

CHAPTER 1

1.0 INTRODUCTION

As Africa's most populous country, with West Africa's largest, and one of the world's fastest growing economies, Nigeria is not immune to the global threat of illicit drugs production, trafficking and use. Given its size and position Nigeria has a key role concerning security, stability, development and integrations in West Africa and the Gulf of Guinea region. The UNODC 2009 Threat Assessment for West Africa highlights Nigeria as a leading high risk country in seven of eight assessed major crime. These range from drug control issues – with Nigeria serving as a transit point for cocaine from Latin America and heroin from Asia and a major provider of locally cultivated cannabis, oil bunkering, smuggling of migrants, trafficking in persons, kidnapping, and illicit goods such as counterfeit medicines, fire arms, ammunition and toxic waste.

UNODC is implementing a large scale project funded by the EU under the 10th European Development Fund (EDF) modality, projects NGAV16 - "Response to Drugs and Related Organized Crime in Nigeria", which aims at supporting Nigeria's efforts in fighting drug production, trafficking and use, in curbing related organised crime including counterfeit narcotics and psychotropic substances. The project proposes a balanced approach to drug control, with equal attention paid to drug interdiction and drug demand reduction, including drug prevention, treatments and care.

2.0 OBJECTIVES

The main objective of the project is to strengthen the evidence based on drug use and drug crime which would be used for policy planning and implementation. The population-based 'National household survey on drug use in Nigeria' aims at collecting baseline information on the following aspects at the national and state level. These include:

The extent and pattern of drug use in Nigeria (i.e., lifetime, past 12 months and 30 days prevalence of drug use bytypes of substances and gender);

The socio-demographic characteristics of drug users and their living conditions such as gender, age, marital status, education, and employment status.

Information on age of onset of drug use, frequency and pattern of use, high risk drug use as well as extent of poly drugs use, drug dependence and drug use disorder,

Social and health consequences of drug use (especially criminality, arrest, imprisonment, HIV, and other infections); accessibility and utilization of services for drug dependent treatment, HIV prevention and care, among others.

3.0 JUSTIFICATION

The key aspect of the project is to strengthen the evidence based on drug use and drug crime which would be used for policy planning and implementation. Data on response to drug use and related organized crime among the study population in Nigeria will be ascertained. This report will provide evidence for the Government and non-governmental drug and crime control partners to improve crime and drug control and eventually eliminate such habits among Nigerians.

4.0 BENEFITS

Evidence derived from the survey will provide benchmark indicators that can be used for relevant policies and track future progress, while ensuring international comparability with surveys of similar nature carried out in other countries.

The level of drug use (by male/female) will be assessed for the drugs available in Nigeria (including but not limited to cannabis, cocaine, tranquilizers, codeine, tramol, and solvents) in relation to the following key indicators;

Life time prevalence and absolute numbers of life time users (percentage/total number of individuals aged 15-64 years who have ever used the drug);

Annual prevalence and absolute number of annual users (percentage/total number of individual age 15-64 years who used the drug at least one in twelve prior to the survey;

Monthly prevalence and absolute numbers of monthly users (percentage/total number of individuals aged 15-64 years who used the drugs at least once in the previous month);

Prevalent and absolute number of drug dependent persons

5.0 METHODOLOGY

The survey methodology described below gives detailed information on the sample size to be used for pilot survey and the selection of households and respondents. It will also include the quality assurance measures and modality for the development and finalization of survey instruments as well as training of field personnel and arrangement for field work among others.

5.1 Pilot Test

Objectives of the pilot survey

The objectives of the pilot study among others include;

- 1) To test all the stages of data production that will be carried out during the main survey but on a very small scale
- 2) To test and perfect all survey instruments and CAPI Program
- 3) To ensure adequate planning for all logistics that will be required for the main survey
- 4) To write an administrative and technical report on the pilot

5.2 Coverage of the Survey

The pilot survey will be carried out in six (6) states; three (3) states with prevalence and three (3) states with non-prevalence of drug use. One state is selected from each geo-political zone and they are; Rivers (SSZ), Kano (NWZ), Lagos (SWZ), Imo (SEZ), Bauchi (NEZ) and Plateau (NCZ). Both urban and rural areas in each state will be canvassed. The target population will be male and female members of households who are 15-64 years.

5.3 Scope:

The survey will cover a wide range of subject areas of interest on drug use and crime related offences.

Information required to uniquely identify the target population which includes particulars of the enumeration areas (EAs) and number assigned to the selected households (HHs).

Socio-demographic characteristics of drug users and their living conditions such as gender, age, marital status, education and employment status.

Information will also be collected on age of onset of drug use, frequency and pattern of use, high risk drug use as well as extent of poly drug use, drug dependence and drug use disorder.

Other areas are social and health consequences of drug use (especially criminality, arrest, imprisonment, HIV, and other infections) as well as accessibility and utilization of services for drug dependence treatment.

The above-mentioned subject areas are transformed into questions to form part of the content of the questionnaire as follows:

Part A: Identification

Part B

Section 1: Household composition and Demographic Characteristics

Section 2: Demographic Information of the Respondent

Section 3: General Health Information

Section 4: Size of personal network

Section 5: Prescription of Drug Misuse

Section 6: Tobacco Use

Section 7: Alcohol Use

Section 8: Knowledge and Awareness of various substances

Section 9: Information about substance use by people known and in the household

Section 10: Self-Reported Substance Use

Section 11: Information about Drug Dependence and Drug Use Disorder

Section 12: Arrest and Treatment history

Section 13: Brief assessment of Harms from Other's Drug use

Section 14: Interviewer's comment/Evaluation

Section 15 : Interviewers check (To be completed by the supervisor)

6.0 SAMPLE DESIGN

A two-stage cluster sample design will be adopted for the pilot survey.

First stage selection (Selection of EAs)

The first stage involves selection of primary sampling units. In each State 10 EAs will be canvassed, Six (6) Urban and three (4) Rural EAs. This gives a total of 60 EAs to be covered in all the six (6) states.

The second stage selection (selection of households)

Eight (8) households (HHs) will be selected in each EA. A total of 80 HHs will be covered in each state and subsequently, a total of 480 HHs will be studied in all the six states.

Conditions and procedures for replacement of EA

In order to address some extreme cases of non coverage of the selected EAs, the following procedures will be adopted:

- 1) Extra five EAs will be provided for each state in case of any replacement
- 2) The supervisor and State officer must be contacted before any replacement is made
- 3) Replacement can be made if the EA is not accessible or if it is located in a conflict or crisis area, i.e. areas classified as high risk areas

7.0 SURVEY INSTRUMENTS/EQUIPMENT

The Survey Instruments to be used are:

- 1) Questionnaire
- 2) Instruction Manual
- 3) List of Selected Households
- 4) Enumeration Area Line Maps
- 5) Flash Cards for Substances
- 6) Computer Assisted Personal Interview (CAPI) to capture the data

8.0 TRAINING FOR FIELD WORK

Two levels of training will be adopted.

First Level Training

First level training is the Training of Trainers (TOT). Participants at the training will include:

- i) Trainers
- ii) Monitors (NBS and Independent)
- iii) Coordinators

Participants will be staff from NBS, UNODC and Market Research Consultancy Ltd (MRC)

Training will be conducted at the NBS headquarters Abuja and it will last for three (3) days.

Second Level Training

The second level training is the training of Field Staff. It is planned that the training will be centrally organized to take place in Kano State. Participants at the training will include:

- i) State Officers
- ii) Supervisors
- iii) Interviewers
- iv) UNODC representative
- v) MRC officials

The training will last for four (4) days.

9.0 FIELD WORK ARRANGEMENT FOR DATA COLLECTION

Two (2) teams will be constituted in each state. A team will comprise (1) supervisor and two (2) interviewers. Each state will have six (6) field personnel. Fieldwork will last for seven (7) days.

10.0 MONITORING OF FIELD WORK

Monitoring exercise will be mounted to ensure that data to be collected are of high quality. Monitoring will be done by:

- 1) NBS state and Headquarters staff
- 2) Independent monitors from MRC and
- 3) UNODC officials

11.0 COORDINATION OF FIELD WORK

Senior officers of NBS will coordinate the survey. Activities to be coordinated will include:

- 1) Training
- 2) Fieldwork
- 3) Data processing
- 4) Report Writing

12.0 DATA PROCESSING, ANALYSIS AND REPORT WRITING

Data Processing will be done at the ICT Department, NBS Headquarters.

Activities to be done include:

- 1) Electronic editing
- 2) Data Validation
- 3) Data cleaning
- 4) Data Analysis
- 5) Table Generation
- 6) Report Writing

The pilot survey report will be written by experienced report writers from NBS and UNODC

TIME LINE FOR DRUG USE PILOT SURVEY

S/N	ACTIVITY	DURATION	PERIOD
		NO. OF DAYS	
1.0	Pilot test		June - August 2016
1.2	Training of Trainers	3 Days	19 th – 21 st July, 2016
2	Training of supervisors and interviewers	3 Days	25 th – 28 th July, 2016
2.1	Data collection	7 Days	1 st – 7 th August, 2016
2.2	Monitoring	4 Days	1 st – 4 th August, 2016
2.3	Debriefing of the monitoring exercise	1 Day	16th August, 2016
2.4	Data Processing	14 days	22nd August, 2016
2.5	Report Writing	3 days	29th-31st, August, 2016
2.6	Dissemination		To be decided

CHAPTER 2

2.0 FIELD STAFF

2.1 The Role of Enumerator

Interviewers play a central role in the collection of data and the ultimate outcome of the exercise depends on how they conduct the interviews. The success of this survey therefore, depends on the quality of each interviewer's ability to collect accurate information from the respondents. It is, therefore, important for the interviewer to be consistent in the way he/she puts the questions to the respondent. Therefore, the role of the enumerator includes the following:

- i. Locating structures and housing units in the sample Clusters assigned to him/her by the supervisor.
- ii. Selecting the eligible respondent in each household
- iii. Carrying on the interviews in accordance with the procedures described in the manual.
- iv. Checking the completed records so as to be sure that all questions were asked and the response were neatly and legibly written.
- v. Making call-backs to interview respondents who could not be interviewed during their first or second visit due to various reasons.
- vi. Ensuring that the information given is correct by keeping the respondent focused to the questions.
- vii. Preparing the debriefing notes in the notebook for the field editor and supervisor on the problems encountered.
- viii. Verifying questionnaires completely before handing them over to the supervisor and before leaving the locality

2.1.1 Building rapport with the respondent

The respondent's first impression of the enumerator determines his/her willingness to cooperate in the survey.

Introduction: To introduce himself/herself, the enumerator will clearly state his/her name, show the enumerator's identification card and request politely to talk to the head of the household/family.

First Impression: When an enumerator is approaching a respondent for the first time he/she should: -

- a) Choose words that will make the respondent feel free and at ease for the interview.

b) Open the interview with a smile and salutation:

“Good Morning Sir/Madam, my name is (NAME). I am an interviewer of the National Bureau of Statistics. We are conducting a survey on health and related issues in Nigeria. Your household has been selected through a random sampling process and we would like to interview you. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone”.

c) Proper clothing and attire are strictly required as a sign of respect to the respondents and to represent properly the institution represented for the survey.

Neutrality during Interview: Most respondents are polite and will tend to give answers they assumed the enumerator wants to hear. It is therefore very important that the enumerator remains absolutely neutral as he/she asks questions. The enumerators should not either by facial expression or by tone of voice allow the respondent to think he has given the right or wrong answers to the questions.

Maintain word and sequence of the questions: The wording and the sequence in the questionnaire must be maintained. If the respondent misunderstands a question, the enumerator should read the question again slowly and clearly. To follow the sequence of the questions the enumerator should respect the filter and skip instructions indicated in the questionnaire.

Be tactful: In a situation where the respondent shows no interest, acts bored, detached, contradicts previous answers or refuses to answer the questions, the enumerator must tactfully bring back the respondent’s interest in the interview.

Do not hurry the Interview: The enumerator should ask questions slowly and give the respondent time to think to ensure that he/she understands what is being asked. If the respondent is not allowed to think and formulate his/her opinion the response may be «don’t know» or he/she may give an inaccurate answer. If the respondent seems to be responding slowly there is no need to hurry or to discontinue the interview.

Interview the respondent alone.

The presence of a third person during an interview can prevent you from getting fran
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and honest answers from a respondent. It is therefore, very important that the individual interview is conducted privately and that all questions be answered by the respondent.

If other people are present, explain to the respondent that some of the questions

require privacy and interview should be conducted in the best place in this respect.

Sometimes asking for privacy will make others more curious, so they will want to listen;

you will have to be creative. Establishing privacy from the beginning will allow the respondent, to be more attentive to your questions.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, in such circumstances, it is important that you

remember that, you must omit certain questions which you are instructed in the questionnaire to ask only if you have total privacy.

In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible.

Skip instructions

It is very important not to ask a respondent any questions that are not relevant to her/his situation. For example, a man/woman who is not using tobacco or any tobacco

product should not be asked for how many times did you use per day. In cases where a

particular response makes subsequent questions irrelevant, an instruction is written in

the questionnaire directing you to skip to the next appropriate question. It is important

that you carefully follow skip instructions.

2.2 The Roles of Supervisors

The major responsibilities of the supervisors are to:

- i. Contact local authority Officials in the areas assigned to a team to gain their cooperation.
- ii. Locate the Clusters/EAs (Urban and Rural) assigned to his/her team.
- iii. Assign works to enumerators and provide working materials.
- iv. Continue training the enumerators on the job if necessary.
- v. Check the quality of the work of each enumerator through skim and spot checks.

- vi. Maintain the morals of the enumerators so that they work in cheerful atmosphere.
- vii. Observe some of enumerator's interviews to ensure politeness and that question are properly asked and ideas correctly interpreted.
- viii. Help the enumerator to resolve problems he\she may have with locating households or with difficult respondents.
- ix. Review each question to be sure it is completed and consistent.
- x. Meet with each enumerator on daily basis to discuss performance and future assignments.
- xi. Write a comprehensive report of the data collection in his/her team

2.5 The Roles of State Officers

The State Officer co-ordinates the totality of the activities of the survey in his/her state.

- i. He/she will make contact with the district head and relevant authority of the EAs that will be canvassed.
- ii. He/she will ensure relevant intervention whenever that is necessary in order to get the cooperation of the respondents.
- iii. He/she will help the field staff to solve whatever problem(s) they may encounter in the field.
- iv. He/she will ensure compliance to retrieval time-line.
- v. He/she must submit both technical and administrative reports of the operation in the state

2.6 The Roles of Zonal Controllers

- i. Zonal Controller supervises the activities of the survey in the zone through the State Officers.
- ii. He/she will coordinate the totality of the survey in the states under his zone.
- iii. He/she will ensure the quality of data that will be collected in his zone.
- iv. He/she must submit an overall technical/administrative report in his zone

2.7 The Roles of NBS HQ Monitoring Officers

The monitoring officers are to:

- i. Ensure compliance to retrieval programme
- ii. Conduct both skim and spot – check exercises and effect corrections
- iii. Ensure proper compliance to quality programme of collecting high quality data.

2.8 The Roles of Independent Monitors

Independent monitors comprise of the 6 coordinators for each zone and 37 monitors for the states and the FCT, Abuja. They are from the Universities /Research Institutions and private monitoring firms and all have varied experiences relating to the survey work. Some have worked with NBS on surveys/projects as monitors and evaluators.

Their key roles are to:

- i. Form another layer of supervision and monitoring of field work.
- ii. Further ensure and enhance collection of high quality data.
- iii. Add value to integrity of data collected.
- iv. Conduct skim and spot check exercises for high quality data collection.
- v. Submit reports for various levels of the field work.

2.9 CONCEPTS AND DEFINITIONS

By way of clarity and reconciliation, a brief of pertinent concepts and definitions is provided in the following paragraphs. These terms should be properly understood so that quality data are collected.

Household

A household is a single person living alone or a group of persons who normally live and eat together under common cooking arrangements and have no other usual place of residence elsewhere. If a dwelling is occupied by a group of related and unrelated person who do not eat together as defined above , but have common living arrangement then it will be treated as a household which will be enumerated like other households in the sample area.

A lodger

Person(s) who usually lives with the household but takes his /her meals outside, in a hotel, restaurant etc will constitute a separate household.

Household members

All persons in a household who normally live and eat together and consider the living quarter or living space occupied by them as their usual place of residence. Thus they will include all such persons present or temporarily absent whose usual place of residence falls in the sample areas at the time of enumeration.

Persons to include as Household Members,

- All those persons who normally live with the sample household and are present at time of interview.
- Persons who normally live with the sample household but are temporarily away at the time of enumeration for reasons such as (i) visiting friends and

relatives for social ceremonies, (ii) travelling in connection with business, (iii) admitted in hospital or sanatorium for short term treatment , (iv) summary trial, (v) attending a conference or short term course not exceeding six months in a foreign country, or (vi) attending school, college in another city/town and living there in a boarding house or hostel.

- All boarders servants, friends relatives and non-relatives who are living with the sample household at the time of enumeration and may or may not take their meals with the same household and do not possess any other usual residence elsewhere.
- Fishermen, seamen and other related or unrelated person whose usual place of residence is the sample household but is away on the high seas for catching fish.

Persons to Exclude as Household

- Members/persons found present in the sample household at the time of enumeration and are temporarily staying there as friends, guests, visitors etc. but have their usual place of residence elsewhere.
- A lodger found present in the sample household at the time of enumeration and lives there but takes his meal outside. He/She will be enumerated as a separate household in the survey.
- A household servant found present in the sample household at the time of enumeration who takes his meals from the household but has his usual place of residence elsewhere. He will be covered in the household which is his usual place of residence.
- Children of the sample household attending school/college in another City/ town and living with friends or relatives in that city/Town or living as a separate household by renting a room or a house.
- Persons who are working in another city/town or village and are usually residing there ,visiting their family which is a sample household occasionally.

2.10. Drugs, the Basic Information

Drugs in different forms had been used by humans for thousands of years. Early Egyptians used wine, narcotics was introduced from 4000 B.C. and marijuana had been in medical use mostly around 2737 B.C. in china. Active substances in drugs had been extracted from 19th cent. A.D. Then for a long period of time some of the newly discovered substances as morphine, laudanum, and cocaine were completely unregulated and prescribed freely by physicians for a wide variety of ailments. Morphine was used on large scale during the American Civil War for wounded veterans. Gradually problem of addiction became frequent and

prominent. So, for first time legal measures against drug abuse in the United States in 1875. In 1914 the Harrison Narcotic Act banned sales of substantial doses of opiates or cocaine by un-licensed doctors and pharmacies. Later, heroin was totally banned even medical prescription. Use of narcotics, cocaine and alcohol diminished around 1920's to 1933.

2.11. Definitions of terms used frequently

Drugs: According to WHO "Drug addiction is a state of periodic and chronic intoxication harmful to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic)".

Any substance which, when enters into the body of living organism alters the brain functioning and consequently changes mood and behaviour of organism.

Drug dependence: Drug dependence refers to compulsive use of drug with strong desire to increase quantity of drug to get same effects.

Drug Addiction: Drug addiction is used as a synonym to drug dependence by some professions. WHO defines addiction as repeated and compulsive use of a substance that may lead to periodic or chronic intoxication. Addiction is characterized by repeated attempts to quit drugs and failure in these attempts. The person develops tolerance for drug and feels compelled to take drugs in order to overcome withdrawal symptoms.

Tolerance: Tolerance refers to reduction in effects of drugs as a result of repeated, frequent and high dose of drugs. The tolerance might be functional or/and metabolic. Metabolic tolerance is fast consumption of drug and consequent reduction in blood-drug level and duration that lessen drug effects. Functional tolerance refers to person's anticipation of diminished drug effects.

Withdrawal: The term refers to symptoms one experience, when repeated use of a drug is stopped. it may include physical symptoms as well as psychological symptoms. The symptoms may be much or the person may experience group of symptoms, withdrawal syndrome, when prolonged and/or high dose of drug is ceased. Following are most frequently experienced withdrawal symptoms.

Drug Abuse: Drug abuse refers to habitual, non-therapeutic and excessive use of any substance to change one's mood, emotions or behaviour and results in its functionality in one's life. Drug abuse may result in physical, psychological, social, and occupational impairment. Person might become involved in illegal activities in order to get drugs or as a result of drug addiction.

Drug use: The term drug use refers to the use of a substance to the extent that does not result in dys functionality in life; however it might result in impairment in one or other aspect of life.

2.12. Classification of Drugs:

Drugs are of two kinds, one that is considered less harmful and effects slowly such as smoking or use of gutga in some regions. Initially such drugs are taken in smaller amount due to peer pressure or to seek pleasure but later it becomes habit and person is compelled to take drugs. As these drugs are not much intoxicating and does not cause immediate physical harm so people don't consider them as dangerous for their health.

Other types of drugs include Alcohol, heroine, hash, and SAMAD BOND etc. Once a person gets habitual to these, it is then difficult for him to quit drugs. These drugs are very intoxicating and cause blurred vision, slurred speech, physical weakness, and increased arousal.

2.13. Ways to use drugs:The following were various way of using drugs

- Through needle/injection
- Sniffing
- Orally

2.14. Effects of drugs:

2.14.1. Physiological effects:The physiological effects of drugs are broad and intense.

- Central nervous system is adversely affected as drugs have worse effects on both forebrain and hindbrain that leads to their dysfunctionality.
- When drugs effects are vanished, person feels restlessness and body may start shivering.
- Appetite is reduced and person usually take meal at ill-timing.
- Sleep routine of person is disturbed.
- The hearing and vision of person may be adversely affected due to drugs.
- Deprivation of drugs may cause severe body aches and particularly joint aches.
- Excessive sweating may be experienced and in some persons, pulse rate may be excessively reduced.

2.14.2. Social and psychological effects: The psychological effects of drugs are severe and multidimensional.

- Drug deprivation leads to restlessness and anxiety. The desire to take drugs in increased quantity is gradually strengthened which makes person aggressive and violent.
- When drugs are vanished, person's time orientation is disturbed and illusion of being attacked by insects may be experienced.

- Drugs may have adverse effects on person's memory to the extent that person often cannot identify known persons and places.
- Addicts are not independently economically as they do not work to earn their living and in some situations they are not able to work so they become involved in stealing, robbery and other aggravated crimes.
- When a person becomes habitual drug user, he develops moral, emotional and psychological dependence on drugs.

2.14.3. Effects of drugs on society: Drug addiction is not only an individual's problem but also a challenge for whole nation, infect for humanity.

- The moral and psychological values of an addict are weakened. Person does not remain functional hence starts selling household items and borrows money. They cannot get good dress and healthy meal. As a result they end up in various physical diseases.
- An addict needs thousands of naira daily to get drugs and most of them are idle. So, cause elevation in the number of dependent members (those who do not earn money and only depend on others for their need) of society.
- As the proportion of dependent members increases in a society, the rate of economic progress is decreased and humanity has to pay cost for this.

2.15. Types of drugs and its effect:

2.15.1 Stimulants: Substances which stimulate, excite or arouse Central Nervous System are called stimulants. These chemicals, when taken, alerts the person increase physical activity. Amphetamines, cocaine, crack and some inhalants like Amyl or Butyl Nitrites are included in stimulants. Caffeine that is present in tea, coffee and soft drinks is also a mild stimulant drug. Among these stimulants cocaine, crack and amphetamines are most widely abused.

Effects of stimulants: Different stimulants may affect bodily functioning in different ways. For example, expansion or dilation of blood vessel is effect of nitrate inhalants. Cocaine and crack disturb normal level of serotonin and amphetamines releases adrenalin. Generally speaking all these stimulants result in physical or mental arousal of user. This arousal may be manifested as apparently increased physical energy, clarity of thoughts and speed of thoughts.

2.15.2. Depressants: Substances which slow down Central Nervous System are called depressants. Alcohol, barbiturates and tranquilizers are some of the examples. Pharmaceutical depressants are divided into two major categories Barbiturates and benzodiazepines. Generally these are known as sleeping pills,

tranquillizers or sedatives. Some well known barbiturates are secobarbital (Secondly) and pentobarbital (Nembutal). Benzodiazepines commonly in use are Diazepam (Valium), chlordiazepoxide (Librium) Nitrazepam (Mogodon) and Temazepam.

Effects of depressants:The main effect of depressants is that these calm down a person and induce sleep. Excessive abuse of these drugs can cause unconsciousness and death. Tolerance is easily developed, if such drugs are taken regularly. Withdrawal symptoms include restlessness, insomnia and anxiety, convulsions and even death.

2.15.3. Analgesics:Analgesics are substances that are used to get relief from pain. Mild analgesics, such as aspirin or paracetamol are relatively harmless. Stronger analgesics drugs such as powerful pain killers most commonly abused. Some analgesics such as “opiates” are extracted from opium poppies and some others are produced by chemical synthesis.

Opiates include morphine, Heroin and codeine. All opiates can be prepared from raw opium by simple chemical processing. Chemically synthesized analgesics are available as powders, tablets or liquids. For example methadone is available as syrup, physeptone is a tablet form of methadone, and other examples of synthetics are pethidine, Diconal and Palfium.

2.15.4 Hallucinogens:Hallucinogens or psychedelics are those chemicals that exert an effect on person's self-awareness. Some of the hallucinogens are obtained from natural resources for example; mescaline is obtained from the peyote cactus or psilocybin. Some others are synthetic or semi-synthetic for example; LSD (derived from a fungus that grows on rye grains but requires very substantial chemical processing to produce); MDA (methylenedioxy amphetamine) or Ecstasy (methylenedioxy methamphetamine – or MDMA).

The effects:of hallucinogens:The effect of hallucinogens depend upon the strength of the drug. For example psilocybin is a mild hallucinogen and it gives mild feeling of relaxation, correlatively mild hallucinogen and its effects are usually confined to relaxation, a sense of well-being and mild visual distortion of color and distances. LSD, in contrast, is far more potent (about 100 times stronger) and its effect can include very vivid visual and audible hallucinations – almost literally an out of body experience – combined with distortion of time, distance and personal integrity. This can be terrifying, as a user will be unable to control his or her thought processes and any unpleasant aspects of the ‘trip’ can lead to intense fear, anxiety and even psychosis. Hallucinogens such as MDA or MDMA (Ecstasy) are

midway between these two extremes in terms of potency. Some distortion of vision and perception may occur but not in the intense and uncontrollable manner as can happen with LSD.

2.15.5. VARIOUS COMMON DRUGS

Names	Local Names	Mode of Intake	Effects
Ativan Lexotnil Valium	Tablets, Pills LSD	. Orally	. Sleepiness . Slow down the body . swinging moods
Morphin Tamegesic	Tablets	. Orally . Injected	. Soothing effect . Relief . Sometimes Sleep
Ritalin	Tablet	. Orally . Injected	. Active and speed up the body . Violence . psychosis . Heart failure
Cocaine	cocaine	. Orally . Sniffing . Injected	. Speed up the body . Happiness . Confidence . Anxiety . Aggression . Heart failure
Ecstasy	Pills	. Orally . Injected (sometimes)	. Happiness . Increased Energy . Decreased in body temperature

2.15.6. Amphetamines: Amphetamine, stimulate the central nervous system – that is, they increase activity in the brain.

4.24: Amphetamine effects, immediately when it is injected, after 10-40 minutes when swallowed. The effect of a single dose of amphetamines usually lasts about 3-6hrs.

- Speed up the body
- Snorted, smoked, injected or swallowed
- Desired effects: alertness confidence
- Adverse effects: violence, psychosis, heart failure
- Amphetamines withdrawal symptoms
 - Fatigue, hunger and irritability (several days)
 - Intense cravings to use drugs and mood swings

- Complication
 - Psychosis

2.15.7. Barbiturates: (Phenobarbital) Barbiturates, also known as sedatives or hypnotics, slow down Central Nervous System. These drugs can be used to calm someone and also to induce sleep. Drug users also use the words “barbs”, “downers”, “reds”, or “yellows” based on color of capsules. Most commonly abused barbiturates include; Amobarbital (Amytal); Pentobarbital (Nembutal); Secobarbital (Seconal)

- Barbiturates produce calmness, relax muscles and reduce anxiety. However, when taken in moderate doses, it can result in drowsiness, confusion, inability to concentrate, loss of co-ordination, tremors and slurred speech.
- Large doses of barbiturates can depress pulse rate, dilate pupils and shallow breathing. In severe situations, unconsciousness or death may be possible due to inhibition of vital life processes.

2.15.8. Cannabis (Herb/Resin, Marijuana): Cannabis is a Central Nervous System depressant that is obtained from a plant, sativa. Cannabis is used in form of dried leaves and buds, known as grass or marijuana or as a solid resin (hashish or hash) which is collected from the buds and flower heads, and also as a thick liquid prepared from the flowers or resin (hash oil).



- Cannabis is most commonly smoked, usually by mixing it with tobacco and rolling it up with cigarette papers into a cannabis cigarette. However, it can also be smoked with or without tobacco in various forms of pipes or smoking devices. The effects of cannabis immediately appear when cannabis is smoked as person experiences instant intoxication.
- Cannabis can also be taken orally by mixing it with different food ingredients or drinks. Oral intake does not cause instant intoxication few hours are needed before experiencing strongest effects.
- The most common (and desired) effects include over talkativeness, binge eating, cheerfulness, relaxation and over-stimulation for sound/color. The performance of Cannabis users on creative tasks such as music and art is usually improved.

Effects:

- Slows down central nervous system
- Drowsiness
- Appetite is increased
- Feelings of pleasure

- Excessive use increases anxiety level

2.15.9. Heroin: Heroin has painkilling properties and it is processed from a natural substance called “morphine”. Pure heroin is available in white color whereas impure heroine is diluted and its color is usually brownish white. It is injected, smoked or snorted.

- It slows down the body. Heroin reduces the pain/discomfort, and gives relaxation.
- Short-term effects include constricted pupils, nausea, vomiting, drowsiness, inability to concentrate and apathy.
- Long-term heroin use can cause severe weight loss, malnutrition and constipation. It can also lead to Menstrual irregularity, sedation and chronic apathy. Excessive and non-therapeutic use can cause death.
- Heroine effects immediately land if used twice or thrice, becomes a habit and every time it's increased quantity is to be taken to get same effect.



2.15.10. Cocaine: Cocaine is a chemical derived from the leaf of the Erythroxylon coca bush. It is a powerful Central Nervous System stimulant

- Street name of cocaine is hydrochloride that is a fine, white crystalline powder, soluble in water. Other slang names of cocaine are “coke”, “C”, “Charlie” etc.
- Powdered cocaine is sniffed or snorted up the nose through a rolled-up bank note or any other type of tube, after a line of the powder has been spread out on a smooth surface. Cocaine is also injected directly into veins to get immediate effects.



2.15.11. Tablets: These include legal drugs such as valium and Xanax. These drugs slow down the body. These can be swallowed or injected.

The desired effects include sleepiness and lowered inhibitions. However excessive use can cause extreme mood swings.



2.15.12. Alcohol: Alcohol is a depressant that slows down the body. It is most commonly used and abused drug. Alcohol is prepared by the chemical process called fermentation. In it yeast is used to convert carbohydrates (sugars) of fruits, vegetables or



grains to ethyl alcohol.

Excessive drinking may result in slurred speech, loss of limb co-ordination, loss of emotional control, inhibition of vital brain functions which can result in coma or death.

Alcohol abuse may cause following damages

- Damage to health
- Family abuse
- Accidents

2.15.13. Tobacco:

Tobacco is most commonly used drug in the world. It speeds up the body. Its adverse effect include cancer, respiratory illnesses and heart diseases. It can also cause severe damage to central nervous system.

CHAPTER THREE

Note

Processing Code:

The enumerator should write the complete processing code which consists of State, LGA, EA code and HH No on each page of the questionnaire.

HOW TO FILL THE QUESTIONNAIRE

In each sampled household you visit, you should begin by interviewing a knowledgeable adult member of the household to fill in the Household Composition and Demographic Characteristics section of the Questionnaire.

All other sections of the **Questionnaire** will be administered to a selected eligible person (15 -64 years) in the household.

PART A: IDENTIFICATION INFORMATION

This Section consists of an upper (1 to 7) and a lower (8 to 13) panel. The upper panel should normally be filled in before you approach the household. Your supervisor would have provided the necessary information to you when you are assigned the household. *The information is normally on the selection sheet.*

- 1 State:** The name and code of the State where the interview is conducted should be recorded in the space and boxes provided.
- 2. LGA:** The name and code of the LGA where the interview is conducted should be recorded in the space and boxes provided.
- 3. Locality:** Write the name of the locality where the interview is conducted.
- 4. EA Name and Code:** Write the EA name and the corresponding code in the boxes provided.
- 5. RIC:** Replicate Identification Code (RIC) is to be copied from the listing form.
- 6. Sector:** The code of each of the Area/sector within a state is one digit. Enter 1 for urban and 2 for rural as in the selection sheet.
- 7. Household number:** The household Number is represented by two digit code. This is the serial number of the selected household in the EA. This runs from 01 – 10.
- 8. Name of head of household:** Enter the full name of the head of household (HH). Confirm the name with the one in the Household Listing, column 1.2. If the name of the household head given to you is different from the one in the Household Listing, write down the name of the current head of household.

.9. Current Occupancy Status: The interviewer should circle the appropriate response option as given by the respondent.

10. Interviewer name and code

The interviewer will write his/her own name and the code assigned to him/her during training as a form of control to ensure the quality of data collected.

Day/Month/Year of interview

Enter the date of the interview as day, month and year. If the interview is not completed on your first visit and you visit the household again, revise and enter final date of interview. In other words, enter the date you complete the Questionnaire.

11. FieldSupervisor name and code

The supervisor will write his/her own name and the code assigned to him/her during training as a form of control to ensure the quality of data collected.

12. Time Interview started and ended: Record the time of the day you start and time you end the interview using the 24 hour system. If the hour or minutes are less than 10, put a zero in front of the hour or minute. Avoid rounding the minutes and write the exact minutes as you see on your watch.

13. Result of the interview: This area must be completed at end of the interview. One of the options must be circle to show the status of the questionnaire completed.

'Completed': If the Questionnaire is completed, circle '1'.

'Partially completed': If the Questionnaire is not completely filled, circle '2'

'Refusal': If the household refuses to be interviewed, circle '3'.

'Not at home': If the selected eligible respondent is not at home, circle '4'.

Part B

SECTION 1:Household Composition and Demographic Characteristics

A household is defined as "A person or a group of persons, related or unrelated, who live together and share a common eating arrangement and livelihood, and recognize one person as a head." (National Definition)

A household is defined as a person or group of personswho are related or unrelated, who live together in the same dwelling unit, who acknowledge one adult male or female as the head of household, who share the same living arrangements, andwho are considered as one unit.

In some cases one may find a group of people living together in the same dwelling, but each person has separate eating arrangements; they should be counted as separate one-person households. Domestic servants, relatives and other workers living and eating in the household are to be included as household members (even if they spend the weekend elsewhere and stay with the household the rest of the week). Three unrelated persons who live and cook meals together would be considered to form one household.

Collective living arrangements (also referred to as institutional populations) such as hostels, army camps, boarding schools, or prisons are not considered as households.

You will be assigned specific households to interview. Households that you will visit would have been identified previously by listing teams.

One should make a distinction between a family which reflects blood decent and marriage and a household as used in this survey to identify an economic unit. You must be conscious and use the criteria provided on household membership to determine which individuals make a particular household.

1.1.Line number. This is the number used to identify each person listed. You must obtain a complete list of all persons who usually live in the household, but you do not need to fill in or do anything in this column since the numbers are already provided.

You should begin by saying:

Please tell me the name of each person who usually lives here, starting with the head of the household.

List the head of the household in line 01. A household head is a usual resident member of the household acknowledged by the other members of the household as the household head. This person may be acknowledged as the head on the basis of age (older), sex (generally, but not necessarily, male), economic status (main provider), or some other reason. It is up to the respondents to define who heads the household. You are not required to assess who the household head is most likely to be, or whether the person stated as the household head has the relevant characteristics to be the household head.

List of all household members should follow the head of household from line 02. A household is defined as "A person or a group of persons, related or unrelated, who live together and share a common eating arrangement and livelihood, and recognize one person as a head". Then ask: **ARE THERE ANY OTHERS WHO LIVE HERE – EVEN IF THEY ARE NOT AT HOME NOW?** If yes, complete the listing for all of them.

Questionnaire within Household:

Note that if there are more than 19 household members, you will need to use a continuation (additional) questionnaire to record the additional household members. The continuation questionnaire should have all identification information (1 to 7) written on it on the cover page. Please remember to change the line numbers of household members on the continuation questionnaire by cancelling the pre-printed numbers and entering numbers starting from '19' '20', '21', '22', etc. When carrying out the listing of the households, firstly complete questions 1.2- 1.5 for all members, that is, (1.2) the Name of the household member, (1.3) the relationship to the head of household and (1.4) Status, (1.5) their sex, then start asking questions 1.6 through 1.9 for each person at a time.

1.2. Name

Fill in the name of each household member, starting with the head of household (the person who is considered to be responsible for the household. The head of the household should always be on the first row of the list. Never contest the respondent's answer.

Also note that the names of household members will never be used for analysis purposes. However, recording the names of all household members is important since you will be using these names to address the questions.

1.3. What is the relationship of (*name*) to the head of the household?

Enter the code corresponding to how the person listed is related to the head of the household. Use the codes provided. Be particularly careful in doing this if the respondent is not the head of the household. Make sure that you record the relationship of each person to the household head, not the relationship to the respondent. Respondents tend to provide the relationship of the person to themselves, rather than to the head of the household.

01. Household head: The member who makes key decisions in the household and whose authority is acknowledged by other members. It should be borne in

mind that the key decision maker may not necessarily be the oldest. Other factors within the household can determine who the head is such as what proportion of income is member's to total household income.

02. Spouse: refers to the married or partner by mutual consent to the head of household.

03. Son/Daughter unmarried: refers to biological child of the Head of household (male – son; female –daughter) that is not married.

04. Son/Daughter married: refers to biological child of the Head of household (male – son; female – daughter) that is married.

05. Father/Mother: This refers to the biological parents of the head of household.

0.6. Father/Mother Inlaw : This refers to the biological parents of the spouse of the head of household.

07. Brother/Sister: someone who is blood related to the head of household

08. Daughter/Son (in-law): The wife/husband of son/daughter to the head of the household.

09. Other Relatives: refers to the other unclassified person who can be traced to the head of household or spouse living in the household e.g. Cousins/nephews/neices.

10. Servant/Other non-relative: A person employed to do domestic work in a household or for a person e.g. maid/Someone who is not bloodily related to the head of household e.g friend.

1.4: Status: Indicate with appropriate code whether the household member is present or temporarily absent.

1.5. Is (name) MALE OR FEMALE?: Write '1' for 'Male' and '2' for 'Female'. Do not guess the sex of the household member from the name provided to you. When the respondent is listing everyone in the household, he/she may indicate the sex of the person at the same time, by saying "My sister Mary," for instance. In this case, you do not need to ask the sex of the household member again, since it is already obvious that the person is a female. However, when a name is mentioned and the person is not physically available for your confirmation of sex, Please ask "**boy or girl?**", "**male or female?**" never use your judgement. This column should never be left blank.

1.6. How old is(name)?as at last birthday?

Enter each person's age in completed years, that is, his/her age at his/her last birthday. Completed age is also defined as 'the number of completed years since birth. With this definition, since a 6 months old baby has not completed a full year, his/her age will be entered as '00'. This column should never be left blank.

How to use the historical calendar for person that does not know his/her age:

Ask of any historical event (national or local) which occurred around the time of birth or childhood.

Ask how old respondent was when that event occurred or how many years elapsed before his/her birth.

Then use the information obtained to calculate the age. For example, if respondent was 10 years old when Nigeria obtained independence, this person should be $10 + 55$ (i.e. 1stOctober 1960 to 30th September 2016) = 65 years. If still this methodology fails try the next approach.

Simply estimate how old the respondent may be based on some distinct historical events which occurred.

1.7. What is the current marital status? Write the code corresponding to the response given in the space provided

1.8 . Circle persons of age 15-64 years

The interviewer will circle the line number of person(s) within the age of 15 – 64 years.

1.9. Rank ages 15-64 years in column 1.6 from old to young:

Rank the eligible members of the household in descending order from the oldest to the youngest (column 1.6) i.e the oldest is 1st, the next to the oldest is 2nd etc.

SECTION 1: Household Composition and Demographic Characteristics

1.1 <i>Line number</i>	1.2 Names (<i>first name only</i>) of household members who usually live here. Do not list guests, visitors, etc.	1.3 What is the relationship of (<i>name</i>) to the head of household? 01. Head 02. Spouse 03. Son/Daughter (unmarried) 04. Son/Daughter (married) 05. Father/Mother 06. Father/Mother-in-law 07. Brother/Sister 08. Daughter/Son (in law) 09. Other relative 10. Servant/Other non-relative	1.4 Status 1. Present 2. Temporarily absent		1.5 Is (<i>name</i>) male or female? 1. Male 2. Female		1.6 How old is (<i>name</i>)? As at last birthday <i>Record in completed years.</i>	1.7 Marital status? 1. Married (monogamous) 2. Married (polygamous). 3. Informal union 4. Divorced 5. Separated. 6. Widow/Widower 7. Never married	1.8*	1.9
Line	Name	Relationship	P	T	M	F	Age	Status		
01	Ahmed	01	1	2	1	2	40 __	__1__	01	2nd
02	Zainab	__02__	1	2	1	2	__35__	__1__	02	3rd
03	Abdul	__03__	1	2	1	2	__13__	__7__	03	
04	Shehu	__03__	1	2	1	2	__12__	__7__	04	
05	Yusuf	__03__	1	2	1	2	__10__	__7__	05	
06	Amina	__03__	1	2	1	2	__08__	__7__	06	
07	Aisha	__03__	1	2	1	2	06__	__7__	07	
08	Musa	__03__	1	2	1	2	__03__	__7__	08	
09	Mohammed	__03__	1	2	1	2	__01__	__7__	09	
10	Rakiya	__06__	1	2	1	2	__65__	__1__	10	1st
11		__ __	1	2	1	2	__ __	__ __	11	
12		__ __	1	2	1	2	__ __	__ __	12	
13		__ __	1	2	1	2	__ __	__ __	13	
14		__ __	1	2	1	2	__ __	__ __	14	

Circle persons of age 15-64 years

RANK AGED 15-64 YEARS IN COL 1..6

FROM OLD TO YOUNG

HOW TO SELECT A RESPONDENT BY KISH GRID:

Example: if the questionnaire number is 3701013110 and total eligible member of household (15- 64 years) is 3

- To select a member to be interviewed, check the last two digits of the questionnaire = 10;
- Check the number running down the left side of the table equal 10 and;
- The number of the household members that are eligible = 3.
- Match the two numbers; member number 2 within the ranked numbering will be selected and interview

Total Qualified household member

QUESTIONNAIRE NUMBER ENDS IN	NUMBER OF ELEGIBLE HOUSEHOLD MEMBER, THE RESPONDENT MUST BE DRAWN FROM																								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
01	1	1	1	3	2	4	1	3	5	6	5	2	0	1	6	8	7	19	19	13	21	13	24	25	
02	1	2	3	4	3	1	2	2	3	4	8	3	7	2	5	4	4	15	4	8	6	16	14	22	19
03	1	1	2	1	4	2	7	6	9	3	5	11	2	1	3	11	7	10	16	16	10	5	2	2	3
04	1	2	3	2	1	3	5	8	6	2	4	2	4	8	11	10	6	6	9	10	15	11	12	11	18
05	1	1	1	4	5	6	3	5	7	5	9	8	4	3	2	13	5	18	1	4	1	20	11	5	24
06	1	2	2	2	3	5	6	7	8	7	1	4	9	4	8	2	7	7	4	12	14	22	10	3	14
07	1	2	1	1	4	1	4	1	4	6	3	6	5	7	3	9	2	3	3	14	8	2	7	20	4
08	1	1	2	3	2	5	1	4	2	1	7	0	6	5	4	5	0	5	2	13	4	17	5	17	8
09	1	1	3	2	5	6	2	2	1	9	0	1	0	4	6	6	1	9	0	1	5	6	9	1	12
10	1	2	2	4	1	3	3	6	9	0	1	2	3	9	5	7	8	1	6	3	9	4	3	10	1
11	1	1	1	3	1	4	5	3	1	6	2	9	3	1	4	4	1	4	5	15	17	1	1	23	2
12	1	2	3	1	3	2	7	5	6	5	7	7	8	6	0	3	3	1	2	20	7	13	22	12	16
13	1	1	2	1	5	3	6	4	3	4	6	2	1	3	2	1	5	8	7	2	12	15	21	13	7
14	1	2	3	2	4	1	4	7	8	2	5	6	1	2	9	6	3	6	1	18	18	14	16	18	23
15	1	2	1	4	2	4	3	8	7	7	1	1	3	5	7	2	4	3	8	17	20	19	20	19	11
16	1	1	3	3	1	6	5	1	5	9	0	3	2	1	3	8	2	2	5	6	21	8	8	4	15
17	1	1	2	3	4	2	6	4	2	3	2	2	5	2	0	3	5	8	8	9	16	10	17	16	20
18	1	2	1	4	2	6	4	1	4	8	9	0	7	9	3	2	2	9	7	20	19	9	19	21	13
19	1	2	2	1	3	5	2	8	9	0	4	9	8	3	1	1	4	0	9	10	11	18	15	7	6
20	1	1	3	2	5	4	1	3	8	1	3	8	6	6	9	5	7	3	4	15	1	7	22	15	21
21	1	1	1	2	5	1	7	2	3	2	1	1	4	7	5	3	2	1	3	12	18	5	19	14	9
22	1	2	1	3	1	3	2	6	2	1	8	7	1	4	2	1	8	2	7	4	17	21	16	3	5
23	1	2	3	4	2	2	6	7	7	8	3	4	9	3	6	2	1	1	6	2	8	11	23	6	22
24	1	1	2	1	4	6	3	5	5	3	1	5	3	1	4	8	4	6	5	9	14	3	6	9	17
25	1	1	2	3	3	2	4	6	4	7	5	3	2	2	2	4	6	2	7	11	2	12	4	8	10



The last two digits of the questionnaire number

- To select eligible household member: the last two digits of the questionnaire = 10;

Identification of the selected/eligible member of the household via Kish grid

- a) Total number of eligible members in this household as per column 1.9: Write the total number of eligible member (ages 15 - 64) in the household as in column 1.9 in the box provided.
- b) This is the household with number of eligible members: The house number should be written in space provided and the number of the eligible person should be written in the box provided. Note that the last two digits of the processing code is the household number within an EA.
- c) Selected member Personal serial number as per column 1.8: Write the serial number of selected person for interview in the box provided.
- d) Number of attempts to interview from the selected respondent (number): Write number of attempts to interview the respondent in the box provided.

Before starting this section, the enumerator should read aloud to the respondent this statement:

"This interview is part of a country-wide survey on health and related issues. The interview would not take long to complete. The questions cover various aspects of issues related to your health. It is confidential and anonymous and no information obtained in this interview will be traced back to you as an individual. It is important that you understand that your participation in this interview is voluntary, there are no risks involved and you are not obliged to answer all of the questions if you do not wish to and you may terminate the interview at any point".

May I start now?

If permission is given tick " Yes, permission given" If permission not given tick "No", permission is not given" then complete section 13 and discuss this result with your supervisor.

SECTION 2: Demographic Information of Respondents

The interview will ask the respondent questions on his/her demographic information.

2.1: How long have you been living in this address?

In this question period of residing in the current address is to be mentioned. The period should be written in the spaces provided. Write the number of years in the space for year and months should be written in the space for month.

Q.2.2: Are you able to read and write a simple statement in any language with understanding? Yes=1, No=2

Ask whether the person can read (e.g. a newspaper, simple letter) in any language with understanding. If code '2' is given then skip to Q2.4.

Q2.3: What is the highest level of education you have completed?

Only one appropriate code (1 to 10) shall be entered in the box provided to indicate the level of education completed. This question should be asked if code '1' is given in Q 2.2.

Q 2.4: Are you currently working for monetary or in kind compensation?

Enter any code from (1 to 4) as per reply of the respondent. If code 4 is given skip to Q.2.6.

Q. 2.5: If employed, what type of job do you do?

Only one appropriate code (1 to 8) shall be entered in the box provided to indicate the type of job the respondent do. Then skip to Q2.7.

Q.2.6: If you are currently not working, how would you describe your current status?

This question is asked from the eligible respondent that is not working from Q2.4 whose response is code 4. The question wants to know the reason why the respondent is not working. The appropriate code(1 to 7) should be written in the box provided as per reply of the respondent.

Q.2.7: Do you receive financial support from?

Ask this question from the selected eligible person who have been covered under Q2.6 and record either Yes '1' or No '2' as applicable to the respondent for the options.

Q.2.8: Are you involved in any voluntary social, religious, cultural, art and recreation activity in your community.

The response to this question require Yes =1 and No =2, Refused = 3 and Don't know = 4. If the response is No =2, Refused = 3 and Don't know = 4 skip to section 3.

Q2.9: How often do you participate in any of these voluntary activities (social, religious, cultural, art and recreation) in your community?

The question is asking for the frequency of participation of the respondent in any voluntary social, religious, cultural, art and recreation activities in his/her community. Write the appropriate code in the box provided.

SECTION 3: GENERAL INFORMATION ABOUT HEALTH FROM SELECTED HOUSEHOLD MEMBERS AGED 15 – 64 YEARS

Q3.1 How would you rate your health today?

The interviewer should allow the respondent to respond to this question, probe to know the right option to select, they should not prompt. Write the appropriate code in the box provided.

Note these:

1. Very Good (feeling very healthy), 2. Good (some inner feeling of being ill)
3. Moderate (Feverish, Stressed), 4. Bad (Due to some acute diseases and on some medication), 5. Very Bad (Due to some chronic or prolong diseases and on medication like TB)

Q.3.2: Have you ever been diagnosed with high blood pressure by a health practitioner?

It means pressure of the blood when you go to a health practitioner with the symptoms of headache and stiffness in the muscles, he/she checks you with an instrument (pump on your arm) and says your BP is very low or high. If the response is (YES/NO), write the appropriate response in the box provided. If the response is No, code 2 then skip to Q3.4.

Q3.3. If the response to Q3.2 is Yes then ask Q3.3, write code 1 if the response is Yes and 2 if the response is No in the box provided.

All other questions (**Q3.4 – Q3.13**) require “Yes” or “No” response. Also skip instruction should be observed where necessary.

Now I am going to ask you questions about specific health conditions, if you ever had any of these symptoms about HIV/AIDS?

The enumerator should consider the above note before starting Q.3.14. These questions are of specific nature; therefore, enumerator should ask these questions in isolation and not in the presence of others as he/she may want to answer in privacy.

Q3.14. Mention three modes of transmission of HIV/AIDS. The respondent would be asked this question without providing the options from the answer given, the enumerator would record the number of the options correspond to the

respondent answers in the box provided. Maximum of three options may be registered. For example, if sharing of needle is mentioned first followed by transfusion of blood and lastly unprotected sex, the enumerator would write 3 in the first box, 1 in the second box and 2 in the third box.

Q3.15: Generally, when you fall sick and need medical attention, where or from whom do you seek assistance?

The question seeks to identify the types of medication the respondent uses and the source, the appropriate option should be selected and the code should be written in the box provided.

Q.3.16: Have you EVER taken medicine(s) for any health conditions without the advice of a health professional?

Write the appropriate response as given by the respondent, Yes, code 1 or No, code 2 in the box provided .If No skip to Q3.18.

Q3.17: If Yes, for what condition. (most frequent/latest condition)

This question seeks to know the most recent condition that made the respondent take medication without the consent of a health professional. The condition should be written in the space provided.

Q 3.18: Have you ever been admitted in the PAST 12 MONTHS in hospital or other health facility for any health condition?

Write the appropriate response as given by the respondent, Yes, code 1 or No, code 2 in the box provided . If No skip to Q3.20.

Q 3.19: If Yes what was the condition for which you were hospitalised?

The question seeks to know the medical condition that made the respondent to be hospitalized within the past 12 months. The condition should be written in the space provided.

Q 3.20: Have you taken medicine(s) in the PAST 12 MONTHS for any health conditions without the advice of a health professional?

Write the appropriate response as given by the respondent, Yes, code 1 or No, code 2 in the box provided .If No skip to section 4

Q 3.21: If Yes, for what condition (most frequent/latest condition)?

The most recent medical health condition for which the respondent took medication without the consent of a medical health practitioner should be given in the space provided.

SECTION 4: SIZE OF PERSONAL NETWORK

This section seeks to identify the number of close associates of the respondent known to him or her personally, for each question, the number of acquaintances of the respondent should be given in the box provided. This is for Q4.1 – Q4.7.

SECTION 5: PRESCRIPTION DRUG MISUSE

This section seeks to know the pattern and frequency of drug use in the country through response from the selected eligible member of household (life-time, past 12 months and 30 days), Information about age of first use and drug dependency. All the type of medicine mentioned are prescribed by doctor but can be abused by using it without doctors' advice and some are addicted to it i.e. they cannot do without it.

The picture of the drugs pack and tablet would be provided.

Examples:

Tranquilizers and Sedatives are drugs used to reduce tension or anxiety

Amphetamines are drug which stimulate central nervous system i.e. it makes person feel excited and full of energy.

So, now I am going to ask you about possible use of drug such as tranquilizers or sedatives such as Valium or; Painkillers such as Tramadol, Codeine etc for relaxing, sleeping or relief of pain.

Q. 5.1: Have you ever used.....for other than medical purposes ?

At first asked for type 'a' Tranquilizers or Sedatives such as Valium, Lexotan,

Ativan etc. Under this question one of the two codes i.e. '1' for 'Yes' and '2'

for 'No' is to be given. In case of code 1, ask the next question but in case of code '2' ask

for the next type and so on. If "No" to all of them skip to Q 6.1

Care should be taken that the respondent should be clear about difference between pain killers and the sleeping pills/sedatives.

Q. 5.2: What was your age at first time use?

Age should be recorded correctly in two digits and in completed years for each type of

substance used. This question is to be asked if code 1 is given under Q. 5.1.

Q. 5.3: Have you used in the last 12 months?

The purpose of this question is to record the information about the current use of non-controlled drugs, while the previous question i.e. Q. 5.1 and Q. 5.2 were for use of non-controlled drugs ever in respondent's life. In this question, it is to be recorded that whether the respondent has used non-controlled drugs as medicines during the last 12 months or not. Code 1 is to be given for 'Yes' otherwise code 2 for 'No' ask for the next type and so on. If "No" to all of them skip to Q section 6.

Q. 5.4: In the past 30 days, how many days did you use-----?

This question is related with the daily frequency of use. This question is to be asked in case code '1' is given under Q. 5.3 regarding the use of drugs as medicines during the last 30 days. One of the following codes should be given.

1. Once a month
2. 2 to 3 days a month
3. Once a week
4. 2 - 3 days a week
5. 4 - 6 days a week
6. Every day
7. Not used in the past 30 days
8. Don't know

Q. 5.5: What is the usual method of use?

This question is related with USUAL method of administration and only one code out of four codes from 1 to 4 is to be recorded.

1. Inject
2. Eat/Drink
3. Both
4. Smoke
5. Inhale
6. No response

Inject is the method of taking drug through injection using a syringe

Eat/Drink is to take medicines through mouth in shape of pills/capsules.

Q. 5.6: What is the average amount you spent per day during the last 30 days on this substance (Naira)?

Care should be taken to ask this question may be in month or in 30 days. In case, if a respondent is not able to remember the amount spent in 30 days. The question may be asked about average daily spending on purchase of drugs.

SECTION 6: TOBACCO USE

This section is used to determine the current tobacco smoking status of the respondent.

Also to know if the respondent is not currently smoking, but smoked tobacco in the past. The question should be asked for each type of tobacco products in the questionnaire from the respondent.

Write the appropriate number and frequency of smoking for each type by the respondent.

Note; if the respondent reports an answer in packs or cartons, it is important to probe to determine the total number. You should not record the number of packs or cartons. Ask the respondent the number in each pack or carton and calculate the total.

Q. 6.1: Have you ever smoked/used tobacco?

This question seeks to know if the respondent has ever smoked or used tobacco before.

The response is Yes or No , write the response 'Yes' 1 or 'No' 2 in the box provided

If code is 2, skip to section 7.

Q. 6.2: Do you currently smoke/use tobacco?

This question is for use of tobacco currently. The response is Yes or No, write the response 'Yes' 1 or 'No' 2 in the box provided. If code is 2, skip to Q.6.4.

Q6.3: If yes, how often? (write in number under best time interval) for all applicable options

- (a) Manufactured Cigarettes (b) Hand-rolled Cigarettes
- (c) Pipe full of tobacco (d) Cigars, Cherrots, or cigarillos
- (e) water Pipe (f) Tobacco snuff
- (g) other specify

Q. 6.4: If only in the past how often did you smoke or use tobacco?

This question is meant for those that had quit smoking, and seeks to know the frequency of smoking while they were smoking. Circle the response as given by the respondent (daily, less than daily, Don't know).

SECTION 7: ALCOHOLIC USE

Ever consumed means that the consumption of any alcoholic drinks in life time

Q7.1: Have you ever consumed an alcoholic drinks such as beer, wine, fermented cider, spirit, palm wine etc. the response require Yes or No, record the appropriate code as per respondent. If No code '2' skip to section 8

Q7.2: Have you consumed an alcoholic drink within the past 12 months?
The purpose of this question is to record the current consumption of alcohol, the response require Yes or No , record the appropriate code as per respondent. If No code '2' skip to section 8

Q7.3: During the past 12 months how frequently have you had at least one alcoholic drink? One of the following codes should be given.

1. Once a month
2. 2 to 3 days a month
3. once a week
4. 2 - 3 days a week,
5. 4 - 6 days a week
6. Every day
7. Don't know

Q7.4. Have you consumed an alcoholic drink within the past 30 days?
This question is related with the daily frequency of consumption of alcoholic drinks. Write the appropriate code in the space provided, If No skip to section 8.

Q7.5 - Q7.7. During the past 30 days, on how many occasions did you at least have one alcoholic drink, average standard alcoholic drink consumed during one drinking occasion and the largest number of standard alcoholic drink you consumed on a single occasion.

Write the numbers as given by the respondents in the boxes provided and 99 for Don't know.

Q7.8 - Q7.9. During the past 30 days how many times did you buy for men 5 or more, for women 4 or more standard alcoholic drink in a single drinking occasion.

Write the numbers of times as given by the respondents in the boxes provided and 99 for Don't know.

SECTION 8: KNOWLEDGE AND AWARENESS OF VARIOUS SUBSTANCES

This section is dealing with the knowledge about the controlled substances of the following types:

- a) Cannabis (herb or resin (hashish))
[Wee Wee; Weed; Marijuana; Mary & Joan; Choko; Yoyo; Kush; Skunk; Green Leaf; Ghanja; Grass; Indian Hemp; Blaze; Taba; Ndedeko; Bendel Market; Genye]

- b) Prescription opioids or painkillers such as tramadol or codeine
[Relief; TM; Tar; Tramol]
 - c) Tranquilizer/sedatives such as valium **[Pills;]**
 - d) Amphetamine such as dexedrine
 - e) Methamphetamine **[Players; Boys; Nuts]**
 - f) Cocaine **[Coke; Powder; Thailand White; Brown/Black; Off White; Charlie]**
 - g) Crack cocaine
 - h) Ecstasy **(Yan wasa)**
 - i) Cough syrups containing codeine such as coldex or benylin **(Koko, Crude oil, slow, Yaro mantawa)**
 - j) Heroin **(Gabji, market)**
 - k) Hallucinogens such as LSD or PCP **(Players, Italian white, Boys)**
 - l) Solvents/inhalants Such as glue **(Shaba, Dogua, Helicopter, Sholisho)**
 - m) Others (specify) other forms of hard drugs not listed should be identified by the respondent.
- N.B: The local names/slang is written in bold characters.

Q 8.1: Have you ever heard of as a substance of abuse?

This question is to ascertain the knowledge of the respondent about the controlled substances. Under this question one of the two codes i.e '1' for Yes, '2' for No, is to be given for each of the listed substances.

Q8.2: Where did you hear about it? (see footnote for codes)

In this question, the respondent is asked about the source of the awareness regarding the controlled substances. If code 1 is given under Q. 8.1, this question should be asked. Any one of the codes from 1 to 9 should be recorded as given under this section .

Section- 9: Information about substance used by people personally known and in the household.

Often people use different substances, some of which we mentioned above, in order to avoid worries, stress etc. Can you please tell me if any of the people you personally know use any of these substances ?

For each of the substances listed, either code (1) for Yes or code (2) for No should be given as appropriate.

Q9.1: People personally known using.....

Here the Information is required whether the people the respondent knows personally is using the controlled substances listed or not. One of the two codes i.e 1 for 'Yes' and 2 for 'No' should be recorded for each of the items.

Q9.2: How many?

For substances where code (1) 'Yes' is chosen, the number of persons personally known who use the itemized substance should be written in the box provided.

Q9.3: Household members

Here the information provided by the respondent regarding the use of controlled substances by household member(s) is to be recorded in the space provided. One of the two codes i.e 1 for 'Yes' and 2 for 'No' should be recorded for each of the items.

Q9.4: Approximate number

For substances where code (1) 'Yes' is chosen, the number of household member(s) who use the itemized substance should be stated in the box provided

Q9.5: Generally whether obtained/bought ?

For this question, it is to be recorded whether the user bought the respective controlled substance or if it was provided by other family members. One of the two codes i.e (1) for 'by themselves' and (2) for 'given by other family members' and (3) for 'others' while code (4) should be entered if the respondent 'don't know'

Section - 10: Self-reported substance use

In this section nature of use of controlled substances by the respondent is to be recorded. The controlled substances are:

- a) Cannabis (herb or resin (hashish))
[Wee Wee; Weed; Marijuana; Mary & Joan; Choko; Yoyo; Kush; Skunk; Green Leaf; Ghanja; Grass; Indian Hemp; Blaze; Taba; Ndedeko; Bendel Market; Genye]
- b) Prescription opioids or painkillers such as tramadol or codeine
[Relief; TM; Tar; Tramol]
- c) Tranquilizer/sedatives such as valium **[Pills;]**
- d) Amphetamine such as dexedrine
- e) Methamphetamine **[Players; Boys; Nuts]**

- f) Cocaine [**Coke; Powder; Thailand White; Brown/Black; Off White; Charlie**]
- g) Crack cocaine
- h) Ecstasy (**Yan wasa**)
- i) Cough syrups containing codeine such as coldex or benylin (**Koko, Crude oil, slow, Yaro mantawa**)
- j) Heroin (**Gabji, market**)
- k) Hallucinogens such as LSD or PCP (**Players, Italian white, Boys**)
- l) Solvents/inhalants Such as glue (**Shaba, Dogua, Helicopter, Sholisho**)
- m) Others (specify) other forms of hard drugs not listed should be identified by the respondent.

N.B: The local names/slang is written in bold characters.

Q10.1: Have you ever used?(state the above options):

Here the information provided by the respondent regarding the use of controlled substances by self is to be recorded in the space provided. One of the two codes i.e 1 for 'Yes' and 2 for 'No' should be recorded for each of the items.

Q10.2: Age at first time use:

The purpose of this question is to get information regarding the age i.e the age when the use of controlled substances started by the respondent. It is possible that the respondent cannot tell the age when he/she first used the controlled substance. To assess the age at first time use of controlled substance, the enumerator should probe for this. For example, it may be asked by referring to his education i.e ask what class he/she was or when he/she started working or after marriage or after the birth of his/her first or second child. Age should be recorded correctly in two digits and in completed years for each type of use.

Q10.3 : Have you use ----- in the last 12 months:

Here, the use of controlled substance is to be recorded during the last 12 months. One of the two codes according to reply of the respondent i.e 1 for 'Yes' and 2 for 'No' should be given.

Q10.4: In the past 30 days, how often do you use it ?

This question relates to the most current use of controlled substance i.e during the last 30 days. Here the frequency of using the controlled substance during the last 30 days is to be recorded. One of the eight codes for frequency has to be given. Ask this question in case of code 1 in Q 9.3 and record any one code from(1 to 8) as per reply of the respondent. in case code 8 go to the next type. The list of codes is as follows:

1. once a month
2. 2-3 days in month.
3. About once in a week
4. 2-3 days in a week
5. 4-6 days in a week
6. Every day
7. Not used in the past 30 days
8. Don't know

Q10.5: Usual method of use :

There are different methods of using the controlled substances like eating, smoking through cigarettes etc. The list of these methods have been given, therefore one of the 8 codes as per reply of the respondent is to be given. The codes for different methods of using the controlled substances are given below:

1. Inject
2. Smoke (as in cigarettes).
3. Eat/drink.
4. Sniff.
5. Inhale .
6. Tinfoil.
7. Don't know.
8. Others (specify)

Q10.6: What is the average amount spent per day within the last 30 days on the substance? (Naira):

Here, average amount spent on controlled substance during the last 30 days should be given. The respondent should ask for the per day amount spent on each of the controlled substance.

Q10.7: If yes to any of the substances listed above, what is the name of the first substance you ever used?

The respondent should name the first substance he ever used and it should be written in the space provided.

Section -11: Information about Drug Dependence and Drug Use Disorder

These questions should be asked from those who have reported using any illicit substances (including tranquillizers and sedatives) in the past 12 months. These questions are meant to record, if the person had a substance use dependence or disorder. These questions will be asked from a person having code=1, either in section -5, Q 5.3 or section 10, Q10.3. if the person has not used any substances in the past 12 months slip to section 13.

Tell the respondent to think about the use of (one substance that might be the substance of choice or the primary substance of abuse) which he/she has been using regularly within the last 12 months and answer the following questions:

- a) Solvents/Inhalants (such as Solution, Glue)
- b) Methamphetamine
- c) Cocaine
- d) Crack cocaine
- e) Ecstasy
- f) Cannabis (Herb/Resin, Marijuana)
- g) Cough Syrups containing codeine
- h) Heroin
- i) Hallucinogens (LSD,PCP)
- j) Pain killer such as tramadol, codeine pentazocine
- k) Tranquillizer and sedatives as valium Lexotan, Ativan etc.
- l) Amphetamines such as Ritalin.
- m) Others (specify_____)

The reference period for the following question is **within the past 12 months**

Q11.1: Was there a month or more when you spent a lot of time getting or Using

The purpose of this question is to know if the respondent spend a lot of time getting controlled substance or drugs used as medicines. Write the appropriate code as given by the respondent in the box provided, i.e 1 for 'yes' and 2 for 'no' while 3 is recorded for don't know/refused responses.

Q11.2: Was there a month or more when you spent a lot of your time getting over the effects of you used?

If a person got more addicted of any drug, it may be difficult to get its effect on his/her immediately or he/she may need its more quantity to get its effect. In this question it is to be recorded that whether the respondent spent a lot of time to get its effect during the last month. Write the appropriate code as given by the respondent in the box provided,i.e 1 for 'Yes' and 2 for 'No' while 3 is recorded for Don't know/refused responses.

Q11.3: Did you try to set limits on how often or how much you would use?

Usually it is observed in daily life that if a person is busy or addicted of any thing he/she may be tired of such thing and try keepinghimself/herself within some limits. This question is to record such information that whether the respondent sets limits to the use of the substance. Write the appropriate code as given by the respondent in the box provided,i.e 1 for 'Yes' and 2 for 'No' while 3 is for Don't know/refused responses. For those that answered 'No' skip to **Q11.5**

Q11.4: Were you able to keep to the limit you set, or did you often usemore than you intended to?

In trying to limit the use of controlled substance, the addicted person may succeed but in some cases he/she may increase its use. He/she may think that increasing its use he/she will be able to leave or may be able to set the limited use of the substance.

Write the appropriate code as given by the respondent in the box provided.

Q11.5: During the past 12 months, did you need to use morethan you used to in order to get the effect you wanted?

When a person is addicted of a drug or controlled substance, the effect of that drug or substance becomes less effective for him/her. In such case he/she may need the more quantity of drug or the controlled substance. Such information about the respondent is to be recorded in this question. Write the appropriate code as given by the respondent in the box provided,i.e 1 for 'Yes' and 2 for 'No' while 3 is recorded for Don't know/refused responses.

Q11.6: Did you notice that using the same amount of has less effect on you than it used to?

The response of the respondent is to be recorded whether he/she feel that with the continuous use of a drug or controlled substance now has less effect on him/her. Write the appropriate code as given by the respondent in the box provided,i.e 1 for 'Yes' and 2 for 'No' while 3 is recorded for Don't know/refused responses.

Q11.7: Did you want to try to cut down or stop using?

In this question it is to be asked directly that whether the respondent has tried to cut down the use of the substance or to stop it. Write the appropriate code as given by the respondent in the box provided. If No or Don't Know skip to **Q11.10**

Q11.8: Were you able to cut down or stop usingevery time you wanted to or tried to?

Here, it is to be recorded that whether the respondent was successful in cutting down the use of the substance or to quit . Write the appropriate code as given by the respondent in the box provided. In case of code 2 or 3, skip to Q11.10.

Q11.9: After you cut back or stopped usingdid you feel sick or had 2 or more symptoms that lasted for more than a day? Give example of symptoms of withdrawal from this list. [list of symptoms: feeling down; vomiting or feeling nauseous; having cramps or muscles aches; having teary eyes or runny nose;

feeling sweaty, having enlarged eye pupils or having body hair standing on your skin (goose flesh); diarrhea; yawning; fever; having trouble sleeping]

When a person is addicted of a substance it is very difficult for him to quit off such thing. Therefore, he/she may have to face some health problems, due to which he/she may get sick or other problems. Any one code from (1 to 3) may be recorded as per reply of the respondent. This question is to be asked if code '1' is given in Q11.8.

Q11.10: Did you have any problem with your emotions, nerves or mental health that were probably caused or made worse by your use of

Certainly, using the drugs or controlled substances affects much the emotions, nerves and mental health. Asking this question the enumerator should name the substance being used by the respondent reported already. Write the appropriate code as given by the respondent in the box provided. In case of any of the codes 2 or 3 skip to **Q11.12**.

Q11.11: Did you continue to use even though it was causing you to have problems with your emotions, nerves or mental health?

This question is to be asked if code 1 is given in Q11.10. Write the appropriate code as given by the respondent in the box provided.

Q11.12: Did you have any physical health problem that were probably caused or made worse by your use of.....?

This question is asking if the use of substance by the respondent has any effect on his/her physical health or not. Write the appropriate code as given by the respondent in the box provided. In case of any of the codes 2 or 3 skip to **Q11.14**.

Q11.13: Did you continue to useeven though you thought it was causing you to have physical problems?

This question is to be asked if code '1' is given in **Q11.12** and it is to be recorded that the respondent is using the particular substance continuously in spite of that the respondent is facing physical health problem due to its use. Write the appropriate code as given by the respondent in the box provided.

The next set of questions are about important activities such as working, going to school, taking care of children, hobbies or sports and spending time with friends and family.

The enumerator should start this part in local language corresponding to the following paragraph.

Q.11.14: During the past 12 months did usingcause you to give up or spend less time during these types of activities.

This question is to record that during the last 12 months whether the respondent has suffered from any problem in committing his/her important activities such as working, going to school, taking care of children, doing hobbies or sports and spending time with his/her friends and family due to use of the particular controlled substance. Write the appropriate code as given by the respondent in the box provided.

The questions from 11.15 to 11.19 are regarding the efficiency of the respondent at home, work, school, job etc.

Some people who use(the substance) have serious problems at home, work or school such as; missing work or school; doing a poor job at work or school; losing a job or dropping out of school; neglecting their children or family.

Q.11.15: Did usingcause you to have serious problems like this either at home, work or school?

Here it is to be recorded whether the respondent is facing serious problems at home, work or school. The enumerator should name the substance been used by the respondent . Any code from (1 to 3) may be recorded as per response of the respondent.

Q11.16: Did you regularly useand then do something where usingmight have put you into physical danger?

It is to be recorded that whether the respondent is committed to use the particular substance even that it may be physically dangerous to him. Write the appropriate code as given by the respondent in the box provided.

Q.11.17: Did usingcauses you to do things that repeatedly got you into trouble with the law?

Due to the use of controlled substance someone may be in a position that the law authorities have to arrest him/her due to some doubt or to avoid any administrative problem due to him/her. Write the appropriate code as given by the respondent in the box provided.

Q11.18: Did you have any problem with family or friends that were probably caused by your use of?

By using the controlled substance there may be a problem that he/she is not able to share within his/her family or friends. On the other side it is also possible that his/her family members or friends avoid him/her due to this habit. Any one code from (1 to 3) may be recorded as per response of the respondent, if any of the codes 2 or 3 is given then skip to **section 12**.

Q11.19: Did you continue to use it even though you thought it might cause problems with family of friends?

This question is to be asked if code '1' is given Q11.18. Write the appropriate code as given by the respondent in the box provided.

Section –12: Arrest and Treatment History

This section is about arrests and treatment which is being availed by the household member(s) of the respondent due to drug addiction.

Q12.1: Have you ever been arrested for a drug related charge?

Record any of the codes i.e. 1 for 'Yes' and 2 for 'No' while 3 is for on't know/refused responses.For code '2' or '3',skip to **Q12.3**

Q12.2: Were you arrested in the past 12 months on a drug-related charge? (possession of drugs, dealing or trafficking of drugs)

If code '1' is given in **Q12.1** then this question is to be asked to record how recent the arrest occurred. Record any of the codes i.e. 1 for 'Yes' and 2 for 'No' while 3 is for Don't know/refused responses.

Q12.3: Have you ever been treated for problems related to drug use?

For this question,record 1 for 'Yes' and 2 for 'No' while 3 is for Don't know/refused responses.Where code '2' or code '3' is entered,you are instructed to end the interview at this juncture.

Q12.4: How many times have you been treated in your entire life for drug related problems?

The options have different levels of frequency i.e '1' is for once, '2' is for 2 to 3 times

'3' is for 4 to 6 times and '4' is for 7 or more times.The appropriate code should be entered in the box provided.

Q12.5: How many times have you have been treated in the past 12 months?

This question is to record the information about the treatment he/she got during the last 12 months only. Write the appropriate code as given by the respondent in the box provided.

Q12.6: Where were you treated the last time?

The code of the last place of medical treatment which he/she received is to be recorded in the box provided. For example: 1. Private clinic 2. Psychiatric hospital etc.

In case of code 7, the enumerator should write the place of treatment against this code.

Section 13: Brief Assessment of Harms from Others' Drug Use

Finally I am going to ask you questions about some issues you may have experienced yourself because of someone else's drug use .

Thinking about the last 12 months, please tell me if each of the following has happened because of the drug use of people in your social network.

This section from Q13.1 to Q13.7 requires either a 'Yes' or a 'No' answer with the appropriate codes. For I don't know/refused responses, code '9' should be recorded.

SECTION 14: Interviewer's Comments/Evaluation

Q14.1 Behaviour of the respondent:

The appropriate code should be entered in the box provided, any other comments or observations that are relevant should be detailed in the space provided.

SECTION 15: Interviewer's Check (To be completed by the supervisor)

Q15.1: Interview subject to back-check/control

The supervisor would indicate if the interview is subjected to back-check with the respondent and would enter the appropriate code as applicable. If Yes =1 go to the next question (Q15.2), if No = 2 end the check.

15.2. Method of Back-check/Control

The supervisor would indicate the method he/she used to back-check with the respondent and would enter the appropriate code as applicable.

15.3. As a result of the back-check, did you collect any different answer from the respondent?

The supervisor would indicate if he/she got a different answer from the respondent. If Yes '1' go to **Q15.4** and if No '2' go to **Q15.5**.

15.4 Specify the questions you collected a different information on:
The supervisor is required to specify the questions where he/she got different response(s).

15.5 Do you have any further comment on the result of the back-check?

The supervisor should state if he/she has any further comment on the result of the back-check in the spaces provided.

Thank you.