



INTERVIEW NUMBER

SECTION A: BACKGROUND INFORMATION

Thank you for agreeing to be a key informant in our national survey.

1. Gender of respondent (observe and check box):

Male <sub>1</sub>  Female <sub>2</sub>

2. Respondent's job title position (check one box only)

<input type="checkbox"/> <sub>1</sub>	Psychiatrist	<input type="checkbox"/> <sub>2</sub>	Other professional providing drug treatment services (psychologist, psychotherapist, etc)
<input type="checkbox"/> <sub>3</sub>	Outreach workers	<input type="checkbox"/> <sub>4</sub>	Health worker
<input type="checkbox"/> <sub>5</sub>	Teacher	<input type="checkbox"/> <sub>6</sub>	Local community leader
<input type="checkbox"/> <sub>7</sub>	Social Worker (NGO worker)	<input type="checkbox"/> <sub>8</sub>	Police official
<input type="checkbox"/> <sub>9</sub>	Ex-drug user/recovering addict	<input type="checkbox"/> <sub>10</sub>	Traditional ruler
<input type="checkbox"/> <sub>11</sub>	Religious scholar	<input type="checkbox"/> <sub>12</sub>	Other (specify)

3. How long have you been living in this area?   years

SECTION B: PATTERNS OF DRUG USE

In this first section, we are interested in obtaining your general views about drugs and their use in this area/area which is \_\_\_\_\_

1. First of all I am going to ask you about different types of drugs that drug users in your area might use. For each drug type that I read out, please could you say whether you think it is “commonly used” in your area, if there is “some use”, if it is “rarely used”, if it is not used at all in your area, or if you “don’t know”.

INTERVIEWER: CHECK ONE BOX ON EACH LINE. YOU MAY NEED TO EXPLAIN SOME OF THEIR DRUG CATEGORIES LISTED IN THE TABLE

Substance name	Commonly used	Sometimes used	Rarely Used	No use	Don't know (DK)	(If Used) Typical Age of First Use
1) Cannabis (herb or resin)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
2) Methamphetamine (crystal or powder)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
3) Cocaine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
4) Crack cocaine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
5) Ecstasy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
6) Tranquilizers (such as Bromazepam, valium, tropium, calmpose)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
7) Alcohol	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
8) Maltranal	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
9) Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
10) Amphetamines such as Dexedrine or Adderall	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
11) Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
12) Heroin	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
13) LSD (Lysergic Acid Diethylamide)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
14) PCP (Phencyclidine)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
15) Solvents/Inhalants (such as glue)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
16) Cough syrup (e.g. Coldex)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	
17) Others (specify) _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	

Now I would like you to think about the types of drugs that MEN in your area use.

2. In general which out of the drug types we just talked about, would you say are the THREE drugs most commonly used by MEN in your area?

(Record in order starting with the MOST common drug)

Response	Code	9 DK
a. Most common drug used by MEN		
b. Second most common drug used by MEN		
c. Third most common drug used by MEN		
<p>Note: Code as            1 Cannabis (herb or resin), 2 Methamphetamine (crystal or powder), 3 Cocaine, 4 Crack cocaine, 5 Ecstasy 6 Tranquilizers (such as Bromazepam, valium, tropium, calmpose),7, Alcohol 8 Maltranal, 9 Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine), 10 Amphetamines such as Dexedrine or Adderall, 11 Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn, 12 Heroin, 13 LSD (Lysergic Acid Diethylamide), 14 PCP (Phencyclidine), 15 Solvents/Inhalants (such as glue), 16 Cough syrup (e.g. Coldex) 17 Other</p>		

Now I would like you to think about the types of drugs that WOMEN in your area use.

3. In general which out of the drug types we just talked about, would you say are the THREE drugs most commonly used by WOMEN in your area?

(Record in order starting with the MOST common drug)

Response	Code	9 DK
a. Most common drug used by WOMEN		
b. Second most common drug used by WOMEN		
c. Third most common drug used by WOMEN		
<p>Note: Code as            1 Cannabis (herb or resin), 2 Methamphetamine (crystal or powder), 3 Cocaine, 4 Crack cocaine, 5 Ecstasy 6 Tranquilizers (such as Bromazepam, valium, tropium, calmpose),7, Alcohol 8 Maltranal, 9 Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine), 10 Amphetamines such as Dexedrine or Adderall, 11 Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn, 12 Heroin, 13 LSD (Lysergic Acid Diethylamide), 14 PCP (Phencyclidine), 15 Solvents/Inhalants (such as glue), 16 Cough syrup (e.g. Coldex) 17 Other</p>		

Please think now about YOUNG PEOPLE in your area. By “young” I mean young men and women who are between 16 and 25 years old.

4. Which of the drug types we just talked about, would you say are the THREE drugs most commonly used by YOUNG people in your area?

(Record in order with the MOST common drug)

Response	Code	9 DK
a. Most common drug used by young men and women aged 16-25 years		
b. Second most common used by young		

men and women aged 16-25 years		
c. Third most common used by young men and women aged 16-25 years		
<b>Note: Code as</b> 1 Cannabis (herb or resin), 2 Methamphetamine (crystal or powder), 3 Cocaine, 4 Crack cocaine, 5 Ecstasy 6 Tranquilizers (such as Bromazepam, valium, tropium, calmpose),7, Alcohol 8 Maltranal, 9 Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine), 10 Amphetamines such as Dexedrine or Adderall, 11 Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn, 12 Heroin, 13 LSD (Lysergic Acid Diethylamide), 14 PCP (Phencyclidine), 15 Solvents/Inhalants (such as glue), 16 Cough syrup (e.g. Coldex) 17 Other		

And finally, think specifically about ADOLESCENTS in you area. By “adolescents” I mean boys and girls less than 16 years of age.

5. Which of the drug types we just talked about, would you say are the THREE drugs most commonly used by ADOLESCENTS in your area?

(Record in order with the MOST common drug)

Response	Code	9 DK
a. Most common drug used by adolescents boys and girls less than 16 years		
b. Second most common used by adolescents boys and girls less than 16 years		
c. Third most common used by adolescents boys and girls less than 16 years		
<b>Note: Code as</b> 1 Cannabis (herb or resin), 2 Methamphetamine (crystal or powder), 3 Cocaine, 4 Crack cocaine, 5 Ecstasy 6 Tranquilizers (such as Bromazepam, valium, tropium, calmpose),7, Alcohol 8 Maltranal, 9 Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine), 10 Amphetamines such as Dexedrine or Adderall, 11 Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn, 12 Heroin, 13 LSD (Lysergic Acid Diethylamide), 14 PCP (Phencyclidine), 15 Solvents/Inhalants (such as glue), 16 Cough syrup (e.g. Coldex) 17 Other		

6. Overall, how common would you say drug use by injection is amongst drug users in your area?

Commonly used	Sometimes used	Rarely Used	No use	Don't know (DK)
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>

SECTION C: CHANGING PATTERNS AND TRENDS

We are interested in knowing how patterns of drug use in your area might have changed in the past few years. Firstly, please think about changes in patterns of drug use which have occurred in your area SINCE 2009

1. The options for each answer are “Not used (in the area), Decreased a lot, Decreased a little, Not changed, Increased a little or Increased a lot”. Overall would say that use of [drug] in your area has increased/decreased since last 5 years?

Types of Drugs	Not used	Decreased a lot	Decreased a little	Not changed	Increased a little	Increased a lot	Don't know
1) Cannabis (herb or resin)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
2) Methamphetamine (crystal or powder)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
3) Cocaine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
4) Crack cocaine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
5) Ecstasy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
6) Tranquilizers (such as Bromazepam, valium, tropium, calmpose)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
7) Alcohol	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
8) Maltranal	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
9) Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
10) Amphetamines such as Dexedrine or Adderall	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
11) Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
12) Heroin	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
13) LSD (Lysergic Acid Diethylamide)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
14) PCP (Phencyclidine)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
15) Solvents/Inhalants (such as glue)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
16) Cough syrup (e.g. Coldex)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
17) Others (specify) _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>

2. If you could think and describe in your own words, what, in your opinion, could be the reasons that may be important for this change (decrease and/or increase) in the use of specific drugs over the past five years in your area? Ask probing questions  
[List drug type and write additional reasons]

Now, if you could think of some recent changes, i.e., in the **PAST 12 MONTHS** in the patterns or trends of drug use in your area and answer the questions

3. As above, the options for each answer are “Not used (in the area), Decreased a lot, Decreased a little, Not changed, Increased a little or Increased a lot”. Overall would say that use of [drug] in your area has increased/decreased since last 12 months?

Drug Type	Not used	Decreased a lot	Decreased a little	Not changed	Increased a little	Increased a lot	Don't know
1) Cannabis (herb or resin)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
2) Methamphetamine (crystal or powder)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
3) Cocaine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
4) Crack cocaine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
5) Ecstasy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
6) Tranquilizers (such as Bromazepam, valium, tropium, calmpose)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
7) Alcohol	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
8) Maltranal	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
9) Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
10) Amphetamines such as Dexedrine or Adderall	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
11) Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
12) Heroin	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
13) LSD (Lysergic Acid Diethylamide)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
14) PCP (Phencyclidine)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
15) Solvents/Inhalants (such as glue)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
16) Cough syrup (e.g. Coldex)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>
17) Others (specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>9</sub>

3. If you could think and describe in your own words, what, in your opinion, could be the major reasons that may be important for this change (decrease and/or increase) in the use of specific drugs over the last one year in your area? Ask probing questions [List drug type and write additional reasons]



4. Would you say there has been evidence of any new drugs being used over the last year or so, in your area?

Yes <input type="checkbox"/> <sub>1</sub>	If yes, please specify
No <input type="checkbox"/> <sub>2</sub>	
Don't know <input type="checkbox"/> <sub>9</sub>	

D: SOCIO-DEMOGRAPHICS AND DRUG USE

We are interested in trying to get a detailed picture of drug use patterns in your area. By this I mean information such as age at which drug users typically start to use drugs, their socio economic status, and which drugs are associated with serious problems in your area and so on.

INTERVIEWER: IN Q 1 – 8 BELOW, WRITE THE NAME OF THE 3 COMMONLY USED DRUGS IN THE AREA (RESPONSES TO SECTION B, Q. 2, 3, 4, and 5 ) AND ASK ONE BY ONE Q 2– 9 IN THIS SECTION.

[READ]: Now, let’s talk about the socio economic status (e.g. low income group / poor, middle class, upper class, etc) of the people who use drugs in your area.

So, firstly, thinking about ALL MEN and the 3 common drugs they use in your area, as we discussed earlier,

1. What in your opinion are the socio economic status of MEN using [drug] in your area?

Common drugs MEN	Low income	Middle income	Upper income	Don't know
i.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>
ii.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>
iii.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>
<p><b>Note: Code as</b>            1 Cannabis (herb or resin), 2 Methamphetamine (crystal or powder), 3 Cocaine, 4 Crack cocaine, 5 Ecstasy 6 Tranquilizers (such as Bromazepam, valium, tropium, calmpose), 7, Alcohol 8 Maltranal, 9 Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine), 10 Amphetamines such as Dexedrine or Adderall, 11 Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn, 12 Heroin, 13 LSD (Lysergic Acid Diethylamide), 14 PCP (Phencyclidine), 15 Solvents/Inhalants (such as glue), 16 Cough syrup (e.g. Coldex) 17 Other</p>				

I would now, like you to think about the WOMEN who use drugs in your area.

2. What in your opinion are the socio-economic status of WOMEN using [drug] in your area?

Common drugs WOMEN	Low income	Middle income	Upper income	Don't know
i.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>
ii.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>
iii.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>
<p><b>Note: Code as</b>            1 Cannabis (herb or resin), 2 Methamphetamine (crystal or powder), 3 Cocaine, 4 Crack cocaine, 5 Ecstasy 6 Tranquilizers (such as Bromazepam, valium, tropium, calmpose), 7, Alcohol 8 Maltranal, 9 Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine), 10 Amphetamines such as Dexedrine or Adderall, 11 Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn, 12 Heroin, 13 LSD (Lysergic Acid Diethylamide), 14 PCP (Phencyclidine), 15 Solvents/Inhalants (such as glue), 16 Cough syrup (e.g. Coldex) 17 Other</p>				

Now, if you could think of YOUNG PEOPLE i.e., both young men and women who are between 16 and 25 years old, who use drugs in your area:

3. What in your opinion are the socio economic status of YOUNG MEN and WOMEN using [drug] in your area?

Common drugs YOUNG PEOPLE	Low Income	Middle Income	Upper Income	Don't know
i.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>
ii.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>
iii.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>

**Note: Code as**  
 1 Cannabis (herb or resin), 2 Methamphetamine (crystal or powder), 3 Cocaine, 4 Crack cocaine, 5 Ecstasy 6 Tranquilizers (such as Bromazepam, valium, tropium, calmpose), 7, Alcohol 8 Maltranal, 9 Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine), 10 Amphetamines such as Dexedrine or Adderall, 11 Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn, 12 Heroin, 13 LSD (Lysergic Acid Diethylamide), 14 PCP (Phencyclidine), 15 Solvents/Inhalants (such as glue), 16 Cough syrup (e.g. Coldex) 17 Other

And finally, think specifically about ADOLESCENTS in you area. As I had said, by “adolescents” I mean boys and girls less than 16 years of age.

4. What in your opinion are the socio economic status of ADOLESCENTS using [drug] in your area?

Common Drugs ADOLESCENTS	Low income	Middle income	Upper income	Don't know
i.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>
ii.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>
iii.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>

**Note: Code as**  
 1 Cannabis (herb or resin), 2 Methamphetamine (crystal or powder), 3 Cocaine, 4 Crack cocaine, 5 Ecstasy 6 Tranquilizers (such as Bromazepam, valium, tropium, calmpose), 7, Alcohol 8 Maltranal, 9 Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine), 10 Amphetamines such as Dexedrine or Adderall, 11 Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn, 12 Heroin, 13 LSD (Lysergic Acid Diethylamide), 14 PCP (Phencyclidine), 15 Solvents/Inhalants (such as glue), 16 Cough syrup (e.g. Coldex) 17 Other

Now, let's focus on the common settings/locations in which drugs are used in your area. Some of the locations or settings in which drugs are used can be abandoned buildings, parks, on the streets, home, schools, graveyards, etc.

So thinking about all the MEN and the common drugs they use in your area,

5. What in your opinion/knowledge are the common settings/locations in which drugs are used by MEN in your area?

Common Drugs MEN	Setting 1	Setting 2	Setting 3	Setting 4	Don't know
i.					<input type="checkbox"/> <sub>9</sub>
ii.					<input type="checkbox"/> <sub>9</sub>
iii.					<input type="checkbox"/> <sub>9</sub>
<b>Note, Code as:</b> 1 Own home, 2 Friend's home, 3 Bar/entertainment venue, 4 Recreational park, 5 Motor park, 6 Uncompleted/abandoned building 7 Other					

Now think of the WOMEN and the common drugs they use in your area,

6. What in your opinion/knowledge are the common sittings/locations in which drugs are used by WOMEN in your area?

Common Drugs WOMEN	Setting 1	Setting 2	Setting 3	Setting 4	Don't know
i.					<input type="checkbox"/> <sub>9</sub>
ii.					<input type="checkbox"/> <sub>9</sub>
iii.					<input type="checkbox"/> <sub>9</sub>
<b>Note, Code as:</b> 1 Own home, 2 Friend's home, 3 Bar/entertainment venue, 4 Recreational park, 5 Motor park, 6 Uncompleted/abandoned building 7 Other					

And thinking about YOUNG PEOPLE, i.e., young men and women between 16 and 25 years old, who use drugs in your area,

7. What in your opinion/knowledge are the common Sittings/locations in which drugs are used by YOUNG PEOPLE in your area?

Common Drugs YOUNG PEOPLE	Setting 1	Setting 2	Setting 3	Setting 4	Don't know
1.					<input type="checkbox"/> <sub>9</sub>
2.					<input type="checkbox"/> <sub>9</sub>
3.					<input type="checkbox"/> <sub>9</sub>
<b>Note, Code as:</b> 1 Own home, 2 Friend's home, 3 Bar/entertainment venue, 4 Recreational park, 5 Motor park, 6 Uncompleted/abandoned building 7 Other					

And finally thinking about ADOLESCENTS by which I mean boys and girls under 16 years of age, and the common drugs they use in you area,

8. What in your opinion/knowledge are the common sittings/locations in which [drug] are used by ADOLESCENTS in your area?

Common Drugs ADOLESCENTS	Setting 1	Setting 2	Setting 3	Setting 4	Don't know
1.					<input type="checkbox"/> <sub>9</sub>
2.					<input type="checkbox"/> <sub>9</sub>

3.					<input type="checkbox"/> <sub>9</sub>
<b>Note, Code as:</b>					
1 Own home, 2 Friend's home, 3 Bar/entertainment venue, 4 Recreational park, 5 Motor park, 6 Uncompleted/abandoned building 7 Other					

Let's now go back to all the drugs we had talked about that are used in your area and I would like you to think for a moment about all the problems that may be caused by the use of these drugs. These problems could be health or family related, social or legal.

9. Now, for each drug type that I read out, I would like you to say if you think that in your area its use causes "major problems", "some problems", "no problems" or that you "don't know". [Please check the column marked "Not used" if the drug is not used in the area]

Drug Type	Not used	Major problems	Some problems	No Problems	Don't know
1) Cannabis (herb or resin)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
2) Methamphetamine (crystal or powder)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
3) Cocaine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
4) Crack cocaine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
5) Ecstasy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
6) Tranquilizers (such as Bromazepam, valium, tropium, calmpose)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
7) Alcohol	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
8) Maltranal	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
9) Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
10) Amphetamines such as Dexedrine or Adderall	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
11) Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
12) Heroin	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
13) LSD (Lysergic Acid Diethylamide)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
14) PCP (Phencyclidine)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
15) Solvents/Inhalants (such as glue)					
16) Cough syrup (e.g. Coldex)					
17) Others (specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>

10. Could you describe in your own words what you feel are the most important problems faced by DRUG USERS as a result of drug use in your area? (Probe for answers if necessary,. Ask the list below if not mentioned in their description)

Relations with parents, family and friends

Work related

Police or the legal system

School drop-out

Violence

Health issues like infections (HBV, HCV, HIV, etc)

11. Now, could you describe in your own words what you feel are the most important problems faced by the COMMUNITY as a result of drug use in your area?  
(probe for answers if necessary)

Families' relations

Work/employment related

Police or the legal system

Sex work or other sexual life styles and preferences

Organized crimes, gangs, etc

Health issues and infections like HIV, HBV, OR HCV

SECTION E: PRIMARY INFORMATION

As I had mentioned in the last section, we are trying to build up a picture of drug use in the country. In this section, I will ask you some questions about how common different patterns of drug use are in your area. Don't worry if you can not give an exact response to questions, your best guess is OK. The next questions are about drug users of e.g. Marijuana, Cocaine, Heroin, Tramadol, etc.

1. Approximately how many (if any) drug users have you had personal contact with in any way at all over the past year?

If you are involved with the treatment of drug users or with the police then please include all these contacts in the figure. If you do not have personal contact with any drug users in any way, then please say so and I will move to another section of the questionnaire.

		a. Numbers	OR	b. %	Don't Know
1	Drug Users				99

1. IF NO Drug Users PLEASE CHECK THIS BOX

IF NO TO ABOVE SKIP TO SECTION F.

[INTERVIEWER – PLEASE RECORD THE ANSWER IN THE RELEVANT BOXES EITHER AS A NUMBER OR AS PERCENTAGE]

NOTE: IF THE RESPONDENT IS INVOLVED IN A TREATMENT PROGRAMME IN ANY WAY, CHECK THIS BOX, SKIP THE NEXT QUESTION, AND ASK Q.3

Respondent involved in drug treatment

SKIP NEXT QUESTION

[Read]: We would like to know something about the proportion of drug (Cannabis, Cocaine, , Heroin and Tramadol etc)

2. Thinking of all the different types of drug users (*we have talked about*) with whom you have had contact over the last 12 months, how many would you estimate have received treatment for drug use during the last 12 months?

[Read]: Don't worry if you can not give an exact response to questions, your best guess is OK, but if you have no idea at all then please say so and I will continue with the next question.

		a. Numbers	OR	b. %	Don't Know
1	Drug Users				99

NOTE: IF THE RESPONDENT IS INVOLVED WITH THE POLICE IN ANY WAY, CHECK THIS BOX AND SKIP NEXT QUESTION

Respondent involved in Police

SKIP NEXT QUESTION



[Read]: We would like to know something about the proportion of drug users who are arrested and charged each year.

- Thinking of all the different types of drug users (*we have talked about*) with whom you have had contact over the last 12 months, how many would you think have been arrested during the last 12 months for drug related charges?

		a. Numbers	OR	b. %	Don't Know
1	Marijuana				99

[Read]: Don't worry if you cannot give an exact response to questions, your best guess is OK, but if you have no idea at all then please say so and I will continue with the next question.

Now please think of the drug using population in your area overall (i.e., those you have had personal contact with plus those whom you do not know personally). I want your overall impression of the area, so once again please estimate answers where you can; if you can not provide an approximate answer please say so and I will move on to another question.

- Approximately what percentage of [drug name] users are

Drug Type	3. Are Men		4. Are Women		5. Are young (b/w 16-25yrs)		6. Are adolescent (less than 16 yrs)	
	%	9DK	%	9DK	%	9DK	%	9DK
1) Cannabis (herb or resin)								
2) Methamphetamine (crystal or powder)								
3) Cocaine								
4) Crack cocaine								
5) Ecstasy								
6) Tranquilizers (such as Bromazepam, valium, tropium, calmpose)								
7) Alcohol								
8) Maltranal								
9) Painkillers or analgesics (such as Tramadol, Morphine, Pethidine, Pentazocine)								
10) Amphetamines such as Dexedrine or Adderall								

11) Methamphetamine tablets such as Pervitin, Methedrine, or Desoxyn								
12) Heroin								
13) LSD (Lysergic Acid Diethylamide)								
14) PCP (Phencyclidine)								
15) Solvents/Inhalants (such as glue)								
16) Cough syrup (e.g. Coldex)								
17) Others (specify) _____								

5. And finally, approximately what percentage of drug users in your area do you think are INJECTING DRUG USERS?

%     % Don't Know

SECTION F: NEED FOR SERVICES

In this section, we would like to discuss firstly the availability of different drug treatment and rehabilitation services in your area. Then I will ask you about the perceived effectiveness of these services and finally on your opinion on the needs for different services for problem drug users in this area

1. Do any of the following services exist in your area?

	Service	<sub>1</sub> Yes	<sub>2</sub> No	<sub>9</sub> DK
1.	Private clinic			
2.	Psychiatric hospital			
3.	Other Government Hospitals			
4.	NGO/Treatment Centre			
5.	Home treatment			
6.	Faith Based Treatment Centre			
7.	Other (specify)			

**Note: If no Service exist then skip next questions and go to the question 8.**

The next questions are about drug treatment centre which may be available for drug users in your area

2. Which of the following places do drug users in your area most often go for treatment of their drug problems?

	Service	1) Most commonly	2) Second most commonly	3) Least used	9) Don't exist in the area
1	Private clinic				
2	Psychiatric hospital				
3	Other Government Hospitals				
4	NGO/Treatment Centre				
5	Home treatment				
6	Faith Based Treatment Centre				
7	NDLEA Treatment Centre				

I will ask the next few questions about the effectiveness of the available treatment services in your area. For effectiveness we would look at the accessibility, coverage, availability of treatment slots, treatment regimens offered, meeting diverse needs of the clients, etc. I will ask about each one by one. In response, you may give your answers as “least effective,” “somewhat” or “very effective”

3. So, overall, in your opinion how accessible are the available treatment services in your area?

	Service	3. Least accessible	2. Somewhat accessible	1. Very accessible	9. Don't know
1	Private clinic				
2	Psychiatric hospital				
3	Other Government Hospitals				
4	NGO/Treatment Centre				
5	Home treatment				
6	Faith Based Treatment Centre				
7	NDLEA Treatment Centre				
Accessibility with regard to location, working hours, equality and eligibility regardless of the person's status or payment capacity, etc.					

4. In your opinion how acceptable are the available treatments services in your area?

	Service	3. Least acceptable	2. Somewhat acceptable	1. Very acceptable	9. Don't exist in area
1	Private clinic				
2	Psychiatric hospital				
3	Other Government Hospitals				
4	NGO/Treatment Centre				
5	Home treatment				
6	Faith Based Treatment Centre				
7	NDLEA Treatment Centre				

5. In your opinion how effective would you say the available treatment services are for offering a range of services, treatment options and or modalities to their clients?

	Service	3. Least effective	2. Somewhat effective	1. Very effective	9. Don't exist in area
1	Private clinic				
2	Psychiatric hospital				
3	Other Government Hospitals				
4	NGO/Treatment Centre				
5	Home treatment				
6	Faith Based Treatment Centre				
7	NDLEA Treatment Centre				

6. Then, how effective in your opinion would you say the available treatment services are for clients' satisfaction and or retention of clients?

	Service	3. Least effective	2. Somewhat Effective	1. Very effective	9. Don't exist in area
1	Private clinic				
2	Psychiatric hospital				
3	Other Government Hospitals				
4	NGO/Treatment Centre				
5	Home treatment				
6	Faith Based Treatment Centre				
7	NDLEA Treatment Centre				

7. And finally, how effective do you think these services are in bringing positive changes to clients?

	Service	3. Least effective	2. Somewhat Effective	1. Very effective	9. Don't exist in area
1	Private clinic				
2	Psychiatric hospital				
3	Other Government Hospitals				
4	NGO/Treatment Centre				
5	Home treatment				
6	Faith Based Treatment Centre				
7	NDLEA Treatment Centre				

The next few questions concern how easy you think it is for different sections of the drug using population to obtain help for their drug related problems

8. On a scale of 1 to 5 where one represents "no need" and five represents "urgent need", how much need for MORE treatment services would you say there is in your area? (CHECK ONE NUMBER ONLY)

1	2	3	4	5
No Need				Urgent Need

9. Using the same scale as above, how easy or difficult would you say it is for WOMEN in this area to get treatment for a drug problem?

1	2	3	4	5
Very Easy				Very Difficult

10. And finally, using the same scale as above, how easy or difficult would you say it is for ADOLESCENTS in this area to get treatment for a drug problem?

1	2	3	4	5
Very Easy				Very Difficult

11. Could you describe in your own words what you feel are the most pressing needs for organized activities related to reducing drug use in your area within the following? (Please give comments under which ever you think is relevant for you)

Drug Policy

Primary prevention

Treatment and rehabilitation

Prevention of harmful consequences (HIV, Hepatitis infections etc.) of drug use

Monitoring and research

Other

AND FINALLY

12. Do you have any additional comments about the drug problem in your area?

I once again thank you for the valuable time you have given in answering these questions.

In your opinion how reliable was the information given by the respondent?

- Good 1
- Average 2
- Poor 3

-RECORD TIME INTERVIEW TERMINATED: