drugs and their families (1). Its core objective is to foster physical, mental, and social well-being while mitigating the potential adverse consequences associated with drug use. It incorporates community-driven public health strategies to empower PWUD and their communities with the choice to live healthy, self-directed, and purpose-filled lives (2).

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1. SAMHSA. Harm Reduction [Internet]. 2023 [cited 2024 Apr 13]. Available from: <https://www.samhsa.gov/find-help/harm-reduction>

2. King NB. Harm Reduction: A Misnomer. *Health Care Anal.* 2020 Dec;28(4):324–34.

# 1. Introduction

Harm reduction emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve well-being, and offer low-barrier options for accessing health care services, including treatment for substance use and mental health challenges (1).

The harm reduction approach encompasses a diverse range of interventions designed to address the complex challenges posed not only by drug use itself, but by the laws, policies, stigma, and discrimination surrounding it (3). Initiatives such as distributing naloxone for overdose reversal and Needle and Syringe Exchange Programs (NSP) that provide clean needles aim to reduce the harms associated with drug use within the constraints of the existing legal and social frameworks (4). These approaches seek to promote safer practices, reduce harm, and improve overall well-being outcomes by catering

to the diverse needs of PWUD. Education, resources and support are integral, empowering individuals to make informed decisions about their health while navigating the stigma and legal repercussions often associated with drug use (5,6).

Harm reduction is a life-saving approach for people who use drugs, particularly YPWUD. This population is often marginalized, confronted with a myriad of health risks, social stigma, and legal ramifications. Due to stigma, substance use among young people presents significant public health concerns, with varying rates and patterns of drug use across regions. In West Africa, Nigeria records as high as 31.2% in some areas, while South Africa records as high as 44.6% for any substance use (7).

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3. Youth RISE. Connecting theory and practice: Best Practices of the Full Spectrum Harm Reduction Survey report. Available here: <https://youthrise.org/wp-content/uploads/2025/01/FSHR-Survey-Report-FInal.pdf>
4. A Harm Reduction Guide for Safer Drug Use [Internet]. [cited 2024 Apr 25]. Available from: <https://americanaddictioncenters.org/harm-reduction>
5. Pennelle O. Key Harm Reduction Strategies [Internet]. Faces & Voices of Recovery. 2019 [cited 2024 Apr 25]. Available from: <https://facesandvoicesofrecovery.org/2019/10/18/key-harm-reduction-strategies/>
6. Harm Reduction International [Internet]. The Global State of Harm Reduction 2024. Available from: <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>
7. Flavio F.M, Chao-Kai H. et al. Substance Use among Adolescents in Sub-Saharan Africa: A Narrative Review of Epidemiological Data. 2024 Available online: <https://dx.doi.org/10.4314/ajada.v12i1.5>

# 1. Introduction

Alcohol and tobacco are among the most commonly used substances across the continent. For example, Seychelles shows a high prevalence of up to 50.2% alcohol use. Harm reduction can also be an essential tool for legal substances (7).

Recognizing the distinct needs of YWPUD is crucial for designing effective harm-reduction initiatives. Such services must be youth-friendly and tailored to their needs. These are programs that fulfill the basic criteria of accessibility, acceptability, equity, appropriateness, and effectiveness for different subpopulations among young people (8,9). Tailoring youth-friendly services to address the unmet needs of this population involves the meaningful engagement of YPWUD in the design, implementation, and evaluation of programs. Gender-disaggregated data consistently show a

higher prevalence rate among males. Such variations could arise from biological and socio-cultural factors (10). Addressing the intersecting barriers faced by YWPUD—such as stigma, limited access to services, and legal repercussions—requires tailored interventions and supportive legal and policy environments (11).

The design and implementation of youth-friendly services can lead to an increased uptake of services that improve population health. Nigeria boasts over 200 million people, with more than 100 million young people (12). A 2018 report by the National Bureau of Statistics estimated drug use prevalence at 14.4% (13). There is a gap in access that critically needs to be filled for the wider youth population. We hope that this guide will be useful for the development of youth-friendly harm reduction services in Nigeria.

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8. World Health Organization. Making health services adolescent friendly: Developing national quality standards for adolescent-friendly health services. Geneva: Report, World Health Organization; 2012.
9. Waenerlund AK, San Sebastian M, Hurtig AK, Wiklund M, Christianson M, Goicoeal I. Assessing the youth-friendliness of youth clinics in northern Sweden: a survey analyzing the perspective of the youth. *BMC Health Services Research.* 2020 Apr 23;20(1).
10. Jemal E, Jon A, Daniel D. Substance use among young people in sub-Saharan Africa: a systematic review and meta-analysis.
11. Youth Rise. Harm Reduction Services for Young People Who Inject Drugs. Available online: <https://youthrise.org/resources/harm-reduction-services-for-young-people-who-inject-drugs/>
12. Development research and project centres. World Population Day 2024 Implications of Population Growth and Human Capital Development in Nigeria. Available: [https://drpcngr.org/wp-content/uploads/2024/07/dRPC\\_World-Population-Day-Issue-Brief-Formatted.pdf](https://drpcngr.org/wp-content/uploads/2024/07/dRPC_World-Population-Day-Issue-Brief-Formatted.pdf)
13. National Bureau of Statistics. Drug Use in Nigeria. 2018. Available online: <https://www.nigerianstat.gov.ng/elibrary/read/881>

# 2

## WHAT HAVE WE LEARNED FROM EXISTING PROGRAMS?

## 2. What Have We Learned?

Based on the results of a scoping review, we have identified some youth-focused harm reduction programs that have been implemented in Nigeria to date.

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### HARM REDUCTION SERVICES WITHIN AN INTEGRATED FRAMEWORK

In Nigeria, harm reduction programs are strongly linked to existing interventions for HIV prevention. In some cases, they are born out of programs designed specifically to improve access to HIV prevention for YWPUD. The 2021 report by the National Agency for the Control of AIDS on the assessment of the Pilot Needle and Syringe program (NSP) for people who inject drugs in Nigeria highlights harm reduction as a veritable window through which the HIV burden and its impact can be reduced (14). In line with this, the program was designed to prevent HIV and viral hepatitis among persons who inject drugs and was carried out in four states in 2020 (Abia, Gombe, Oyo, and Federal Capital Territory (FCT)).

Youth RISE Nigeria spearheaded the process of this pilot program in the FCT and results showed that the program was able to recruit more young people than intended and provide other health services in HIV testing and STI screening that young people may also need (14). , a total of 72% of the people who inject drugs that were enrolled in the program were under 30 years (15).

Youth RISE Nigeria carried out another similar project, providing services on HIV, sexual and reproductive health, and harm reduction for YWPUD, with a special focus on addressing gender-based violence and promoting economic empowerment among young women (16).

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### TRAINING HEALTHCARE WORKERS IS REQUIRED FOR HARM REDUCTION PROGRAMS

Persons/People who use drugs often face stigmatisation and discrimination from healthcare and social care professionals. Additionally, many young people report being judged when accessing healthcare services.

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14. National Agency For the Control of AIDS (NACA). An Assessment of the Pilot Needle and Syringe program for People who inject Drugs in Nigeria. April 2021. Available Here: <https://naca.gov.ng/wp-content/uploads/2021/09/NSP-Assessment-Report.pdf>

15. Federal Ministry of Health. Needle & Syringe Program Final Evaluation Report. December 2021. Available here: <https://youthriseng.org/niddle.html>

16. Youth Rise Nigeria. Programs. Available here: <https://youthriseng.org/programHealth.html>

## 2. What Have We Learned?

As a result, many harm reduction programs have sought to train healthcare professionals involved in these programs to provide the best services to PWUD without judgment or personal bias. The 2020 pilot NSP project by the National Agency for the Control of AIDS in Nigeria showed that training healthcare workers, alongside ongoing feedback and effective communication, empowered valuable interactions with young people and them to perform effectively (14).

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### HARM REDUCTION PROGRAMS REQUIRE EDUCATION AND ADVOCACY

Before the implementation of Nigeria's NSP program, the Nigerian government had been opposed to providing harm reduction services. The Partnership to Inspire, Transform and Connect the HIV response (PITCH) aimed to change this narrative through evidence-based advocacy and technical training for capacity strengthening (17).

Through this approach, PITCH was able to meet with government stakeholders and foster government interest in enabling the provision of harm reduction services. Education programs on harm reduction are also necessary for the caregivers of young persons/people who use drugs. In a 2021 study to assess the levels of awareness and acceptability of harm reduction services among persons and their caregivers in Enugu, results showed that more than 70% were not aware of these services, and common reasons for rejection were based on perceptions of harm reduction as a means to encourage drug use, resistance in the community and scandals to the family (18). For Nigeria to achieve mainstream progress in harm reduction, public awareness (through education and information dissemination) on harm reduction must be conducted to foster acceptability.

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17. PITCH. How PITCH Partners Secured Government Approval and Support to Commence with Comprehensive Harm Reduction. Available online: <https://frontlineaids.org/wp-content/uploads/2021/03/Annex-10e-PITCH-Story-of-Change-Nigeria.pdf>

18. Justus Uchenna Onu, Chinawa FC, Nduanya UC, Maduka C, Theclar Ogochukwu Iyidobi, Igwe MN. Awareness and Acceptance of Harm Reduction Services in a Nigerian Psychiatric Hospital. Nigerian Journal of Medicine [Internet]. 2021 Jul 1 [cited 2025 Mar 19];30(4):458–63. Available from: [https://journals.lww.com/njom/fulltext/2021/30040/awareness\\_and\\_acceptance\\_of\\_harm\\_reduction.17.aspx](https://journals.lww.com/njom/fulltext/2021/30040/awareness_and_acceptance_of_harm_reduction.17.aspx)

## 2. What Have We Learned?

### HARM REDUCTION PROGRAMS SHOULD BE HOLISTIC

Harm reduction programs are most effective when tailored to the specific needs of PWUD. Effective programs go beyond immediate health concerns to also include access to healthcare, education, employment resources, and safe spaces, ensuring that marginalized populations continually receive comprehensive support. By tailoring programs to local needs, community-specific challenges can be overcome.

Nelson (2024) describes the gaps in current harm-reduction services where programs are embedded within a healthcare delivery framework, neglecting social and legal harms experienced by people who use drugs. Comprehensive assessments and life skills support should be integrated into the care plan to promote social inclusion and improve individual well-being (19).

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19. Ediomo-Ubong Nelson. Harm reduction programmes for people who inject drugs in Nigeria: Challenges in implementation and sustainability. Available online: <https://www.swansea.ac.uk/media/Policy-Brief-20.pdf>

# 3

## LESSONS FROM COUNTRY STAKEHOLDER

### 3. Lessons

In addition to the desk review, we sought direct perspectives from a key stakeholder involved in harm reduction in Nigeria, Youth RISE Nigeria. This part details key questions and answers from various sections. While the insights shared reflect the experiences and knowledge of one stakeholder, they offer valuable context, complementing the desk review. Harm reduction efforts in Tanzania are complex and in constant change; the shared input it is an important, though not exhaustive, perspective

#### 1. Current Service Landscape

What harm reduction services or programs, either specifically tailored for young people or otherwise accessible to them, currently exist in your community or country?

“All packages of harm reduction are provided to young people in Nigeria except Medication Assisted Treatment (MAT) otherwise known as Opioid Agonist Therapy (OAT). MAT pilot was commissioned by the government

of Nigeria in March 2025 with support from the Global Fund current grant cycle (GC7). In Nigeria, empowerment program and psychosocial support services were adopted as additional services in domestication of the core harm reduction services.”

Which of these services or programs are most frequently accessed and why?

“The frequently assessed services are HIV testing services, ART, PrEP, STIs, condom programming, and Information, education and communication (IEC). Coverage for Hepatitis, overdose management with naloxone, wound care, and NSP is low at the moment”.

#### 1. Access and Barriers

What are the main barriers that young people face when trying to access harm reduction services (e.g., stigma, legal constraints, cost, lack of information)? Any cultural and contextual factors??

### 3. Lessons

“YPWUD face multiple barriers such as legal, socio-economic, cultural and barriers in health settings. The use and possession of drugs is criminalized in Nigeria and backed by the National Drug Law Enforcement Agency Act (NDLEA 1989). They experience stigma and discrimination. Across the cultures and major religion forbids drug use, especially for female which result in double jeopardy for them. Other sources of barriers include distance to facility, cost of service, attitude (judgmental and non-confidentiality) of health workers, issues of consent for YPWUD and from the husband or partner of a women who use drugs. The female sub-population has limited access to economic opportunities.”

#### 1. Youth Engagement

How do current harm reduction programs involve young people in their design, implementation, and evaluation?

“YPWUD and their community based organisations (CBOs) and Network leadership have been at the forefront of advocacy efforts that culminated in the

approval of harm reduction in Nigeria. Hence, they have been involved in harm reduction program development and implementation, policy development processes, research, and evaluation. At the community level, the work in mobilization and ensuring the participation of their peers serves as a critical human resource in the management and delivery of harm reduction services. They are championing the Community Led Monitoring initiative, aimed at improving access, quality, and use of data for policy and program development. They are involved at all levels.”

What would improve youth involvement and leadership in these programs?

“This can be achieved through capacity building and learning exchange, provision of safe and friendly space for service uptake, peer-led service delivery, flexible days and hours of service delivery and leadership structure through network and mentoring support.”

### 3. Lessons

#### /. Tailored Service Delivery

What adaptations or specialized approaches are needed to make harm reduction services more “youth-friendly” (e.g., confidentiality safeguards, youth-specific drop-in centers, peer-led outreach)?

“Flexible days and hours for service delivery at the facility or community outreaches, safe and friendly spaces, peer-led services, non-judgmental and confidential services, support for women who use drugs and children (gender-responsive services).”

Which service delivery models have been successful in engaging adolescents and young adults?

“Mobile and community outreaches have proven to be an effective service delivery model. This approach addresses cost and distance barriers associated with service uptake among PWUD as it ensures services at delivery at the last mile (where they are).”

#### /. Community-Led Innovations

Are there any innovative or promising community-led strategies that successfully address harm reduction needs among young people?

“The strategies are community mobilization and engagement, peer-led intervention, community led monitoring and advocacy.”

What lessons from these innovations could be scaled up or replicated elsewhere?

“These innovations are critical to ownership of harm reduction programs and community support, use of local context to inform ways in which programs are adopted, and are responsive to the community needs. Strengthened service integration and enhanced referral to other continuum of care, community and peer-led approaches are evidence based, cost effective, impactful, and sustainable.”

## 3. Lessons

### 1. Capacity & Resources

What resources or capacity-building training could improve or expand youth-focused harm reduction services, particularly those provided by small, community-led groups?

“In terms of resources, peer manuals, Standard Operating Procedures (SOPs), workflow charts, and manual for Trainings of Trainers (TOT) & step-down trainings. Some require capacity building on project and grant management, leadership, safety and security, advocacy and human rights, proposal and resource management”

Which partnerships or collaborations (e.g., with government agencies, international NGOs, youth networks) could help fill these gaps?

“Partnership with government ensure access to standard tools and resources, international agencies will facilitate

“Access to funding and technical support, combined with partnerships with youth networks, will facilitate linking and learning exchanges, as well as joint advocacy actions and mentoring support.”

### 1. Monitoring & Evaluation

What are the factors you measure/consider to evaluate youth-focused harm reduction services?

“The measures and considerations are as follows: level of youth participation and engagement, cultural sensitivity and competence, focus on harm reduction principles, risk and protective factors, ethical considerations, data utilization and dissemination, service accessibility. Also, quality, effectiveness, and sustainability.”

What additional indicators or data collection methods could help demonstrate impact or inform improvements?

### 3. Lessons

“Data collection methods should focus on a mixed method approach aimed at gathering quantitative data related to service delivery, and qualitative data (review of legal and policy landscape, FGD and KII) to elicit information and gain insight from policy maker perspectives in addition to service users' lived experiences.”

Do you have a particular example or case study from your organization that illustrates effective youth-friendly harm reduction services, which you would like us to feature in our guidance paper?

#### /. Sustainability & Scale-Up

How do you think these programs or services can be sustainable?

“Harm reduction services for young PWUD can be scaled up by ensuring availability of a legal framework to back up harm reduction programs, Other measures include availability of capacitated human resources and funding & its sustainability mechanism within the government strata.”

“In the last two years, Amaka Jerry has become a known personality in the community of women who use drugs. It is not only the communities that are interested in the positive changes she has brought about in her life, but also the gender responsive harm reduction program by Youth RISE Nigeria which is keen on documenting the story of her success. Amaka Jerry is 23 years old and lives in a peri-urban neighborhood where the streets echo the struggles of drug dependence. Her days were consumed by the relentless pursuit of drugs. In July 2022, Amaka met a peer educator who listened to her story with empathy and had an informal talk on drug use and its effects. She became interested as she saw that as a glimpse of hope which could transform her.

#### /. Case Study

### 3. Lessons

She was introduced to and enrolled in the project peer education group meeting where harm reduction program information and services are being provided. Through the program, Amaka mentioned “I learned about the principles of harm reduction—compassionate, evidence- based approaches aimed at reducing the negative consequences of drug use”. In the peer group meetings, she discovered that harm reduction was about meeting people where they were, acknowledging their humanity, and empowering them to make safer choices. With the support of the harm reduction program, Amaka gained access to essential services and resources. She received clean needles and syringes to reduce the risk of HIV and hepatitis transmission. She learned about safer injection practices and overdose prevention and management. Most of all, Amaka found a community of peers who understood her struggles firsthand. She attended support groups where she could share her experiences, learn from others, and build connections based on empathy and mutual support. In this community, she found hope, camaraderie, and a sense of belonging she had long yearned for.

Today, Amaka continues to navigate the road to managing her drug use with the support of her newfound community. She remains grateful for the compassion, understanding, and empowerment she has received along the way, recognizing that harm reduction is not just a program—it's a lifeline for those struggling with drug dependence, offering hope, dignity, and the promise of a better tomorrow.”

# 4

## KEY COMPONENTS OF YOUTH-FRIENDLY HARM REDUCTION SERVICES

## 4. Key components

Nigeria presents a complex environment where public health programs for harm reduction are affected by punitive laws that criminalize drug use. While the Ministry of Health has supported in some way the provision of harm services, other security agencies are not on board, and people who use drugs are usually criminalized. Improving the harm reduction landscape in Nigeria is connected to the revision of punitive and prohibitionist legal frameworks and the encouragement of effective alternatives that protect young people who use drugs rather than harm them. Such an enabling environment will foster the development and implementation of more harm-reduction programs. Amidst the current climate, here are some of the key components that are encouraged in the design and development of youth-friendly harm reduction services.

### PROVIDE SAFE SPACES AND ENSURE CONFIDENTIALITY

Safety is herein described in terms of physical and emotional security when

providing services. Harm reduction services should ensure that they are safe spaces by not sharing data about service users with anyone, especially the government and law enforcement. Then the services should ensure that YPWUD are aware of this.

### MEANINGFUL YOUTH INVOLVEMENT IN CARE PROVISION

Youth engagement in all stages of program design and delivery is essential for determining 'youth-friendliness'. The involvement of young people with drug use experience enables mutual learning, trust-building and increased uptake of services (20). This also enables continued acceptance of programs within communities and incorporation of feedback to ensure relevance among program users.

### WORK WITH THE COMMUNITIES

Working with communities is important to dispel assumptions that harm reduction programs encourage use instead of healthier and less risky drug use practices, among other

20. Stowe, MJ., Feher, O., Vas, B. et al. The challenges, opportunities and strategies of engaging young people who use drugs in harm reduction: insights from young people with lived and living experience. Harm Reduction Journal. 2022. <https://doi.org/10.1186/s12954-022-00663-z>

## 4. Key components

services such as HIV testing, needle exchange, access to counselling, mental health and other social services.

Youth-friendly programs should work with community leaders and facilitators to clarify the goals of project implementation and encourage community buy-in in promoting these supportive spaces and co-creating practical and relevant solutions.

### **SERVICE INTEGRATION**

It is necessary to restate that the programs are meant to reduce harm and benefit society. Community engagement is indispensable in fostering a supportive environment where stigma can be actively countered at the grassroots level and create change in broader national policies on drugs and harm reduction. It is common to see harm reduction as a subset of HIV prevention initiatives. While this has significantly driven progress, it may also exclude some groups because these programs are largely focused on persons who inject drugs only or other young people who do not use drugs. Other persons who do not inject but also use drugs through

other methods are often unaccounted for in HIV or other health care programs. Harm reduction services should include all people who use drugs and the provision of specific services for different groups.

### **ENSURE RELIABILITY**

Concerning the provision of safe spaces, reliability must be prioritized. The goal of harm reduction is defeated when young people resort to unhealthy drug use patterns with shared syringes due to unavailability or stockouts of supplies at the harm reduction center. Ensuring proper management of inventory is essential in increasing reliance and confidence for young people to continuously access healthy services.

### **SUSTAINABILITY**

Harm reduction programs are largely donor-driven, with significant gaps in local investment from private and public institutions (21). Designing an effective harm-reduction program should entail partnerships for the provision of continuous funding and drive local and national investment to

21. Harm Reduction International. Harm Reduction Financing Landscape Analysis in Nigeria. Available here: [https://hri.global/wp-content/uploads/2023/04/NIGERIA-DESIGN\\_FINAL.pdf](https://hri.global/wp-content/uploads/2023/04/NIGERIA-DESIGN_FINAL.pdf)

## 4. Key components

enable continuous access to services. Youth-friendly programs should work with community heads and facilitators to clarify the goals of project implementation and encourage community buy-in in promoting these supportive spaces and co-creating practical and relevant solutions.

### FRAMEWORK FOR FULL SPECTRUM HARM REDUCTION

The framework for developing a full-spectrum harm reduction model is founded on a comprehensive approach. Including a person-centered model, inclusive approach, structural and contextual realities, agency and empowerment, innovations and advocacy, resource constraints and scalability, and harm reduction workers' well-being (21). A comprehensive approach ensures the interconnectedness of healthcare, legal aid, and social support. A Person-centered model implies that the focus is on the person and their needs, and not only on the drug use itself. The Inclusive approach highlights the adaptation of services to the unique

economic, cultural and social contexts in which the YPWUD live.

Recognizing structural and contextual realities in terms of poverty, policies, and stigma necessitates the need to tailor services to regional contexts. It is also necessary to empower YPWUD by enabling them to lead harm reduction efforts. Innovative efforts in research, advocacy, and practice are needed for advancing harm reduction efforts to meet local needs. Where funding sources are reduced or inadequate, coping with resource constraints is essential for sustaining and expanding harm reduction programs.

Prioritizing the well-being of harm reduction workers is vital. It is necessary to consider how harm reduction programs require navigation through challenging contexts that may affect the workers. It is important to provide supportive conditions for workers. We have also gathered some of the best general practices for youth-friendly harm reduction services [here](#) (22).

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22. Harm Reduction Services for young people who inject drugs. 2021. Available here: [https://youthrise.org/wp-content/uploads/2021/06/FOR-WEB\\_YL\\_FINAL-CASE-STUDIES-REPORT\\_2021.pdf](https://youthrise.org/wp-content/uploads/2021/06/FOR-WEB_YL_FINAL-CASE-STUDIES-REPORT_2021.pdf)

# 5

## ADDITIONAL CONSIDERATIONS & RECOMMENDATIONS

## 5. Additional Considerations

In Nigeria, accessibility improvements are crucial to addressing the considerable regional disparities in harm reduction service uptake. To create an equitable framework, there is an urgent need to expand youth-friendly harm reduction services to remote and underserved areas where drug use often intersects with high social stigma and a lack of health infrastructure. This expansion should embed confidentiality, culturally inclusive practices, and non-judgmental approaches as core tenets, enabling young people who use drugs access health and human rights-based services. It is important to prioritize services in both urban and rural areas for equal access.

Shifting away from punitive and stigmatizing approaches that deter young people from accessing healthcare and support systems requires the decriminalization of drug use and the integration of evidence-based harm reduction approaches into national programs. These reforms would also reduce the burden on the criminal justice system,

redirecting resources toward socially relevant areas like access to education and health-focused approaches that prioritize harm reduction.

Empowering young people to actively participate in harm reduction interventions will enhance program acceptability and sustainability among this population. Mobilizing community leaders, educators, and local organizations can drive awareness, reshape harmful stereotypes, and generate advocacy to prioritize harm reduction resources locally.

Currently, inadequate training and discriminatory attitudes/practices contribute to service reluctance, underutilization, and a lack of engagement among young users. Specialized youth-centered training can address these barriers, equipping providers with the empathy and skills needed to serve young people effectively. In addition, strong advocacy for comprehensive drug policy reform is paramount. Building the capacity of community-led organizations to deliver youth-friendly harm reduction services is essential to improve access and reach.

## 5. Additional Considerations

YPWUD community members trained as peer educators and advocates can promote awareness and reduce stigma, providing critical links to harm reduction services. Establishing legal aid within harm reduction programs can provide protection against routine policing, discrimination, and other rights violations practices that affect YPWUD.

Lastly, effective harm reduction advocacy must prioritize eliminating structural and legal barriers that prevent service access. National efforts should push for the operationalization of the National Drug Control Master Plan (2021-2025) with a focus on scaling NSP and MAT programs to more states. Partnering with academic institutions, donors, civil society, and local organizations is essential to leverage resources and maintain momentum for harm reduction.

# CONCLUSION

Harm reduction programs are necessary for the attainment of better and overall well-being health outcomes in people who use drugs. Even more so, the design of these services should entail a youth-centered approach that ensures that young people are well-represented in the process making, providing and evaluation making. Youth-friendly harm reduction services are more than nice-to-haves. They are critical to the response to the possible harms associated with drug use.



# YOUTH RISE

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