Evaluation of NDLEA's Behaviour Change Communication Strategies for Creating Awareness of Harms Associated with Drug Injection among PWIDs in Oyo State

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Abstract:

Among the youth, who are the prominent illicit drug users, a significant number of them are People Who Inject Drugs (PWIDs) who face heightened risks of overdose, bacterial infections, and transmission of diseases like HIV and hepatitis due to needle sharing. The National Drug Law Enforcement Agency (NDLEA) has made efforts to curb drug abuse through Behaviour Change Communication (BCC) strategies to create awareness on harms associated with injection of drugs Although, these BBC efforts are notable, their effectiveness remains underexplored. Hence, this study evaluates the BCC strategies employed by NDLEA in the campaign *against illicit drug use and injection of drugs as well as the influence of these strategies on their knowledge regarding the harms associated with drug injection in Oyo State. Using purposive sampling technique, the study's respondents include five (5) NDLEA officials in the NDLEA's Demand Drugs Reduction Unit (DDRU), Ibadan Northwest LGA, Oyo State, and two hundred and fifty (250) PWIDs currently undergoing rehabilitation at the NDLEA-run centre in Iseyin, Oyo State. This study adopts a mixed-methods approach combining quanlitative and qualitative methods, using the survey, and in-depth interview. Findings reveal that the agency adopts six major BBC strategies such as social media campaigns, community outreach, peer education etc. to create awareness against illicit drug use and injection of drugs in Oyo state. However, the PWIDs revealed not to have any prior knowledge of harms related to the injection of illicit drugs before their enrolment into the rehabilitation centre. Based on the findings, it is recommended that preventive campaigns on drug abuse highlighting harms injection associated with injection of illicit drugs should be intensified.*

Keywords: Awareness, *Behaviour Change Communication Strategies, Drug Abuse, Drugs Injection Harms, NDLEA, PWIDs*

Introduction

Drug abuse, caused by the misuse of substances, is a global problem with devastating social and public health implications. All over the world, the total number of illegal drug users has climbed to 292 million every year, a 20% increase over the last decade (UNODC, Nigeria, 2018; NDLEA, 2023). Out of this total, 27 million individuals are drug addicts, around 64 million suffer from drug use mental disorders, with only 1 in every 11 receiving treatment, and women are disproportionately affected, with only 1 in every 18 obtaining treatment compared to 1 in every 73 men (UNODC, 2023).

In Nigeria, there is a concerning increase in drug abuse, particularly among youth. In the United Nations Office on Drugs and Crime (UNODC)'s most recent comprehensive data on illegal drug use in Nigeria, about 14.3 million Nigerians aged 15 to 64 are involved in drug abuse which close to 3 million suffered from a drug use disorder (UNODC, 2022). This shows that among 14.3 million individuals, 20% are struggling with substance use disorders (UNODC Nigeria, 2018; NDLEA, 2023). This figure is 11% higher than the global average, emphasising the severity of substance use disorders in the country.

A considerable proportion of young people who use illegal drugs are People Who Inject Drugs (PWIDs). Approximately 80,000 PWIDs have been reported in Nigeria's Drug Use Survey (UNODC, 2018). According to the survey, the most often injected drugs are pharmaceutical opioids like codeine and tramadol, which are followed by cocaine, heroin, and sedatives. It is concerning to note that more than half of PWIDs reported injecting daily or almost daily during the six months prior to the survey, with women (58%) slightly more likely than men (54%) to do so frequently. These figures demonstrate that, drug abuse, including illicit drug use, has emerged as a serious threat to the achievement of the United Nation's Sustainable Development Goal (SDG) goal 3 target 5, which is to strengthen prevention and treatment of drug abuse, including narcotic drug abuse and harmful alcohol use.

Consequently, to control drug abuse and trafficking of drugs in Nigeria, the National Drug Law Enforcement Agency (NDLEA) was established in 1989 to fight the sales, manufacturing, and trafficking of drugs in Nigeria (Pharmapproach, 2020). Over the years, NDLEA had focused mostly on supply reduction and punitive measures as part of its increased efforts to combat drug cultivation and trafficking in Nigeria by detaining thousands of suspected criminals, seized large drug shipments, and publicly destroyed significant amounts of seized drugs (Ali, 2022). However, NDLEA's punitive measures and supply reduction have not been very effective as iIllicit drug activities persists (Omolola et al., 2021, Adediran, 2023).To promote healthy habits and recovery among the youth, there is need

for adoption of a more effective strategy; Behaviour Change Communication (BCC) - a strategic, evidence-based approach that targets specific audiences with tailored messages to address knowledge, attitudes, and practices and promote positive health outcomes at the personal level (John, 2020, Ben-Enukora, 2023). Campaigns, media advocacy, new technologies, interpersonal communication, treatment and rehabilitation programmes are some of its tactics.

In Nigeria, to effectively spread messages against drug abuse to a large audience, NDLEA has recently focused on efforts through community engagement, creative social media interventions, education, and effective communication such as the NDLEA's "War Against Drug Abuse (WADA)" and "Say No to Drugs" campaigns on several media platforms (Eze & Adeyemi, 2023). The Agency's recent restructuring under Brig. Gen. Marwa's leadership includes intensifying efforts through the Directorate of Drug Demand Reduction (DDR) Unit to promote drug use prevention, treatment and rehabilitation, care, and recovery ultimately aiming to mitigate drug consumption and its associated negative consequences. In Nigeria, all the six geopolitical zones have high rates of illicit drug use, but the South-West zone is particularly concerning due to its highest prevalence rate (UNODC, 2018; Adebayo, 2023; NDLEA, 2023). Within the south-West region, Lagos and Oyo have the highest prevalence rates (Ogana et al., 2024).

Previous research has examined communication-based campaigns to reduce drug abuse among youth in Nigeria (Ude-Akpeh, 2017; Gasa et al., 2022; Nwakego et al., 2024) as well as different communication tactics used by law enforcement organisations, such as the NDLEA, to reduce drug use among youth (Bajeh & Kur, 2024; Ajayi-Ayodele & Ikueweso-Akinbami, 2025). Additionally, similar studies have been carried out in other Nigerian states, including Lagos, Calabar, Akwa Ibom, and Anambra (Okoye & Nwaka, 2019; John, 2020; Ben-Enukora et al., 2023). However, Oyo state, which has the second highest prevalence rate in South-West, Nigeria has not received enough attention. Also, there is little focus on the level of access to NDLEA's BCC strategies by the PWIDs, as well as BCC strategies adopted by NDLEA to increase awareness on dangers of drug use, and harms associated with injection of drugs. The study aims to fill these gaps.

Literature Review

Conceptual Review

Drug Abuse, People Who Inject Drugs (PWIDs) and Harms associated with Injection of Drugs in Nigeria

Dada and Falegan (2023), define drug abuse as the use of any substance to change one's mood, especially when done in an unreasonable way or without a

doctor's prescription, which could be harmful to one's physical and mental well-being. According to John (2020), it is the misuse of substances, such as using them excessively, for nonmedical purposes, or without a medical necessity. It refers to the improper or excessive use of substances, often leading to dependence (Mahmoud, 2023). It involves misusing prescription medications or using illicit substances, resulting to addiction. Drug abuse occurs when drugs are used in ways that are harmful or against medical advice. When taken in excess, this can involve drugs that are socially acceptable, like alcohol, or substances that are illegal.

Individuals who administer psychoactive substances, such as opioids (e.g. codeine, morphine), stimulants (e.g. caffeine, cocaine), sedatives (e.g. diazepam), or hallucinogens (datuta, lysergic acid diethylamide, etc.), through intravenous, intramuscular, or other routes without medical approval are referred to as People Who Inject Drugs (PWIDs) (National Agency for the Control of AIDS (NACA) (2021). However, this category excludes those using medically approved injections or non-psychoactive substances like steroids for therapeutic, athletic performance and body enhancing purposes. Nigeria is among the sub-Saharan African countries experiencing a growing trend of injection drug use. According to UNODC (2018)'s most recent survey Drug Use in Nigeria, around 80,000 individuals in Nigeria are injecting drug users, either currently or within the past year. The commonest drugs injected are pharmaceutical opioids (such as tramadol or codeine) with majority of them injecting opioids, followed by cocaine, heroin and tranquilizers (NACA, 2021).

Injection drug use in Nigeria imposes a substantial socioeconomic burden on individuals, families, and communities. PWIDs are highly medically vulnerable to driving the spread of diseases like tuberculosis, hepatitis, STIs, and HIV (Nigeria AIDS Indicator and Impact Survey (NAIIS) (2019); Dumchev et al., 2020). On the average, a PWID uses a syringe three times (range: 1–18 times) before obtaining a new needle or syringe to inject drugs. Additional, majority of them had never used any method to clean their needle or syringe before injecting apart from using cold water (NACA, 2021). To address this, Harm reduction programmes such as safe syringe services, aim to promote safe and most cost-effective way to reduce blood-borne disease transmission among PWIDs (Dumchev et al., 2020; Mabuie, 2020).

Social and Behavioural Change Communication Approach

SBCC is a participatory, interactive and evidence-based approach that engages individuals, groups, and communities to develop strategies, promoting positive behaviours suited to their context (John, 2020; Humanitarian Global (HG),

2022). SBCC aims to addresses significant health issues by understanding the target audience, developing tailored messages, and using interpersonal, group and mass media channels to deliver those messages to impact individuals and achieve specific behavioural objectives. SBCC operates through three strategies to address issues. They are;

Advocacy Strategy: Advocacy refers to the use of media channels and resources to promote enlightenment of a social problem treatment, and recovery, develop and implement policies that support a health or social problem (Ngwu, 2017).

Social Mobilisation Strategy*:* This involves engaging local intelligence and communities to achieve wider participation, coalition building, and ownership in solving health or social challenges (Abdullahi, 2023).

Behaviour Change Communication (BCC)* Strategy:* BCC is one of the SBCC strategies to drive personal or individual-level behaviour change (Ngwu, 2017). Thus, BCC is a part of SBCC. The strategy encourages segmenting audiences and participants in programmes and by providing them with relevant information and motivation through well-defined strategies, through a mix of interpersonal, group and mass media channels to drive desired change. In the context of illicit drug abuse, BCC as one of the key strategies of SBCC can be applied by NDLEA to encourage individuals quit drug use, seek treatment, and adopt healthy behaviours. Messages can focus on the risks of drug abuse, benefits of recovery, and support available.

NDLEA's Behaviour Change Communication Strategies for Curbing Illicit Drug Use in Nigeria

The NDLEA plays a crucial role in addressing illicit drug abuse which extend beyond law enforcement to prevention, education, rehabilitation, and community engagement. Recently, there has been various NDLEA's targeted interventions through evidence-based communication strategies for vulnerable groups especially including the PWIDs To ensure efficiency in its public education, awareness, enlightenment and sensitisation programmes, the NDLEA has a unit called The Drug Demand Reduction Unit (DDRU).

The Directorate of Drug Demand Reduction (DDR) in Nigeria was established with dual functions of reducing demands of drug and supply of narcotics and psychotropic substances through prevention, counselling, care, treatment and public awareness (NDLEA, 2023; Dike, 2025). To function well, the department established counselling centres such as rehabilitation centres in almost every States (30 States) in the country including the Federal Capital Territory (FCT,)

in Abuja. The NDLEA's DDR unit has also been part of international initiatives like TREATNET in collaboration with the UNODC to provide standard training and support for drug dependence treatment (Dike, 2025). The project seeks to enhance Nigeria's capacity for providing effective drug treatment and rehabilitation services, including support for HIV/AIDS prevention and care through evidence-based treatment, technical assistance and sharing good practices. By 2024, over 8,200 people were counselled and rehabilitated, while more than 3,000 sensitisation programmes were conducted in various settings, promoting a balanced approach to reducing both drug supply and demand (NDLEA, 2024).

The Drug Demand Reduction pillar builds on previous sensitisation, advocacy, prevention, and treatment programmes, aiming to reduce drug demand and dependence. The DDRU complements the agency's enforcement efforts by providing support for those struggling with addiction. The unit's other activities include school-based outreach, and community engagement programmes, all aimed at educating people about the dangers of drug abuse. One notable initiative is the "Save Our Families" Campaign, launched by President Bola Tinubu in June 2024, which focuses on early detection through home drug testing kits and encourages families to test their children regularly (Ogunsola et al., 2020). Additionally, the NDLEA organised a school-based sensitisation programme at Park Royal College in Apapa, Lagos, in November 2024, educating students about the dangers of drug abuse and promoting a drug-free society (Nigeria Governors Spouses' Forum, 2024).

NDLEA collaborates with various partners locally and internationally to combat illicit drug use and trafficking. The body works with the National Orientation Agency (NOA) on public awareness campaigns and have signed a memorandum of understanding with The Gambia to enhance crossborder cooperation to foster a supportive environment for treatment. (Aworinde, 2021). The War Against Drug Abuse (WADA) programme was also launched in 2021, to engage citizens, schools, security agencies, and community leaders in the fight against drug abuse (Adebayo, 2022).This approach yields sustainable community trust and cooperation with community-owned solutions by partnering with local leaders, schools, and organisations, and public education.

Theoretical Framework

This study is grounded in The Transtheoritical Model (TTM) or Stages of Change Model. The Model, developed by J.O. Prochaska and Carlo C. DiClemente in 1977 explains how people modify their own behaviour, focusing on the

intentional change and decision-making abilities of an individual, rather than the social and biological influences on behaviour (Norcross et al., 2011).The model consists of six distinct stages, each representing a critical step in the change process. The first stage is **Pre-contemplation** where individuals may not recognise they have a problem or may have no intentions to change (Prochaska & DiClemente, 1992). As individuals begin to acknowledge their problems, they enter the **Contemplation** stage where they start to consider the possibility of change, may be willing to effect some changes in their behaviour. In this stage, the person still engage in unhealthy behaviour but is aware that this behaviour is problematic. The **Preparation/Determination** stage marks a significant turning point, as individuals decide to make a behaviour change by preparing themselves for the challenges ahead, set goals, identify resources, and develop strategies for overcoming obstacles (Prochaska & DiClemente, 1992).

At the **Action** stage, individuals select plans of action, modifying their behaviour, environment, and relationships to overcome their problems, and are committed to making lasting changes. (Norcross et al., 2011). The **Maintenance, Relapse,** and **Recycling** stage is a phase, where individuals work to maintain their progress and prevent relapse. Although they may experience setbacks, they can re-enter the change process and continue to work towards recovery (Prochaska & Norcross, 2018). Finally, the **Termination** stage represents a point where individuals have achieved long-term change and are confident in their ability to maintain their progress achievable through developed coping strategies and support systems to deal with triggers and stressors (Prochaska & DiClemente, 1992).

TTM-based behaviour change intervention has been widely applied to various health behaviours, including smoking cessation, illicit drug abuse, and addiction treatment. For people who inject drugs (PWIDs), tailored behaviourial change communication interventions are crucial to support them through each stage of change, ultimately helping them transition to a healthier lifestyle and to support them in their journey towards recovery and reintegration into society.

Methodology

The research design for this study is both quantitative and qualitative mixed-method of survey, and in-depth interview (IDI), utilising structured questionnaire and interview guide as instruments for data collection. Survey was conducted with the PWIDs in Iseyin, Rehabilitation centre, Oyo State to gather quantitative data while qualitative data was collected through IDI, with the NDLEA officials. The population of the study are the PWIDs currently undergoing rehabilitation at the NDLEA-run centre in Iseyin, Oyo State. According to an NDLEA official in

charge of the rehabilitation centre, during the period of data collection for this study, the centre had 484 clients (Mr Ajanaku, Personal Communication, September 18, 2025). The population to the study also includes the NDLEA officials in DDR unit in charge of reducing the demand for drugs through public awareness, dissemination of preventive and remedial messages, counselling, and rehabilitation in Ibadan.

Purposive sampling technique was adopted for this study to select Ibadan Northwest and Iseyin local government areas in Oyo State because the NDLEA Oyo command is located in Ibadan Northwest LGA while the NDLEA's rehabilitation centre is located in Iseyin, Oyo State. For the IDI, purposive sampling technique was further used to select only NDLEA officials in the DDR unit in charge of reducing the demand for drugs. Also, a total of 258 clients (only PWIDs) were selected in Iseyin, Oyo state using purposive sampling technique. However, only 250 copies of the returned questionnaire were valid for data analysis. Therefore, only 250 of the clients who were PWIDs in the rehabilitation centre constitutes the sample size. Among the NDLEA officials out of ten (10) of them in Oyo Command, 50% of the population was selected from the unit to constitute the sample size of the study. Hence, five (5) NDLEA officials from NDLEA Oyo Command were selected for the IDIs.

Among the NDLEA officials, English language was solely adopted because they were educated people who could express themselves in English language. The exercise was moderated by the researcher with the help of two research assistants by taking notes and recording the discussion. The research assistants also assisted in the administrating copies of the questionnaire to the PWIDs in the rehabilitation centre. The interview sessions were recorded with the consent of the respondents and their responses were transcribed verbatim to ensure that every word was captured. The collected data were thereafter synthesised, analysed, and interpreted under key themes which was discussed using thematic analysis. For anonymity and confidentiality, during the interview with the NDLEA officials, respondents' names were not requested; instead, they were labelled A1- A5.

Ethical approval for this study was obtained from the UI/UCH Health Research Ethics Committee (IRB number is UI/EC/25/0780) upon the fulfilment of standard ethical considerations. Written consents were obtained from the participants by signature or thumbprint on the informed consent form. The participants were informed of the essence of the study and assured of the confidentiality of the data they supply to the researcher.

Results and Discussion

This section presents the outcomes of the findings in correspondence with the research questions outlined for the study.

Research Question One: What are the Behaviour Change Communication strategies employed by NDLEA in the campaign against illicit drug use and injection of drugs in Oyo State, Nigeria?

Table 1; Responses on Behavioural Communication (BCC) Strategies used by NDLEA for Drug Abuse campaigns (survey)

Communication strategies used by NDLEA against drug abuse	N	%	Rating
Social media campaigns	229	91.6	1st
Support services for drug users (e.g. rehabilitation)	196	78.4	2nd
Media Advocacy (TV, radio, print)	158	63.2	4th
Community outreach programmes	189	75.6	3rd
Posters/Billboards	14	5.6	6th
School Outreaches	40	16.0	5th

Source: Researcher's Fieldwork, 2025

Findings revealed that six BCC strategies were identified by the respondents (PWIDs) to be adopted by NDLEA. These are social media campaigns as 91.6 % of the respondents affirmed this, support services for drug users (e.g. rehabilitation), as confirmed by 78.4 % of the respondents while 75.4% of respondents affirming community outreach programmes. Other BCC strategies used by NDLEA to curb illicit drug use as identified by the respondents were media advocacy through television, radio and print (63.2 %), school outreaches (16.0 %), and posters/billboards (5.6 %).

Adoption of diverse Behaviour Communication (BCC) Strategies by NDLEA to create awareness on illicit drug use and injection of drugs in Oyo State.

During in-depth interviews with the NDLEA officials in the DDR unit, the personnel revealed that they engage in several BCC strategies to curb illicit drug use among drug users. The strategies range from media advocacy, peer education, community and/ or school-based outreach, partnership and collaboration, treatment and rehabilitation.

> Activities, including Media Advocacy, Community Outreach, and Counselling, are all parts of our sensitisation efforts, aimed at

creating awareness about drug abuse and dangers in the injection of drugs (**A3)**

We engage in a different activities aimed at preventing drug use as well as reducing the demand for drugs. We achieve this through counselling, rehabilitation, education, media advocacy, and community outreach **A4).**

We collaborate with NGOs, assessing their work and financial transparency to ensure alignment with our goals. Our NDLEA-NYSC WADA club has an MoU with NYSC, training members to support outreach efforts during their service year. We also work with #Bringbackourchildren, an NGO targeting areas like garages where drug injection is prevalent, counselling individuals on the dangers of drug use **(A1).**

We engage with communities through visits to schools, motor parks, and public events such as road walks and rallies, where we raise awareness about the dangers of injecting drugs. **(A5).**

Research Question Two: What is the level of access to NDLEA's Behaviour Change Communication strategies among PWIDs in Oyo State?

Table 2: Access Rating to NDLEA's Behaviour Change Communication strategies among PWIDs.

Access Items	**N**	**Mean Rating**	**Ranking**
Access to public education	250	4.33	1st
Access to mass media campaigns	250	4.13	4th
Online media accessibility	250	4.25	3rd
Availability of peer education	250	4.25	3rd
Availability of trained personnel/support services	250	4.32	2nd
Community dissemination	250	4.25	3rd

Source: *Researcher's Fieldwork, 2025*

Table 2 indicates a consistently high level of access to NDLEA's Behaviour Change Communication (BCC) strategies among PWIDs in Oyo state. All six access indicators recorded mean ratings above 4.00 on a 5-point Likert scale, demonstrating strong agreement among respondents regarding their exposure to NDLEA's BCC initiatives.

Specifically, the item "Access to public education " recorded the highest mean rating (Mean = 4.33), ranking first. This suggests that the majority of respondents have come into contact with NDLEA's communication efforts in some form. Closely

following this was the "Availability of trained personnel/support services" (Mean = 4.32), ranked second.

This indicates that respondents ((PWIDs) perceive NDLEA's rehabilitation and counselling services as accessible. The strong rating reflects not only awareness but also perceived structural availability of institutional support mechanisms for drug users. Three items, "Online accessibility," "Availability of peer education" and "Community dissemination", each recorded a mean of 4.25, ranking third jointly. The lowest-ranked item, although still high, was "Access to mass media campaigns" (Mean = 4.13). While this score remains within the high-access range, it suggests that mass media channels may be slightly less impactful or less directly accessible compared to interpersonal, online, or community-based dissemination. .

Research Question Three: Influence of the NDLEA's Behaviour Change Communication strategies on knowledge of drug injection-related harms among PWIDs in Oyo State (survey).

Table 3: Influence of the NDLEA's Behaviour Change Communication strategies on knowledge of drug injection-related harms among PWIDs in Oyo

S/N	Items	SA (%)	A (%)	U (%)	D (%)	SD (%)	Mean	Rating	Rank
7	NDLEA's BCC messages have increased my knowledge about the risks of injecting drugs.	73 (29.2)	171 (68.4)	4 (1.6)	0 (0)	2 (0.8)	4.25	High Impact	2nd
8	I understand the health consequences of injecting drugs such as overdose and poisoning due to the NDLEA's BCC messages against it.	91 (36.4)	159 (63.6)	0 (0)	0 (0)	0 (0)	4.36	High Impact	1st

9	I am more knowledgeable about the risks associated with sharing of needles such as bloodborne pathogens (e.g., HIV, hepatitis B and C) due to NDLEA's BCC messages.	52 (20.8)	194 (77.6)	4 (1.6)	0 (0)	0 (0)	4.19	High Impact	3rd
10	NDLEA's BCC messages have provided me with accurate information about skin and soft tissue infections (e.g., abscesses, cellulitis) as injection-related harms.	73 (29.2)	169 (67.6)	6 (2.4)	2 (0.8)	0 (0)	4.25	High Impact	2nd
11	NDLEA's illicit drug abuse support systems (e.g. rehabilitation centres, peer support) have provided me with accurate information about drugs injection-related harms.	60 (24.0)	178 (71.2)	4 (1.6)	6 (2.4)	2 (0.8)	4.15	High Impact	4th
	Grand Mean						4.24	High Impact	

***Source**: Researcher's Fieldwork, 2025*

Table 3 indicates that NDLEA's Behaviour Change Communication strategies have a high impact on improving knowledge of drug injection-related harms among PWIDs in Oyo State. All five knowledge indicators recorded mean scores above

4.00 on a 5-point Likert scale, with a grand mean of 4.24, which falls within the "High Impact" range. This suggests strong agreement among respondents that NDLEA's communication efforts have enhanced their understanding of injection-related risks. The item with the highest mean score (Mean = 4.36) was understanding the health consequences of injecting drugs, such as overdose and poisoning. Notably, 100% of respondents either strongly agreed or agreed with this statement, as there were no neutral or negative responses. Thee second-highest-rated items (Mean = 4.25) were increased general knowledge of injection risks and accurate information about skin and soft-issue infections.

Discussion of Findings

The first objective is to identify the Behaviour Change Communication (BCC) strategies employed by NDLEA in the campaign against illicit drug use among PWIDs in Oyo State, Nigeria. Findings from the survey data revealed that the respondents (Both NDLEA officials and PWIDs) identified six (6) BCC strategies that NDLEA adopted to curb illicit drug use. These are; media advocacy, interpersonal communication, peer education, partnership and collaboration, community outreach, counselling, treatment and rehabilitation services. This study supports the findings of Akata and Mba (2020) on the effectiveness of media messages to curb drug abuse in Oyo State. Their study highlighted the media's ability to sustain awareness of the dangers of drug abuse, and its capacity to engender attitudinal change regarding drug abuse. However, the findings contrast with Nwakego et al.(2024)'s study, which found that radio was the primary channel for NDLEA messaging in a different region.

Another objective is to ascertain the level of access to NDLEA's Behaviour Change Communication strategies among PWIDs in Oyo State. Further findings of the study indicate a consistently high level of access to NDLEA's BCC strategies among PWIDs in the state. The results reveal that NDLEA's BCC interventions have been effective in reaching PWIDs in Oyo State, with 96.54% reporting positive access to these strategies. Majority of the PWIDs agreed that the BCC strategies adopted were highly accessible to the them in the state.

Lastly, the study investigated the influence of NDLEA's BCC strategies on knowledge of drug injection-related harms among PWIDs in Oyo State. According to UNODC (2018), knowledge about the harm reduction programmes like needle exchange and opiate replacement therapy can reduce morbidity and mortality rates. Therefore, findings established that the BCC strategies adopted by NDLEA in the campaign against illicit drug use have succeeded in promoting injection safety among the PWIDs in the rehabilitation centres in Oyo State. In addition, findings revealed they had no prior knowledge of harms associated with injection

of drugs as majority of them revealed that they got to know about the injection of drugs risks in the rehabilitation centre.

These findings support Transtheoritical Model theory which posits that individuals may be at different stages of change and levels of readiness at different times. Such individuals may progress to a subsequent stage, regress to a previously surpassed stage, or remain in a current stage for an indeterminate period. This is because, while it is easy to start using illicit drugs, quitting is challenging due to withdrawal symptoms like cravings, depression, and suicidal tendencies. Therefore, while BCC strategies may influence intention or awareness, complete cessation remains challenging for a considerable proportion of PWIDs. This reinforces the complex nature of drug addiction, where awareness and intention do not automatically translate into behavioural change.

This highlights the importance of prevention over reactive measures. Therefore, there is a need for intensified aggressive preventive BCC messages on media platforms, etc., enlightening the harms associated with injection of drugs to ensure that young people know more about its dangers. More focused strategies against illicit drug use could be crucial in achieving the SDGs goal

Conclusion

Based on the findings of the study, the following conclusions were drawn: NDLEA deployed various BCC strategies such as outreaches, advocacy, community visits, media campaigns, educative programmes, partnership with trustworthy individuals and community/opinion leaders, treatment and rehabilitation programmes towards mitigating drug abuse and injection of drugs among PWIDs in Oyo State. The NDLEA's BCC strategies were perceived to be effective in creating awareness and knowledge of harm related to the injection of illicit substances. Therefore, the study concludes that the NDLEA's BCC strategies significantly enhanced public knowledge of dangers of drug abuse, also increased knowledge of harms associated with injecting drugs. However, there should be focus on intensified aggressive preventive BCC messages, enlightening the harms associated with injection of drugs to ensure that young people know more about the dangers of illicit drug use, thereby influencing their behaviour.

Recommendations

1. There should be intensified campaigns, counselling, treatment and rehabilitation of persons who inject drugs.
2 As a way to further enhance assesibility of NDLEA's BBC strategies against drug abuse, there is a need to intensify efforts to ensure that the

public can interpret and understand NDLEA's messages against drug abuse.

3 To achieve improved knowledge on harms associated with injection of drugs as one of the measures in curbing drug abuse, NDLEA officials should focuse on preventive messages rather than remedial measures, targeting young people to increase awareness about dangers of illicit drug use and highlights consequences of injections of drugs.

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