

**Extra-legal policing strategies and HIV risk environment: Accounts of people who inject  
drugs in Nigeria**

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## Abstract

This article reports on an exploratory qualitative study investigating extra-legal policing practices and HIV vulnerability among injecting drug users. It draws upon thematic analysis of interview accounts of 29 street-involved PWID, recruited through snowball sampling in Uyo, Nigeria. The data emphasized that policing is a structural mechanism perpetuating drug-related harms and social suffering in the lives of PWID. Policing strategies, including searches, violence and confiscation of sterile needles and syringes, reproduce an environment of fear that undermines risk reduction and contributes to HIV risk via injecting in risky settings and receptive syringe sharing. Accounts highlighted humiliations, labeling and other expressions of contempt as forms of ‘moral policing’, which reinforce stigma and sanction human rights violations. Extra-legal policing practices, including violence, extortion and sexual harassments, adversely affect health and well-being. This raises questions about the effectiveness and legitimacy of policing and highlights a social justice perspective that may contribute to the reduction of health inequalities for PWID. It also provides a social justice and human rights rationale for advocacy for policy reforms, safe injection sites, needle and syringe distribution, oral drug substitution programs and rights-based, public health-oriented policing that enable access to harm reduction services for PWID.

Key words: HIV, Injecting drug use, Policing practices, Risk environment

## Introduction

HIV risk is influenced by social context, involving reciprocal interactions between individuals and environments (Blankenship & Koester, 2002; Rhodes, 2009). A developing strand of epidemiological research has therefore investigated how individual behaviour interacts with environmental factors to shape HIV risk in relation to illicit drug use. Physical settings, for example, have been identified as micro ‘risk environments’ contributing to elevated patterns of drug-related harm among people who inject drugs (PWID) (Rhodes et al., 2006a; Small, Rhodes, Wood & Kerr, 2007). Frequent injecting in public settings is associated with increased risk of abscesses, vein damage, overdose and transmission of HIV and other blood-borne infections linked to rushed injecting, which increases the risk of ‘missed hits’, sharing of injecting equipment and disruption of safety and hygiene routine (Dovey, Fitzgerald & Choi, 2001; Darke, Kaye & Ross, 2001; Koester, Glanz, & Baron, 2005; Rhodes et al., 2007).

A growing body of research addresses the social relations and non-material forces that contribute to drug-related harms within these environments. Unstable housing, homelessness and socio-economic deprivation are linked with public injecting and increased health risks among PWID (Galea & Vlahov, 2002; Klein & Levy, 2003; Briggs et al., 2009). Police crackdowns on public injecting settings displace PWID, limits access to sterile needles and syringes, foster hurried injecting, accidental syringe sharing and unsafe disposal of injecting equipment (Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; Cooper, Moore, Gruskin, & Krieger, 2005; Small, Kerr, Charette, Schecther, & Spittal, 2006). PWID hesitate to carry syringes for fear of police, prompting them to engage in receptive syringe sharing (Aitken et al., 2002; Small et al., 2006; Small et al., 2007; Miller et al., 2008; Sarang, Rhodes, Sheon & Page, 2010).

Drug use policing takes place within the context of widespread stigmatization of people who use drugs (PWUD) (Lister, Seddon, Wincup, Barrett, & Traynor, 2008; Simmonds & Coomber, 2009). The effects of stigma goes beyond the individual level, encompassing macro-level stigma, including societal conditions, norms and institutional policies that constrain access to opportunities, resources and well-being of stigmatized groups (Hansen, Bourgois, & Drucker, 2014; Hatzenbuehler & Link, 2014). Stigma links with broader processes of power and domination (Parker & Aggleton, 2003), perpetuating discrimination and disadvantage (Deacon, 2006). As a mechanism of symbolic violence, stigma prompts disadvantaged groups to presume social inequality as a natural order and to blame themselves for their position in society's hierarchy (Bourdieu & Wacquant, 1992).

Policing practices towards PWUD, including extra-legal practices such as extortion, sexual harassments and use of excessive force (Kerr et al., 2005; Miller et al., 2008; Sarang et al., 2010), are reflective of wider social relations of structural inequality. They reinforce fundamental social injustices, combining with other forms of structural violence to sustain environments of risk and social suffering for PWID (Sarang et al., 2010). These are internalized as 'oppression illness' (Singer, 2004), reproducing diminished self-efficacy, fear, anxiety and risky behaviours, including in relation to drug use (Gee, Delva & Takeuchi, 2007; Sarang et al., 2010). Research also shows drug users' inventiveness and resistance towards the structures that regulate their lives (Sarang et al., 2010), which underscore the dynamic and reciprocal process of individual-environment interactions where environment constrain as well as enable agency (Giddens, 1984; Duff, 2007; Bourgois & Schonberg, 2009).

Current harm reducing interventions focus on improving access to resources such as sterile syringes and substitution treatment with methadone or buprenorphine for PWID. From a critical social justice perspective, this tends to reduce harm reduction to a distributive issue, ignoring the ‘social structures and institutional contexts that often help determine distributive patterns’ (Young, 1990, p. 50). In the absence of macro structural interventions, harm reduction programs may moderate the severity of health inequalities without addressing the long-term drivers of these disparities (Duff, 2010). Addressing structural factors that produce health inequalities, including social structures, institutional policies, norms and practices, has implications for promoting human rights, opportunity, power and respect for PWID populations (Pauly, 2008).

It is therefore important to link service provision with social justice advocacy for reforms of structural policies and institutional processes perpetuating harm and suffering in the lives of PWID, especially in societies where repressive control measures are entrenched and harm reduction receive little political support. This point to the need to describe how extra-legal policing practices that sustain HIV risk environments impacts on the rights and well-being of PWID. This study describes policing strategies towards PWID and explores how extra-legal policing practices foster human rights abuses and elevated pattern of drug-related harms among PWID. It highlights the implications for policy reforms and interventions, including rights-based and public health-oriented policing that enable access to harm reduction services for PWID.

## Context

Injecting drug use is an emerging public health problem in Nigeria. A recent nation-wide survey of drug use in Nigeria provides an estimate of 80, 000 PWID (21% of high risk drug users aged

15-64), of which 17% are women (United Nations Office on Drugs and Crime [UNODC], 2019). More than half of PWID inject drugs daily or almost daily. The most commonly injected drugs include pharmaceutical opioids, cocaine and heroin (United Nations Office on Drugs and Crime [UNODC], 2019). Nigeria has traditionally relied on extreme punitive measures to curb supply and discourage demands for illicit drugs (Obot, 2004). Treatment and harm reduction services for PWUD are scant. Existing services are provided in tertiary health facilities and by a few civil society organizations (CSOs), but coverage is low and access is constrained by factors such as cost and stigma (Nelson & Abikoye, 2019b). Needle and syringe distribution and opioid substitution treatment, proven to be effective in reducing harms and preventing morbidity and mortality among PWID, are not available (Nelson & Abikoye, 2019a). Around 9% of PWID are infected with HIV, 3.3% with HCV and 7.8% with HBV. Nearly half of PWID share syringes and other injecting equipment (United Nations Office on Drugs and Crime [UNODC], 2019). While there are no laws criminalizing syringe purchase or possession by PWID, most experience difficulty purchasing syringes over-the-counter due to shopkeepers' suspicions that they use them to inject illicit drugs (Youth Rise, 2015). Furthermore, police team patrolling around hotspot precincts routinely stop suspected drug users for search and possession of drugs or syringe may be taken as exhibit justifying arrest (Nelson & Abikoye, 2019a). In Nigeria, a hard-line approach to illicit drug control prevails, dominated by interdiction and repression (Klein, 1999), which authorizes police surveillance and crackdowns on drug use hotspots. Policing strategies are shaped by fear, misinformation and corruption, including the 'revenue imperative of the unpaid police personnel who needs to make up for unrealistic wages' (Klein, 1999, p. 60). This encourages the use of excessive force, extortion and other violations of drug users' rights

(Nelson, 2018). There exists a need for policy reforms to support interventions to prevent large-scale epidemics of blood-borne infections among PWID.

## Methods

### *Setting and subjects*

The study took place in Uyo, Akwa Ibom State in Nigeria. The city has experienced significant expansion within a few decades, attracting people from other ethnic nationalities. The estimated population is 309, 573 persons. Population growth and urban expansion have outstripped the development of infrastructure and provision of services, including healthcare, housing, electricity, water and transportation. Commerce, services and white collar jobs are the mainstay of the local economy. An estimated 51% of the population lives in absolute poverty (National Bureau Statistics [NBS], 2010). Large segments of the population earn a precarious living working in a poorly regulated informal sector, where the boundary between what is legal and illegal is blurred. The prevalence of any drug use in the state is estimated at 12.5 % (350, 000) of people aged 15 to 64 years and the types of drugs commonly used include heroin and cocaine (United Nations Office on Drugs and Crime [UNODC], 2019)<sup>1</sup>.

Participants were current injectors, defined as having injected drugs in the previous four (4) weeks. To confirm that prospective participants were injectors, they were asked to show needle marks as evidence of injecting. Recruitment was through snow-ball sampling within existing

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<sup>1</sup> The survey cited here provides no state-level information on injecting drug use.

PWID networks, with a quota established for female PWID. The first author contacted four PWID through community-based drug services, explained the purpose of the study to them, assured them of confidentiality and sought their consent to conduct interviews. Three gave consent to participate and also served as seeds in a referral chain that brought in other PWIDs. Altogether, forty one (n=41) male and female PWIDs were recruited. Recruitment and data collection, which lasted from October 2016 to February 2017, took place in two phases to allow for provisional coding to inform the direction of subsequent recruitment and data collection. This study is based on the accounts of street-involved PWID (n=29, including 6 females), defined as PWID who experience unstable housing, engage in precarious income generating activities and purchase and use drugs mostly on the streets (Moore, 2004).

#### *Data collection and analysis*

In-depth, individual interviews were undertaken using a loosely-structured interview guide, which was revised in the course of data collection and analysis (Glaser, 1978). Interviews probed the physical environments of injecting; experience of policing; police abuses and extra-legal practices; sharing of syringes and other injecting equipment; HIV risks behaviours linked to policing among other issues. Data on socio-demographic characteristics and drug use patterns were also collected. Interviews took place at a local drop-in centre, which was accessible to PWID and protected confidentiality. All participants provided informed consent prior to interview, aware that interviews were tape-recorded and that they could withdraw at any time. Interviews, which lasted for maximum of 75 minutes, were conducted in English. The first author and a trained female outreach worker conducted the interviews. Participants received five hundred naira (₦500 or \$1.37) for transportation and were referred for health and social services.

All interviews were transcribed verbatim from digital recorders and transcripts were cross-validated against the recorders to ensure accuracy. Thematic coding and analysis were undertaken on the transcripts to identify patterns of meaning (Braun & Clarke, 2006). Coding, based on key concepts and descriptions, was done by the first author relying on the interview topics and inductive codes generated by immersing in the transcripts (Borkan, 1999). A tentative coding scheme, developed after the first four (4) interviews were transcribed, was assessed independently by two qualitative research experts to improve analytic rigour (Syed & Nelson, 2013). Informed by the assessments, unreliable codes were dropped or merged and definitions of codes were clarified. Coding was performed manually, without the aid of computer software. This involved assigning codes to relevant segments of transcripts (Campbell, Quincy, Osserman, & Pedersen, 2013). A second round of coding broke down the data into smaller units. The key first-level themes included in this study are: PWID, police abuses and stigma; policing and HIV risk environment; police corruption and extra-legal practices, and alternatives to repressive policing. Quotes are attributed to pseudonyms to protect participants' identity.

### *Ethics approval*

The study was approved by the Institutional Review Board (Health Research Ethics Committee) of the Ministry of Health, Akwa Ibom State, Nigeria.

## Results

### *Sample characteristics*

Participants were mostly male (73%). They were between the ages of 26 and 35 years. Most participants had secondary level education (51%). Majority (46%) earned a precarious living from informal economic activities, including motor-park ticketing, petty trading, hair dressing, food vending, and intra-city commercial transportation. Some female participants were involved in street sex work (22%), with some combining it with other income generating activities. Most (56%) had regular sexual partners. Most males were long-term injectors (3 years and above) with high drugs consumption levels. Participants injected two to three times a week. Brown powder heroin ('Thailand') was the most commonly injected drug (80%), followed by crack cocaine ('block') (51%). Other drugs injected were sedative hypnotics (41%) and amphetamines (46%). Poly-drug use was common.

### *Major findings*

Participants provided detailed accounts of street-level policing and the ways this shapes the risk environment for drug-related harms. They also opined on alternatives to repressive policing strategies. The results are presented below under relevant headings.

### *PWID, police abuses and stigma*

Participants described different forms of abuses experienced in relation to street-level policing. Stigma, mediated by negative attitudes and depictions, was a cross-cutting theme in the accounts. Negative perceptions of drug users by police officers were described as a pervasive phenomenon, and as a form of abuse. Exposure of one's identity as PWID exacerbates stigma (Injecting drug use is a hidden practice in Nigeria, and PWID are highly stigmatized even by other drug users).

The police see people who take illegal drugs as very bad people. They see them as not deserving to work on the streets with others... If they find out that you inject drugs, then you are treated as the worst person on earth. You are seen as a very bad person because you inject (Ekarika 33, Male).

Accounts indicated that PWID were described by police officers as lacking self-control and capable of committing crime, particularly, to support their drug habits ('Police think you will steal from people to buy drugs to take when you are sick (i.e experiencing withdrawal)'). Others described being labeled by police officers as 'filthy', 'dirty', and 'mad' because they 'put needles into (their) bodies continually without feeling pains'. Stigmatization encouraged violations of the rights and dignity of PWID and sanctioned extra-legal policing practices.

They (Police) take you as a mad person. In fact, they see you as not being better than someone who walks naked on the street. They don't see you as a human being like them. You cannot control yourself because you are an addict who injects chemicals. The reason you put needles into your body is because you are not well. They treat you like, like shit (Itoro 31, Male).

Accounts indicated that stigma and negative perceptions are not only abuses but they also link with other forms of abuses perpetrated by police officers against PWID, including physical violence. There were differences of opinion regarding how these were related, with some accounts emphasizing that violence was used by police officers because of the presumption that PWID will lie to police officers during interrogation ('Officer will like to force you because they believe that you will not want to tell the truth'), while others described police violence as preemptive, motivated by the potential aggression of PWID, who are considered mentally ill, and

therefore capable of violence ('People who take drugs are seen as mad and violent because of the drugs that is in their bodies. That is why some police will be violent with them').

Participants described lived experiences of physical violence in the hands of police officers when accosted by the latter during patrol around hotspot vicinity. Forms of violence experienced included 'kicking', 'shoving' and 'beatings' ('I got kicked so baldly by police because I told him that I didn't have drugs on me'; 'They searched my pockets and found drugs, and beat me badly'; 'We were pushed into the vehicle, me and my friends'). Violence was described as a telling feature of local policing, characterized by excessive use of physical force against all sorts of offenders.

You know how the cops (police) behave. They don't know how to be peaceful. Everything is force, force. They carry gun and harass anybody they think has committed crime. Nigerian police do not know how to do things in a calm way (Rose 29, Female).

Police officers were also said to extort money and other valuables from PWID, including as bribe to avoid arrest and detention.

Police will always look for something on you to use against you... They will search your pockets. If they find anything on you, you are in trouble. They will beat you and tell you to bring money otherwise they will take you away. They will not take you away in the end; all they want is to collect money from you (Ekarika 33, Male).

While most PWID acquiesce to extortion for fear of arrest, some expressed readiness to resist extortion by police, perceiving such as not only unfair but also as property crime perpetrated by those who are supposed to fight crime.

I will not allow any police man to take my money or anything from me. What is the difference between them and armed robbers? They are the same, the same. I will stand my ground. They will kill me first before they take anything from me (Oku 27, Male).

### *Policing and HIV risk environment*

Accounts highlighted confiscation of drugs and injecting equipment, along with search for needle marks on the arms, as key policing strategies in relation to PWID. These are taken as evidence of drug injecting authorizing physical assaults and arrest. Searches, arrests and extortion of PWID takes place in the course of police crackdowns on hotspots and during routine patrol around hotspot vicinity. Threats of detentions are used to effect extortion and those who comply are released on the spot ('They don't keep you; it is all about getting money from you'). Extortion and use of excessive force constitute breaches of acceptable law enforcement practice (Kerr et al., 2005).

Policing was a frequent occurrence and PWID lived day to day in fear of police arrest, which deterred them from carrying needles and syringes for use were need arises, encouraged injecting in hotspots as well as receptive syringe sharing, even where PWID were minded to practice risk reduction.

You don't carry syringe around because if the police find them, they will arrest you... So I have to get new ones each time I go to the joint. But if I can't get a new one, I will have to use anyone I find. I have no choice. I have the drug ready, but I have no works. I have to borrow from someone else to inject (John 28, Male).

Although hotspots provide a place for street-involved PWID to consume drugs, they are not safe havens. Participants described how hotspots were frequently raided by police officers and how fear of crackdowns encouraged hurried injecting and injecting with clogged or bent needles with the risk of vein damage.

As you are injecting, you know that police may come at any time. So you cannot be slow. You have to hurry. Mix your drugs and inject it without wasting time. If you don't have new works, you get an old one from others... You don't even have time to check if the needle is good... You can injure yourself from bad needles.

This is all because of fear, fear of cops (police) (Ito 31, Male).

Accounts also showed how scarcity of water in hotspots encouraged injecting with poorly rinsed and potentially contaminated syringes. Participants described how different people would use the same water to rinse syringes. The rinse water is drawn into the syringe and then shot back into the container so others can use. This could contaminate the water and make it a potential means of viral transmission.

It is not easy to get water to wash syringe. You need a little to boil the drug to inject. It is not enough to wash the syringe. Sometimes we use little water to boil drugs and everybody will wash their syringes with it also (Maxwell 26, Male).

Policing also influenced HIV risk through sexual coercion. Female PWID reported incidences of sexual harassments during encounters with police officers. They described how officers ‘looked at their breasts in a funny way’, ‘touched my buttocks’ and ‘asked me what I am going to do for him’. Sexual harassments were described as opportunistic, where police officers ‘take advantage of us because we take drugs’. Some PWID may acquiesce to such overtures out of desperation, perceiving this as an opportunity to use ‘what you have to get what they want’. This may lead to unprotected sex with the risk of HIV infection.

I know some girls who were afraid of police officers and gave them sex so that they will not arrest them. There is nothing like condom or protection. They didn’t think, ‘O I might get HIV’. They did that to be free, like using what you have to get what you want (Miriam 27, Female).

### *Police corruption and extra-legal practices*

During interviews, it was observed that some of the most impassioned accounts of participants were related to police corruption and extra-legal practices. This prompted further probe of their views regarding policing practices. Accounts depicted street-level policing as embedded in corruption and illegality, and this was seen as an expression of endemic corruption in the police, which robs it of legitimacy and public confidence (‘Corruption is too much among cops. Nobody

believes the police these days'). Police officers were described by participants as highly corrupt, and concern for profiting through extortion of PWUD was seen as the motive behind policing.

The police are very corrupt set of people. They are supposed to make people obey the law, but they break the same law all the time. It is a real problem. They want to make money from everything... All their harassments of drug users are not because of the law, it is for their pockets. It is all about making money (Ben 29, Male).

Extra-legal policing practices in relation to drug use was described as inevitable since corruption was widespread in the police force so that even 'normal' or 'responsible' citizens were not exempted (The distinction between drug users and 'responsible citizens' indicates internalization of the stigma of drug use as 'irresponsible' behaviour and drug users as forfeiting citizenship rights (Rhodes et al., 2006b)).

There is no way the police will treat people who take drugs well. There is no way. They don't even treat normal citizens well. If they don't treat good people who do not break the law well, how will they be nice to those who take drugs? (Ben 29, Male).

Accounts emphasized the inherent illegality of police opportunistic behaviours, particularly extortion and exploitation. These were described as taking unfair advantage of the weak who they are supposed to protect ('The police should protect ordinary people, but they steal from them'). This was characterized as a worse form of law breaking than personal drug use ('Which one is bad; taking drugs or stealing from people in the name of police?'). Importantly,

participants saw extortion of drug users as perpetuating drug use and related harms, and undermining efforts to quit drug use.

Police is part of the problem we face as drug users. Let me put it that way. Why I say so is because when police catch you and take all your money, you have nothing to take care of yourself. Plus the way you feel about how they treated you, so you will say let me get high so I can feel better. Or let me use much drugs to forget these problems. You will continue to use drugs, instead of trying to stop (Rebecca 28, Female).

Given the victimization PWID experience at the hands of police officers, drug use by the latter evoked very strident comments and buttressed participants' views regarding the unfairness of punitive policing practices ('For police to arrest people who take drugs is very bad, after all many of these officers also take drugs?'). Drug use by police officers was not only seen as indicating that police officers were not better than drug users ('They take drugs too, so how are they better than me?'), but also by some as confirming the view that policing is only a means of private gains for police officers but could not reduce drug use.

For me the police and all these arrests they do cannot stop people from taking drugs. The police themselves take drugs. Many of them are (drug) users. It is a well known thing. So how will it stop? How can they stop something that they are doing? It is just a way for officers to make money for their pockets, that's all (Ito 31, Male).

### *Alternatives to repressive policing*

Given depictions of policing as corrupt and unjust, and incapable of reducing drug use and related harms, it is significant that participants expressed views on alternatives to repressive policing. Opinions centered on the need to train police officers and enable access to effective treatment for drug users. Regarding the former, participants attributed the abusive practices of police officers to poor training.

These officers have not been well-trained. That is why they treat people like animals. They are just showing that they have not been trained for their work. So I think they should be given good training. With that I believe they will do better (John 28, Male).

Participants described violence and extra-legal policing practices as violations of the rights of drug users, which could be addressed by adequate training of police officers.

Most of these officers don't know anything about human rights... We all have human rights as human beings. Even people who take drugs have their rights, although police will make us feel like we are not human beings. They should know these rights. It is very important to train officers not to abuse human rights (Godwin 30, Male).

Provision of treatment for drug dependence was described as an important part of efforts to reduce drug use and related harms. Participants spoke of lack of treatment services for drug users ('There are no hospitals for people who want to stop taking drugs'). Some lamented a situation where more resources are invested in law enforcement than in the provision of treatment services ('Drug users need treatment, but government puts more money in the police'). Low government

investment in treatment was described as an indication of lack of concern for the plight of ordinary people ('Government does not care about the poor people on the streets. They don't do something to help drug users'). Improved funding for services for drug users would prove government's commitment to the 'fight against drugs'.

## Discussion

Despite the existence of epidemics of injecting drug use, HIV and viral hepatitis globally, the bulk of existing research on the HIV risk environment for PWID emanates from Europe and North America. Few studies from West Africa address the HIV risk environment for PWID (Nelson & Abikoye, 2018). This study contributes to filling this gap by describing extra-legal policing practices and HIV risk among PWID in Nigeria. Results corroborate the view that 'a pivotal feature of everyday risk management from the perspectives of PWID concerns their relationship with police' (Rhodes et al., 2003, p. 50). Police encounters with PWID are characterized by violence and extra-legal practices, including, extortion of money, sexual harassments and other human rights violations (Sarang et al., 2010; Lunze, Lunze, Raj, & Samet, 2015). Policing practices, fuelled by stigma and discrimination against PWID, create increased risk for violence, constrain uptake of harm reduction services and reproduce poor health and risky behaviours. As policing does not reduce drug use but perpetuates police corruption and drug-related harms (Sarang et al., 2010; Lunze et al., 2015), reforming existing policies should be considered. The results of this study provide support for social justice advocacy for reforming the legal and policy framework to support harm reduction interventions for PWID. A major limitation of the study is its reliance on self-reported information, which may be affected by social desirability bias. Conditions of recruitment and interviews, including trust and rapport

built through outreach services and the non-judgmental attitude of interviewers helped to reduce such bias.

### *Combating stigma and health promotion*

Felt (or internalized) stigma, exacerbated by exposure of injecting behaviour, was a major effect of policing strategies on PWID. This supports the view that encounter with police heightens stigmatization and marginalization of PWID (Lister et al., 2008; Ti, Wood, Shannon, Feng, & Kerr, 2013). Stigma constitutes forms of assault to self worth and dignity, which contributes to diminished self-efficacy, high risk drug use and poor health. Internalized stigma and social exclusion of PWID show that stigma is more than simply the expressions of individual attitudes or values, but is a reflection of unequal power relations (Simmonds & Coomber, 2009) and is central to the constitution of the social order (Parker & Aggleton, 2003).

Stigma links with and exacerbates existing forms of negative social representation and disadvantage (Deacon, 2006). Violence, humiliations and other expressions of contempt are forms of ‘moral policing’, reinforcing the stigma and exclusion of PWID from ‘normal’ citizens who possess rights and dignity. Stigma and social exclusion arise from intersecting inequalities that become institutionalized and normalized through policies, practices and social norms. There is a public health justification for combating stigma by fostering changes in societal perception of PWID through sensitization campaigns mounted by CSOs working to promote the health and well-being of PWID. PWID collectives could also play a role in stigma reduction and health promotion through community empowerment programs, which have been implemented successfully with sex workers (Kerrigan et al., 2014).

### *Structural violence and advocacy for legal reforms*

Violence has been identified as a common feature of street drug market policing (Ti et al., 2013; Kerr et al., 2005). Confrontations between police and PWID, involving use of physical restraints such as chokeholds and other methods of physical incapacitation is a common source of physical harm, including deaths. Drug use policing has also been linked with instances of excessive use of force by police contrary to accepted policing practice (Kerr et al., 2005). Lister et al. (2008) found that the majority of drug users' contact with police was coercive and adversarial. Although this was viewed by the police as part of their regulatory approach to policing drug markets, it was perceived by drug users as unjust and punitive. This resonates with the views of PWID in this study regarding physical violence and sexual harassments perpetrated by police officers.

Policing has also been linked with health harms and human rights violations, including extortion of drug users, threats, planting of evidence, and extra-legal arrest and detainment (Sarang et al., 2010; Kerr et al., 2005). Studies show how policing practices toward PWUD are institutionalized expressions of social and moral regulations, mediated by everyday policing techniques and including excessive use of force (Cooper et al., 2005). Policing reproduce and reinforce fundamental social injustices and inequities, linking with other forms of structural violence to sustain environments of risk and social suffering for vulnerable populations (Rhodes, 2009). It reproduces health risk through fear, diminished self-efficacy, self-blame, fatalism and risky behaviours (Singer, 2004), so that drug use becomes self-medication for oppression illness, a response to social discrimination and stress in risk environments (Gee et al., 2007; Sarang et al., 2010).

Drug use policing is embedded in and expressive of a wider social relation of structural inequality, which is normalized and internalized as everyday violence (Scheper-Hughes & Bourgois, 2004). But instead of presuming social inequality as a natural order and blaming themselves for their position in the hierarchy of society thereby rendering violence invisible (Bourdieu & Wacquant, 1992), the PWID in this study described extant policing strategies as corrupt, illegal and unjust, including drug use by police officers (see also Miller et al., 2008). This 'resistive rhetoric' (Black, 2009) indicates that PWID are not passive victims of structural violence, highlighting their agentic capacity in relation to risks environments (Giddens, 1984).

The foregoing highlights a social justice perspective that could contribute to the reduction of health inequalities for PWID (Pauly, 2008). Structural inequalities mediated by unequal power and institutional processes are unjust when they are systematic and adversely impact well-being in different ways (Young, 1990). Collective action motivated by social justice and human rights concerns and driven by CSOs are essential for addressing structural determinants of poor health for PWID. There is an emerging network of PWUD in Nigeria, which provides a veritable platform for advocacy and collective action for legal and policy reforms to protect the rights and well-being of PWUD. They could leverage on the human rights awareness of PWID as well as their resistance to extra-legal practices, both of which are documented in this study. Further research also is needed to explore drug-related harms and human rights abuses against PWID in other parts of the country to shape the development of policy and interventions that promote the rights and well-being of PWID, particularly research that explore lived experiences of sexual coercion and HIV risk for female PWID.

*Risk environment and structural HIV prevention*

Results show that policing and fear of police is a major structural mechanism influencing risk behaviours and risk reduction among PWID. Policing intersects with public injecting in shaping risk practices, including rushed injecting, receptive syringe sharing, injecting with clogged or bent needles and use of unsterile water for rinsing syringes. Research shows that fear of police discourages PWID from carrying syringes and needles, encourages rushed injecting and injecting in risky settings, and disrupts safety and hygiene routine (Dovey, Fitzgerald & Choi, 2001; Small et al., 2006; Miller et al., 2008; Rhodes et al., 2007). Police operations targeting street drug users may constrain uptake of harm reduction services, including sterile syringe and needles and foster receptive syringe sharing with the risk of HIV infection (Aitken et al., 2002; Cooper et al., 2005). Despite evidence of the effectiveness of safe injecting environment interventions to prevent blood-borne diseases among PWID, existing policies continue to support law enforcement and neglects such harm reducing interventions (Nelson & Pates, 2017). Policy reforms and structural interventions are needed to create enabling environment for HIV risk reduction.

As the PWID suggested, the needed interventions include training police officers on the human rights of PWID. The training should be organized by the Police Service Commission (PSC), a national agency overseeing police activity, and should address stigma and negative attitudes towards PWID and promote adherence to professional code of conduct in interaction with PWID, particularly in regards to extortion, sexual coercion and use of physical force. There is also need for effective monitoring of policing activities by the PSC to ensure compliance with human rights principles and code of conduct. A public health approach to policing that enables access to harm reduction services under a formal partnership between law enforcement and public health agencies should also be implemented. PWID suggestions also highlight the need for treatment and harm reduction, including establishment of safe injecting facilities (SIFs) to enable PWID

consume drugs without fear and under hygienic and low risk conditions. Other interventions include needle and syringe distribution to reduce syringe sharing and oral drug substitution, such as methadone which protects against the symptoms of withdrawal, to reduce unsafe injecting. Reforming existing legal and policy framework is essential for securing government support and funding for these services.

## Conclusions

Current policing strategies contribute to sustaining risk environments thereby undermining, rather than facilitating, HIV prevention for PWID. The health and human rights implications of corrupt and extra-legal policing strategies raise questions of effectiveness and legitimacy. The entrenchment of this approach to reducing drug use and lack of political support for harm reduction services provide a rationale for advocacy motivated by concerns for human rights and social justice. Multi-sectoral structural interventions involving government, law enforcement, public health agencies and CSOs are needed to reform existing legal and policy frameworks, promote rights-based and public health-oriented policing, combat stigma and discrimination towards PWID and support the provision of essential harm reduction services, including safe injecting facilities, needle and syringe distribution and oral drug substitution programs to reduce unsafe injecting and HIV risk among PWID.

## Disclosure of interest

The authors report no conflict of interest

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