

A growing body of research has examined chronic pain management among people who use illegal drugs (PWUID) in western countries, but less is known about this subject in Africa. The objective of this study was to explore chronic pain experiences and barriers to healthcare services for PWUID living with chronic pain in Uyo, Akwa Ibom State in Nigeria.

The study was designed as an exploratory qualitative research. It was conducted in Uyo, Akwa Ibom State in Nigeria. The population of study was PWUID living with chronic pain residing in Uyo. The sample (n=26, 21 men and 5 women) was selected through snowball techniques. Primary data were collected through in-depth interviews using an open-ended question guide. Three key informants (1 health professional and 2 management officials) were also interviewed. Interviews were recorded, transcribed and translated verbatim, and coded and analysed thematically. The integrative sociological theory of Pierre Bourdieu guided the study.

The result showed that chronic pain is an intractable condition, which has negative effect on work, social relationships and everyday activities. Chronic pain was attributed to different causative factors, including substance use, exposure to the elements, stress, and difficult working conditions. While some participants received social support from family members, friends and co-workers, others experienced stigma and discrimination. Similarly, while some received social support from health workers, others faced discriminations. Stigma and discrimination, insufficient funds to pay for medical services, restrictions on opioid prescription and health-related beliefs posed as barriers to health services and encouraged resort to less efficacious and potentially harmful alternatives such as unapproved drugs.

The study concluded that barriers to health services operate as structural violence that impedes access to health services for most PWUID. A key contribution to knowledge is that while some PWUID faced discrimination some others received social support from friends and family members. Provision of drug abuse treatment, subsidizing the cost of health services, further regulation of ethnomedicine, training of health workers and development of guidelines for service delivery were recommended for improving access to pain management for PWUID.