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Motivations for Methamphetamine (Mkpurummiri) Use and Consequences Among Nigerian Users

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Abstract

Media reports show that methamphetamine use is growing in Nigeria, but there is a paucity of empirical research that examines the motivations for, and consequences of, using the drug. In this study, we explored motivations or reasons for methamphetamine use and implications among 18 users and service providers. We analysed the data thematically to generate themes. The findings show that while most users initiated methamphetamine use in friendship networks, drug dealing also facilitated the initiation. Some participants were motivated to use methamphetamine to stay awake at night and engage in online businesses, while others used the drug to enhance their energy for manual work to improve productivity and enhance sexual drive, performance and pleasure. Although participants believed that methamphetamine use performed some functions, they reported its adverse effects on them and their friends, including irritation, hostility, extreme violent behaviour, delusion, psychiatric disorders, and inability to urinate or defecate for seven days. Additional findings showed that stigma is a prominent barrier to accessing treatment. Therefore, individuals do not use treatment facilities until their condition deteriorates. The findings suggest the need for the urgent provision of information to deter people from methamphetamine uptake and to provide interventions and pathways to treatment that will protect people who use methamphetamine from stigmatisation and other forms of discrimination.

Keywords

methamphetamine, motivation for using methamphetamine, consequences of methamphetamine use, stigma, Nigeria

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Illicit drug use and nonmedical use of prescription opioids are among the growing public health concerns in contemporary Nigeria. According to the United Nations Office on Drugs and Crime's (UNODC) (2018) national survey, the past year prevalence of drug use among 15–64-year-old Nigerians in 2017 was 14.4% (i.e., 14.3 million). The survey revealed the following prevalence rates for cannabis (10.8%), opioids such as tramadol (4.7%), and non-medical use of codeine-containing cough syrups (2.4%), among other substances. Furthermore, it was reported that cannabis use was seven times higher among male participants (18.8%) than females (2.6%). Previous research in Nigeria has highlighted factors that motivate drug use. For example, [Dumbili et al. \(2021b\)](#) reported that young adults used cannabis for social, conformity and enhancement purposes. [Onyima \(2023\)](#) also reported that young men used opioids to enhance sexual performance, while [Nwafor et al. \(2023\)](#) found that manual labourers used opioids for energy enhancement. While Nigeria is struggling to regulate the increasing normalisation of drugs such as cannabis ([Dumbili, 2020](#)) and nonmedical use of prescription opioids like tramadol and codeine ([Chikezie & Ebuenyi, 2019](#); [Nelson et al., 2023](#); [Onyima, 2023](#)), emerging evidence shows that methamphetamine (henceforth, meth) use is becoming widespread, especially among men in the Eastern region ([Dumbili & Ebuenyi, 2021](#); [Ebuenyi et al., 2023](#)). Research elsewhere has shown that meth use facilitates increased criminality ([McKetin et al., 2020](#)) and is likely to lead to death ([Fockele et al., 2023](#)), and this demonstrates why the substance constitutes a severe societal problem that requires urgent intervention in Nigeria.

Meth use was unpopular in Nigeria until the UNODC's (2018) national survey revealed a 0.1% prevalence in 2017. However, the drug remained largely unknown to the public until 2021, when it suddenly began to attract heightened media reports ([National Daily Newspaper, 2021](#); [Okoli et al., 2021](#)), mainly because of corporal punishments applied to users in eastern Nigeria. Several national newspapers reported how youth associations and vigilante groups publicly flogged young men they apprehended with the drug in their communities, stating that such punishments would deter those who may want to use the substance in the future. While several news outlets (e.g., [National Daily Newspaper, 2021](#); [Okoli et al., 2021](#)) reported the widespread use of meth, none reveal how and why people use the substance. Following the media reportage, [Dumbili and Ebuenyi \(2021\)](#) reviewed available evidence (mostly grey literature), reporting that meth use may have been triggered by drug trafficking, which facilitates the supply and availability of drugs in Eastern Nigeria. Given the lack of empirical evidence, the review concluded by highlighting the necessity for research on meth use to generate robust data that will inform the provision of effective interventions. It is against this backdrop that we conducted this research as part of a larger study on the misuse of methamphetamine in Nigeria (MOTION) ([Ebuenyi et al., 2023](#)). Our study aims to examine the motivations (or reasons) for and consequences of meth use. The study reports on data elicited from men who use meth and healthcare professionals in Anambra State, Southeastern Nigeria.

Motivations for Methamphetamine Use and Consequences

Research indicates that among amphetamine-type stimulants, meth is the most widely used due to diverse motivations ([Harding et al., 2022](#)). For example, [Schmidt et al. \(2019\)](#) examined the factors that facilitate meth initiation, reporting that the desire to enhance energy for work performance, alleviate body pain, have fun, reduce weight, and 'fit in' were among participants' motivations. [Sexton et al. \(2006\)](#) had earlier reported that energy and work enhancement, euphoric feeling, sexual drive, and weight loss were some of the reasons for meth initiation and continued use among their participants. In [Fockele et al.'s \(2023\)](#) recent qualitative study, it was reported that enhancing social interactions and ameliorating boredom were among the motivations for meth use among their participants. The study further revealed that regular meth use facilitated engaging in

risky behaviours, isolation and visiting the hospital emergency department for “the medical and psychological sequelae of meth use” (Fockele et al., 2023, p. 218). Research has also shown that gender norms can motivate meth use. For instance, Copes et al. (2022) reported that while men used meth to enhance sexual performance, women did not.

Additionally, studies have shown polydrug use patterns and practices among meth users. While some individuals co-use meth simultaneously with opioids such as heroin, others use it sequentially or alongside heroin or prescription opioids (Rhed et al., 2022). Enhancing the effects of one substance or another, the desire to attain the maximum ‘highs’ and to alleviate or douse the effect of one substance were among the motivations for co-using meth with other drugs (Rhed et al., 2022).

Meth is an extremely addictive substance with severe consequences among users (Copes et al., 2022; Scott, 2023; Sexton et al., 2006). For example, research shows that meth-induced psychosis is prevalent among those who use the substance, and meth use ranks as the second leading cause of death from drug overdose in the USA (Simpson et al., 2023). Participants in Harding et al. (2022) also described some psychiatric effects of using meth, including memory lapses, delusions, hallucinations, and paranoia. Other consequences reported include sleep deprivation, dehydration, and extreme hunger (Harding et al., 2022). Evidence also shows that meth use facilitates violent behaviour among those who use the substance (Akindipe et al., 2014).

While studies on the motivations and consequences of meth use have burgeoned in Western contexts, the same cannot be said about non-Western contexts like Nigeria. To our knowledge, this study is among the earliest empirical research to examine factors that motivate meth use in Nigeria. As highlighted above, what exists are studies that examine how Nigerian youths use prescription opioids such as tramadol and codeine to enhance their energy for work, sports performance, and sexual stamina (Dumbili et al., 2022; Nwafor et al., 2023; Onyima, 2023). This current study fills a crucial knowledge gap and also develops existing research on substance use motives and health consequences associated with meth use.

Materials and Methods

We used an exploratory qualitative study design to investigate the motivations for using meth and associated health implications among those who use the drug in southeastern Nigeria. Purposive and snowball sampling techniques were used to recruit the study participants (Gray, 2021). We recruited most of the meth users and all the providers purposively through a network of substance use treatment providers in Anambra State, southeastern Nigeria. At the same time, other young men were reached using a snowball technique. Although we aimed at including many participants (18 years and above) who use meth (despite their age or gender), those who accepted to participate included 13 men (aged 29–45 years) who self-reported using meth (Mkpurummiri- the local/street name for meth) for diverse (e.g., recreational, functional) purposes and five healthcare providers (2 females and 3 males, aged 28–42 year) providing mental health and/or addiction rehabilitation services in the setting. Recruitment challenges meant that only men who use meth were included. Women who were approached were reluctant to participate in the study, while other male potential participants feared being arrested, given the illegal status of meth in Nigeria.

In Nigeria, substance use is gendered and male-dominated. Men are more likely to use both legal and illicit psychoactive substances like alcohol and cannabis, given the sociocultural norms that constrain women from using drugs (Dumbili, 2020; Eze et al., 2021). Women who use drugs are highly stigmatised in Nigeria (Nelson, 2021; Ugwu & Dumbili, 2022); thus, they often conceal their drug use, unlike men who may not suffer the same high level of stigmatisation, especially from peers who use drugs. Similarly, it is men who predominantly carry out drug dealing in Nigeria (Nelson et al., 2023), which may be connected to the sociocultural constraints discussed

above and the risk involved (e.g., police brutality). Involving service providers and reassuring participants of confidentiality facilitated the recruitment of these participants.

Data Collection and Analysis

The data collection was undertaken between July and August 2022. ECE (supervised by EWD and IDE) conducted the interviews with study participants following informed consent. Thirteen men and five service providers consented to participate in the study. The researchers designed the interview guide, which was used to explore topics related to the study objectives. The topics explored in the interview sessions included meth initiation, motivations for use, health care services utilisation, and perceived barriers and facilitators of addiction rehabilitation services. The interviews were conducted in English and Igbo (the major language in the study area), depending on the preferences of the study participants. The interviews, lasting between 45 and 90 min, were audio recorded. The interviews in Igbo were translated and transcribed verbatim in English, while the ones conducted in English were transcribed verbatim. The transcripts were imported into NVivo 12 Plus and analysed inductively using reflexive thematic analysis (Braun & Clarke, 2019) by EWD. After initially creating nodes and coding the transcripts, he read the generated codes many times, moving extracts that were more appropriate for other nodes before identifying tentative themes. Following further refinements, the final themes were named.

Ethics

Ethics approval was obtained from the Ministry of Health, Anambra State, Nigeria (MH/AWK/M/321/403) and the Human Research Ethics Committee (LS-22-28) of University College Dublin, Ireland.

Findings

Methamphetamine Initiation

During the interviews, we probed the participants to share their first experience with meth and the factors that facilitated its initiation. While a few indicated how they discovered meth through the media, most participants discussed how peer networks encouraged their first experience of taking the drug. For example, while George stated that “I think a friend of mine actually brought me into it [meth use] and told me about it”, Steve added that he started using meth following his visit to a friend. Steve stated that he often took cannabis before eating food, apparently because it increases his appetite, but on that fateful day, he decided to try meth before his meal, although he was warned by his friend who uses meth: *I was advised by my guy that I should eat before doing it. He said that if I do this thing [if I take meth], I will not eat this food.* Nevertheless, he refused to heed his friend’s advice, and the following happened:

Steve: I took one, two, [three] and took the fourth bale [of meth], and I was like, let me leave this thing and eat that food. I’m not sure I ate up to three spoons from the food. Then I couldn’t eat again. Upon all this hunger, I had been complaining since morning, and the food was right before me, but I could not eat. So that was my first experience of it. That was how it went.

Steve: You know, that day being my first time, I took about five bale or more, and after that particular moment, after the struggle of the [to eat] food, I relaxed, and I still went back to take more. I could not

calculate the total amount of bale I took that day before I started feeling that way. It's over eight bales, but I don't really know the total amount.

Similarly, Ofala was asked to share how he started using meth and he discussed how his male friend introduced him to the substance:

Ofala: It was a friend of mine; he takes it [meth], but I didn't really know what it was then, so he told me that that stuff I have been hearing about is here. I said okay. He then said, Okay, I should try it out, I said okay, no problem, let me try it out. I tried it out the first day; I came back and slept, but I found it very difficult to sleep. My eyes were all open. That was my first time, so I had to go back the next day and ask him what that thing [he gave me] was. I couldn't sleep, and my eyes were all opened, but he told me that yes, that was one part of it [the effects], that it made you not sleep.

As seen in the above account, some participants shared their not-too-pleasant experiences of taking meth for the first time. Nevertheless, they did not stop its use following this first experience, which may not have ended well. As explored later, this is connected to the motivations or reasons for using the drug.

While most of the participants were first offered meth or introduced to it by male peers, a few revealed that women made the first offer. For example, Ezeh discussed how his female friend influenced him to start using meth. When he was probed to shed more light on this, he sarcastically stated that a person's mother could not offer them drugs. Instead, peers are usually responsible for introducing drugs to their network, like his friend did to him. He noted that they had been using cannabis together, but on one particular day, his female friend, whom he often smoked cannabis with, came in with meth. Having observed her behaviour after she took meth, he was motivated to use it:

Ezeh: I saw her using it, and whenever she started using it, I would start observing her. I saw her joy and how it made her smarter.

Given Ezeh's perception of the drug-induced euphoria and the perceived smartness of his friend, he decided to try meth, and that marked the beginning of his meth use. The account above has shown what appears to be a deviation from the norm. In a similar vein, Nesta shared an account of how he started using meth, indirectly implicating a female drug dealer:

Nesta: ...When they bring goods (drugs) for her, she gives us to sell off for her. Do you understand? Through that process, we already know that it [mkpurummiri] is a consumable [item]. So, I wouldn't say somebody introduced me to it. Rather, it was I who saw it and consumed it.

Interviewer: You became inquisitive?

Nesta: Yeah, [because meth was] within my disposal. So, I wanted to know what it gives to the body; do you understand? That is how I started. When that woman brings it, we'll tell her to give us the one we'll eat [i.e., they ask the drug dealer to gift them meth for selling it for her]. So that's how I started it. Since then, I have viewed it as being consumed in a certain kind of mood.

While participants discussed how peers facilitated their initiation to meth use, Nesta showed how curiosity and what appeared to be the realisation of how meth use provides uttered bodily form in addition to meth availability facilitated his initiation to the drug. Together, these accounts have shown how the participants started their journey into meth use and the extent to which personal, peer network and environmental factors are implicated.

Motivations for Meth Use

To Stay Awake. Research has shown that substance use is often goal-oriented, in that most people use drugs purposefully for the perceived functional benefits they derive, irrespective of the consequences. According to [Becker and Murphy's \(1988\)](#) theory of Rational Addiction (a rational choice model), people who use drugs rationally choose such behaviour based on the perceived utility (benefits) they received from their previous drug use experience. Furthermore, [Becker and Murphy \(1988\)](#) noted that "past consumption of *drug* affects current utility through a process of 'learning by doing'" (p. 677). As [Rogeberg \(2020, p. 184\)](#) added, the theory states that "consumption at any point in time is partly motivated by the immediate payoff of consumption and partly by the effects this consumption has on the individual in the future". As the above theme highlighted, some participants' meth initiation happened within friendship networks, while a few were initiated out of curiosity. Still, our analysis shows that all of them continued using meth because of the perceived diverse functions it performed for them (or they heard it performed for their friends). One of the primary motivations for using meth among our participants was to keep vigil at night, and most of them unanimously agreed that it keeps users awake and alert:

Ezeh: It makes you unable to sleep; you are always mentally alert, and it keeps you awake all night... It makes me freaky... It keeps me alert and awake, and I can't sleep as I normally do.

Steve: Yeah, what it does to me is to make me stay awake, and if there is anything I'm doing at the moment, I will be very focused on that particular thing. [I use meth] to stay awake, to stay active. You can't just take it if you know you don't want to stay awake; if you know you have nothing to do being awake, there is no need for you to take it. If I want to check out things on the Internet [at night]; if I have any assignment, and I want to stay awake and focused [without] distraction, I take it [and] I don't easily get distracted... There are nights when I know that I am going to be busy and I'm not supposed to sleep off, so I will need it as well.

When George was probed to unpack his motivations for taking it, he shared an account with interesting nuances. He started generically by stating how meth suppresses sleep before narrowing his discourse down to his motivation for using it to stay awake:

George: People who don't like sleeping at night take it to regain [keep] their eyes from sleeping. I had a motive for taking it. I didn't just take it because everybody else was taking it. I took it because I was doing a particular job then, so I needed that energy and that sleepless night. I needed it so badly that I had to tell someone to let us do it to keep up the sleepless night and stay awake when pressing the phone.

As referenced in Steve's (If I want to check out things on the Internet) and George's accounts (stay awake when pressing the phone), they appeared to engage in online businesses that involved keeping awake at night. Thus, they used the stimulant to avoid sleeping and to be active through the night. Additionally, Gibson stressed that meth use was common among those who engaged in Internet fraud: "*Yahoo boys [Yahoo or Yahoo-Yahoo is the street name for internet fraud in Nigeria] are the major promoter of it [meth] because that is what makes them stay awake*".

Interestingly, their accounts align with those of the service providers, who extensively discussed how those who trade in forex and others who participate in Internet fraud use meth to prevent them from sleeping at night. For example, Ada (a female Clinical Psychologist) noted that "most people involved in such businesses [like] forex trading [they do] at night take it [meth]". At the same time, additional accounts from her male colleagues highlighted some nuances regarding the link between meth, staying awake and Internet fraud:

Felix (Male Psychiatrist): The majority of the people we see [at the health facility] with methamphetamine use are commonly people who are involved in fraud like the Yahoo-Yahoo things. It is probably understandable because it is a stimulant that they need to be awake to work all through the night. So commonly, those are the kind of people who presently take it and probably get hooked on it.

Ofordi (Male Clinical Psychologist): The majority of the people that use crystal meth that we come across are those that are into this- ‘Yahoo’ stuff. So, they said that it helps them keep awake for long hours, even for days, so that they can monitor their transactions in that place [online].

While these and other participants discussed how meth kept them and other users awake, they also added that the length of time a user stays awake depends on the quantity of meth they use. Stanley shared his personal experience of how meth worked for him, indicating that it sometimes made him not sleep, while at other times he slept after using it, which may be due to the quantity of the drug he took: “... there are certain times it makes me not sleep; for instance, in two days, I have not slept now”. He also cited an example of how meth use was widespread among security personnel (nightguards) who use the drug to stay awake at night. Indeed, these accounts have highlighted one of the perceived functional benefits of meth use among participants.

Enhancing Energy for Work Performance. While the previous subtheme highlighted how some meth users were motivated to use the drug to keep vigil and work at night, this section provides further insightful nuances on how work enhancement motivates meth use. Participants discussed how meth provided them (and other users) with uncommon energy to work beyond the natural limit. As Ezeh indicated, people who engage in work requiring the exertion of physical energy use it to improve their performance: “*Yes, I heard it gives you unnatural strength and energy to work, and you can work from morning to night without feeling tired*”. The account below corroborates his view from a personal experience:

George: The energy I am talking about is that it boosts your inside to be very high while doing something. If maybe you want to do a hard job, and you take it, you will have this very full energy in you to the extent that the job would have finished before you get weak.

As indicated earlier, George used meth to avoid sleep in order to work, and his additional account has also highlighted how the drug enhanced his natural energy for work, making him not feel tired. His account aligns with what Stanley (who engages in woodcutting) and another participant (a car washer) discussed:

Stanley: [Meth] strengthens the hard labourers... I feel like Nigeria’s economy is poor; we are all hungry without any helper... So, when we take Garri [granulated fried cassava] and are given meth, it becomes for us extra power, and then we go split wood so that we can get what we want to eat.

Chibu: I wash cars from morning to night and night to morning with my friends. That’s when I take “ice”, I wash in the night until morning happily, and I will feel good, but I won’t sleep...

One of the nuanced accounts was provided by Ifeadi, who stated that “It [meth] gives me more strength; it gives me more power”. He combined bricklaying and security jobs, and in Nigeria, most brickmaking jobs are performed manually. Given that carrying sand and cement exerts energy, he stressed that he used meth to enhance his energy in order not to get tired:

Ifeadi: That's what I'm telling you that personally, for me, when I inject this drug, as I'm at work now [I will not feel tired]. I serve myself. I mix blocks, lift blocks by myself, carry cement and sand by myself, and after doing that, I will still go for another job. And I will not feel tired.

Ifeadi further bragged about how meth use had enhanced his night security work, claiming that he had worked as the chief security officer at his current location for 10 years and never had any challenge because "due to the fact that I am gallant". He vividly described his meth use practices, stating that while he used it during the day to work, "I have topped up another high" before going to his night security post. Previous research has shown that young Nigerian men who engage in menial/hard labour and sports use opioids such as tramadol for its perceived energy enhancement purpose. Our analysis has provided further evidence on how men use meth for a similar reason due to the perceived performative work enhancement functions it performs for them.

Sex Enhancement. Our analysis further shows that participants used meth to enhance sexual activities for diverse reasons. According to Chibu, meth use increases sexual urge, and that is why it is common among men: "One of the things that facilitates it [meth use] is the fact that it makes you hunger for sex..." Steve also shared his personal experience of using meth to enhance sex, noting that whenever he takes the drug, he will be *so mean and focused* during sex:

Steve: It also enhances sex performance. To me, anytime that I'm on meth, at that moment, I will be so focused... So, If I'm taking it because I want to have sex..., after [taking] it, I will be so mean and focused...

Previous research in Nigeria has shown that Nigerian young men use herbal alcoholic bitters and other substances like tramadol to improve their sexual stamina (Ajayi, 2023), elongate sexual activities and demonstrate to heterosexual female partners their sexual virility (Dumbili, 2024). Steve's reference to meth-induced 'meanness' seemingly aligns with such motivation. An additional account with interesting nuances was shared by Gibson, who stated that he used meth to enhance sexual pleasure and he also gave his girlfriend the drug for the same purpose: "Yes, if I want to have a 'nice time' with my girl, I could just say let me give my girl [the drug]; my girl that normally takes it". As noted, drug use is a gendered and male-dominated phenomenon in Nigeria. Still, there is growing evidence showing that young women are beginning to use diverse drugs for recreational and functional purposes in contemporary Nigeria.

While meth was believed to enhance sexual intercourse, Ifeadi stressed that its efficacy depends on whether one uses the fake or original meth:

Ifeadi: If you inject the fake [meth], when you see a woman..., your male organ wouldn't be responsive (weakened libido)... But if you inject original mkpurummiri [local name for meth], if you see a girl and she's passing, you'd keep staring at her ass and body till you feel like grabbing her. If she passes like this, your entire body will be turned on, and your manhood will be reactive. Do you understand what I mean now?

Fake products are widespread in Nigeria (Klantschnig & Huang, 2019), and as the above account indicates, fake meth is also available in the Nigerian drug landscape. Therefore, individuals who use such fake meth may not attain the intended purposes. Indeed, these accounts have highlighted different reasons why men use meth for sexual purposes.

Consequences of Meth Use

While some meth users purposefully ingest the drug for various reasons, meth use is not without some unintended side effects. Participants demonstrated that they were highly knowledgeable about the adverse health and social consequences of taking meth, and shared their personal or friends' experiences. Some stated that meth dries up one's appetite, causing those who use the substance to appear emaciated and sickly and also causes hallucinations. They added that meth use often makes some users irritated and quarrelsome: *If I take it, it boosts my mood, and if I don't control it, I can begin to reply to someone's words in an inadequate manner* (Nesta). In the following accounts, participants further narrated how meth use affected their social relationships and caused harm:

Chibu: My wife and I always had issues because I was talking out of point. After it [meth] wears off [when the bodily effect douses] and they narrate what I did or said, I will always wonder. In fact, it [meth] makes one go crazy.

Ifeadi: Some people have killed their siblings under its influence. Some, after injecting it, have killed their mother, and some killed their father.

Drawing on a personal experience, Steve shared a detailed account of how he smoked two bales of meth and experienced delusion that almost resulted in psychiatric disorder in the form of psychosis, causing him to dance offbeat to the rhythm of a song:

Steve: A particular song was playing that day. After taking the second bale [of meth], inside me, the song was going faster; everything started going faster. So, I was trying to meet up with the level of fastness the song was going in my mind, so I was battling, and people around me were looking at me; I felt they noticed that something was wrong with me because my two legs were shaking.

The more I tried to catch up with the song, the faster the song went [in his mind], so I was on a run to catch up with the song, but it was going very fast. Then I took the bottled water in my hand to sip; that was how I hung it in my mouth. I was not drinking it; it was just hanging, and my body was shaking. Like I was vibrating, they started holding me and telling me I should calm down...

Previous studies have shown how meth use causes mental illnesses like delusion, and this was referenced in the above account, in that he could not flow along with the song's rhythm due to the drug's effect on him. While he was lucky to have been held by friends, another participant shared an unpleasant experience of how his friend developed a mental disorder after ingesting meth he offered him:

Ezeh: Well, you are bound to experience a lot of things, the good and the bad [when you use meth]... There's a friend of mine called (name withheld). He ingested the meth I bought from outside the country. He ran mad for close to three days.

As referenced in the account (he ran mad for close to three days), almost all the participants narrated how meth makes some users suffer severe psychosis and other mental disorders, making them act violently. Participants also shared their opinions regarding other consequences of meth use, indicating that it could drive those who are unable to control their sexual drive to rape. For example:

Ifeadi: You might finish injecting it now and see a grown girl [and grope her]... There are even some who rape two-year-old kids, which I've seen; there are some who rape people's wives...

In the above extracts, participants narrated the role of meth in enhancing sex; they believed that it increases sexual urge and other related functions. From the account, it appears that meth-induced sexual urge leads to sexual violence. Ifeadi further shared a personal experience of another health-related consequence of meth use, noting that he had gone for seven days without passing faeces or urine because of the way he ingested meth. As he narrated, he was taking it without diluting the content; therefore, it affected his body system to the extent that he almost lost his life the day he excreted:

Ifeadi: I used to ingest it raw. There was a time I stayed one week without excreting faeces or urine, and nobody knew. I'm telling you the truth. The day I finally wanted to excrete, I nearly died trying to excrete in the bush. The faeces refused to come out, being as strong as a stone. I kept pushing until I got tired. I ended up inserting my fingers into my anus and disintegrated the faeces before it could be relieved. Otherwise, I would have died if I had fallen down in that bush because I was already exhausted from pushing the shit.

As the accounts of meth users have shown, the drug causes different types of harm like violence, delusion and other mental disorders, and the service providers' accounts corroborated their views. One of the female service providers stated that while meth users suffer different consequences, many do not access services voluntarily or early enough. As she said, family members bring them when their conditions may have degenerated (e.g., when they become extremely violent) and, in the process, sustain injuries. Thus, service providers have to manage both physical and mental challenges:

Ada (Female Psychologist): They could have had physical effects from using it [meth]. Some of them complain of toothaches, some of them have body sores, and some have eye problems. You also have to manage that [physical and mental issues]. You are managing both their psychosis, their physical symptoms, or physical effects before you come into the psychological aspect. So usually, it takes a while [to manage their conditions]; you have to get them to the stage where they are healthy, and then you now begin your psychotherapy.

We probed her to unpack why they delayed accessing health facilities. She revealed that individuals with drug-induced conditions are highly stigmatised in Nigeria, and this constitutes a primary barrier.

Ada (Female Psychologist): There's still stigma, and misconceptions are still very high... Even there are cases where you see people who bring in [patients with drug problems]; not only meth users but there are other cases where drug users develop mental disorders. They bring them to the facility for treatment when things have gotten way out of hand, beyond our control. And then you ask them why you didn't bring them when you started noticing [their condition]; they'll tell you, you know, people will start talking; what will people say? People will start behaving differently towards me. And this is because these people don't know that this is a brain disease, and it can happen to just anybody.

Her account about stigma was confirmed by a participant, who noted that the society mocks those who use meth, calling them names that connote they are addicts: *"People will be like, haha, this one is "Oyekpole", [meth addict] and all this kind of thing, so it makes you have a very bad*

record". Also, a male service provider added the following symptoms among meth users and then shed light on how stigmatisation was responsible for the lack of use of health facilities:

Felix (Male Psychiatrist): Normally, there are common things that happen; many of them may have developed heart conditions and probably lack sleep or become restless or aggressive. Some of them may even have some psychotic experiences, hearing voices and all that.

Apart from the availability, there are other issues about stigma; you know, mental, neurological and substance use is highly stigmatized. This is partly because, for substance use, people think it is a moral failure that the individual brought the problem upon himself, so he should bear the consequences. They don't see it as a medical problem; they don't even think there is any need for treatment, and that explains why the person is flogged by the community, beaten by the youth because they think it is a moral failure...

He added that even among those who visit hospitals to access services when they are ill, many conceal their substance use, pretending to be suffering from non-substance use related health conditions. As he stated, following diagnosis, doctors will discover that they have meth-induced mental health challenges, and these factors often delay treatment.

Discussion

Our study, which examines the motives for, and consequences of, meth use, is among the earliest in Nigeria, and the findings corroborate and expand previous studies elsewhere (e.g., [Casanova et al., 2015](#); [Schmidt et al., 2019](#); [Sexton et al., 2006](#)). The findings show that the majority of our participants received their first meth through male friendship networks. While the finding confirms research elsewhere showing how gender influences drug initiation ([Ahamad et al., 2014](#)), it highlights the masculinisation of drug use in Nigeria ([Dumbili et al., 2022](#)), where fewer women than men use drugs because of the heightened discrimination that women who use substances suffer ([Ugwu & Dumbili, 2022](#)). Again, while some had their debut meth out of curiosity, which aligns with [Casanova et al.'s \(2015\)](#) study, drug dealing was also implicated. Previous research in Nigeria has shown that different drugs are available and easily accessible ([Dumbili et al., 2021a](#); [Nelson et al., 2023](#)) because the country is both a drug trafficking route and a traffickers' destination ([Molobe & Odukoya, 2021](#)). As indicated earlier, [Dumbili and Ebuanyi's \(2021\)](#) review reported that a federal drug enforcement agency in Nigeria discovered a meth-producing plant in a city that shares a boundary with the current study site, indicating that many drug supplying sources may be around this state.

Furthermore, we found that participants' meth use became goal-oriented following their first use, and this aligned with [Becker and Murphy's \(1988\)](#) Rational Addiction theory. That is, after their first experience with meth, they continued using it because of the perceived functions it performed for them. Some were motivated because of the perception that meth helped them to stay awake at night while they carried out their assignments, such as security work or online businesses. Although meth users did not mention that they engaged in internet fraud or took meth to enhance such illicit activities, service providers discussed this based on their experiences. While this warrants future research to examine the link between meth use and internet fraud, it is worth highlighting that a recent study found that the desire "to be awake for nocturnal activities, mostly "Yahoo-Yahoo" (internet fraud)", was among the motives for using opioids among young men in Eastern Nigeria ([Onyima, 2023](#), p. 270). Internet fraud (i.e., Yahoo-Yahoo) is widespread in Nigeria ([Ayodele et al., 2022](#)), and young people are primarily involved. Most of their illicit activities occur at night because

of the risk of arrest during the day. Therefore, they may also use stimulants like meth (in addition to opioids which [Onyima, 2023](#) reported) to enhance their illegal night-time activities.

Previous research elsewhere has shown that people use meth to improve their energy for work ([Schmidt et al., 2019](#); [Sexton et al., 2006](#)), and this aligns with our findings showing that men use meth to enhance their work performance purposefully in Nigeria. Recent studies have shown that young men who engage in manual labour and precarious work, which are popular in Nigeria, use tramadol to improve their work performance and productivity to earn a living ([Dumbili et al., 2021c](#); [Nwafor et al., 2023](#); [Onyima, 2023](#)). The current study expands extant research on performance enhancement motivations for drug use because some participants engaged in multiple jobs that involved working through the day and night, and this motivated their meth use.

We also found that men engaged in sexualised substance use ([Edmundson et al., 2018](#)) because they took meth to improve their sexual encounters ([Sexton et al., 2006](#)). Existing studies show that some young women in Nigeria demand protracted sex beyond the natural limit and mock men who cannot last long during sex or perform maximally, resulting in them quitting such relationships abruptly ([Dumbili et al., 2022](#)). Women call such men two-minute men ([Dumbili, 2024](#)). Men are aware of this name-calling and shaming. Therefore, many of them now resort to using herbal alcoholic beverages and/or tramadol ([Ajayi, 2023](#); [Dumbili, 2024](#)), which they believe enhance their sexual stamina and elongate intercourse. The current study's findings have shown that sexualised substances are expanding in Nigeria because men also use meth to stimulate sexual urges, perform optimally and derive pleasure with their partners, and this corroborates research elsewhere, showing how meth is used to enhance sexual activities ([Copes et al., 2022](#)).

While men reported the reasons for intentionally using meth, the findings also revealed the impact of the substance on users. Meth use had adverse social and health effects on participants and their acquaintances, including causing irritation, hostility and increased violent behaviours ([McKetin et al., 2020](#)), which affected their relationships with spouses and friends. Other consequences reported, which are also confirmed in previous studies, include meth-induced delusion ([Harding et al., 2022](#)) and psychosis ([Akindipe et al., 2014](#); [Simpson et al., 2023](#)). Importantly, one unique severe consequence reported, which developed previous research, was a weeklong meth-induced inability to urinate or defecate. This finding raises serious concerns because storing waste in the body for several days may open doors to multiple illnesses.

Another important aspect of the findings shows that those who develop meth-induced health conditions do not access medical care early enough and sometimes not until their situation deteriorates, requiring family members to bring them to facilities. This is largely because of the social stigma attached to substance use and, more importantly, drug-induced psychiatric disorders in Nigeria ([Ebuonyi et al., 2023](#); [Nelson, 2021](#); [Ugwu & Dumbili, 2022](#)).

Limitation of the Study

The study has some limitations. First, it did not include a large number of participants. Second, we did not also include women who use meth. While we do not aim at generalisation, future research should include more participants, including women, especially as women were reported to have introduced the drug to their partners and also to be selling it. Third, we collected data from one region. More inclusive studies that will collect data from all the regions in Nigeria are warranted. This would provide a holistic assessment of meth use in Nigeria for intervention purposes. Despite these shortcomings, we have generated baseline data that highlighted meth use motivations and consequences and factors that constitute barriers to accessing treatment in Eastern Nigeria.

Conclusion

This study has highlighted how men are initiated into meth use, their motivation for continued use and the consequences of using the drug. The findings have shown that meth is available and accessible in friendship networks and around where the participants lived. The findings have shown that the government's *war on drugs* approach (Ugwu & Dumbili, 2022) is not producing effective results and should be reconsidered. Our study has highlighted meth use and its consequences, indicating that men have added meth to their drug repertoire in Nigeria, and this expands the drug-induced harm the nation must grapple with. Given the goal-oriented meth use reported, there is a need for the government to create an enabling environment for people to earn a decent living. This may reduce doing multiple energy-exerting jobs that may encourage energy enhancement with substances. Having generated the baseline results reported above via qualitative technique, mixed methods studies should be conducted in the future to determine the prevalence of meth use, explore other factors that may motivate meth use practices and capture the consequences that may not have been reported in this study. Also, it is essential to examine the factors that may promote the utilisation of addiction and rehabilitation services in different regions, as Nigeria is a multi-ethnic country. This would facilitate the design and provision of appropriate interventions to reduce the health and social consequences of meth use and the utilisation of services.

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Ethical Statement

Ethical Approval

Ethics approval was obtained from the Ministry of Health, Anambra State, Nigeria (MH/AWK/M/321/403) and the Human Research Ethics Committee (LS-22-28) of University College Dublin, Ireland.

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