



EUROPEAN UNION



UNODC
United Nations Office on Drugs and Crime

Response to Drugs and Related Organised Crime in Nigeria

**NATIONAL SURVEY ON PROBLEM DRUG USE IN NIGERIA AND KEY INFORMANT
SURVEY**

MANUAL AND DRAFT METHODOLOGY FOR FIELD WORK



29 November 2016

INTRODUCTION

The use of licit and illicit psychoactive substances is an old social issue in Nigeria dating back to the late 1950s when the major concern was on the abuse of cannabis and stimulants by urban youth. Beginning from the early 1980s the country has experienced an increasing prevalence of use of an expanded list of addictive drugs and the health and social problems associated with these drugs. In recent years the most often used drugs in the country are opioids (especially synthetic analgesics), cocaine and crack, and amphetamine-type stimulants (especially methamphetamine).

The worsening drug use situation in the country can be attributed to a number of economic and social factors, chief among them being the availability of these drugs due to the trafficking activities of Nigerian criminal gangs and, more recently, the local production of methamphetamine. Data on drug-related arrests and seizures have been reported by the drug control agency for many years making it clear that in spite of law enforcement efforts these drugs have come to be part of the scene in Nigeria.

What has remained a recurring issue is the lack of reliable and consistent information on the use of the drugs and the problems they cause their users, communities and society at large. It is this gap in knowledge and the impact it has on effective response to drug availability and use that have focused the attention of policymakers and researchers on the need to bring clarity to the situation through targeted research on problematic drug use.

SECTION A

THE PROJECT: ASSESSING PROBLEM DRUG USE IN THE COMMUNITY

It is in reaction to this need that the European Union has provided funding under its 10th European Development Fund (EDF) mechanism for a project titled “Response to Drugs and Related Organized Crime in Nigeria” which is implemented by the UNODC. This substantial support to Nigeria is aimed at assisting the country in its efforts to control drug production, trafficking and use and in addressing the associated problem of organized crime. The project also addresses the lack of concerted attention to services for people who use drugs and the prevention of drug use among youth in what is often called an integrated approach to the control of illicit drugs.

The project is expected to strengthen what is presently a weak evidence base on drug use and provide guidance for effective response. This will be achieved through two related large-scale activities -- the population-based National household survey on drug use in Nigeria and the Assessment of problem drug use in the community and key informant study.

METHODOLOGY FOR THE ASSESSMENT OF PROBLEM DRUG USE IN THE COMMUNITY

The major aim of the “National Assessment of Problem Drug Users in Community Settings” is to provide a wide range of information on drug use and related problems at the state and national levels. The specific types of information that will be collected are:

1. The extent (numbers and prevalence) of problem drug use by gender using indirect methods of size estimation;
2. The pattern of high risk drug use, including poly drug use, injecting and other risky behaviour, severity of dependence among regular/dependent drug users;
3. Social and demographic profiles of the high risk/problematic drug users in the country;
4. Social and health consequences of problem drug use (especially criminal activities, arrests and imprisonment, HIV and other infections);
5. Accessibility and utilization of drug dependence treatment services and other health and social services by high risk drug users.

Data collection is scheduled to take place in all 36 states and the Federal Capital territory in both urban and rural areas. It is expected that this project will provide baseline national and local data on high-risk/problematic drug use in the country by directly targeting a population that is often not captured in household surveys. The project will also make available data from key informants in every state, arrests for drug offense and drug dependence treatment data.

Instruments

Questionnaires and data extraction forms have been developed for each aspect of this project, as follows: 1) Drug user questionnaire, 2) Key informant questionnaire, 3) Drug treatment reporting form, and 4) drug related arrests data form.

Drug User Questionnaire

This is a 22-page document with the following sections:

Section A: Demographic and financial support

Section B: Drug use history

Section C: Injecting drug use

Section D: Contact with drug users

Section E: Treatment history

Section F: Service utilization

Section G: Prison history

Section H: Sex lifestyle

Section I: Severity of dependence score

For this survey data collection takes the form of a structured interview in which the interviewer relates with the respondent in a confidential atmosphere. Participation is strictly voluntary.

Inclusion criteria for drug user survey: In order to be selected for inclusion in the drug user survey, a respondent must have (a) used the drug in the past 12 months and (b) used in the past 30 days and (c) used at least 5 times in the past 30 days. In other words problematic drug use in this survey involves high frequency of use of pre-determined categories of drugs namely opioids, crack/cocaine or amphetamine-type stimulants by persons aged 15-64 years.

Key Informant Questionnaire

The Key Informant Questionnaire is a combination of structured and open-ended interview in which the interviewer seeks the knowledge and opinion of the respondent on different aspects of the drug problem in the community.

Respondents will be selected from the following categories of key informants:

- Local community level police
- Other law enforcement (e.g., NDLEA) officers,
- Service providers for drug treatment,
- Health officials (including pharmacists),
- Local religious leaders,
- Village elders (village heads, clan heads),
- Civil society organizations,
- Teachers.

The key informant questionnaire consists of the following sections:

Section A: Background information

Section B: Patterns of drug use

Section C: Changing patterns and trends

Section D: Socio-demographics and drug use

Section E: Primary information

Section F: Need for service

Forms for Secondary data collection

Two forms have been developed to collect secondary/existing data from the following sources:

- Reports of the Nigerian Epidemiology Network of Drug Use (NENDU),
- National Drug Law Enforcement Agency (NDLEA),
- Civil society organization reports,
- Information from hospitals, drop-in centres and other treatment facilities.

The importance of collecting reliable secondary data lies in the use of this information for size estimation of high-risk drug users at State level through benchmark/multiplier or capture/recapture method. Data collected as benchmark at the community level will include people provided treatment for drug dependence, people arrested by police for drug related offences, people tested for and provided services for HIV.

Number of interviews

Using the drug user questionnaire, data will be collected from a sample of 200-250 high-risk drug users in each state, yielding a national sample of between 7400 and 9250 respondents.

For the key informant survey, a minimum of 50 -75 Key informants in each State will be interviewed, yielding a national sample of between 1850 and 2775 key informants. On average, for each category of key informants, 9-10 interviews will be conducted.

Survey Personnel

Carefully selected interviewers in each state will conduct the two surveys. In selecting interviewers emphasis will be placed on familiarity with drug use and experience working with problem drug users, in which case the research team will seek collaboration with drug NGOs where they exist in each state.

Twelve (12) Zonal Coordinators are being appointed to supervise data collection in each zone made up of half of the states in each of the six geo-political zones. In

other words each zone has been divided into two for ease of operation and a coordinator is responsible for each project zone. The division of states in each geo-political zone into operational zones for the purpose of data collection is shown below.

Geo-Political Zone	Project Zone 1 States	Project Zone 2 States
South South	Akwa Ibom	Bayelsa
	Cross River	Delta
	Rivers	Edo
South East	Anambra	Enugu
	Imo	Ebonyi
	Abia	
South West	Lagos	Ekiti
	Ogun	Osun
	Ondo	Oyo
North Central	FCT	Benue
	Niger	Nasarwa
	Kwara	Plateau
	Kogi	
North East	Adamawa	Bauchi
	Borno	Jigawa
	Gombe	Yobe
	Taraba	
North West	Kaduna	Kebbi
	Kano	Sokoto
	Katsina	Zamfara

First Training: Training of Zonal Coordinators (Trainers)

A major training workshop is being scheduled for the 12 zonal coordinators and the data manger. The training will last for three days and will run by the project manager and resource persons with experience in data collection using the methodology chosen for the drug user survey which is the snowball method.

The training of coordinators is scheduled for 6-8 December 2016.

Second Training: Training of interviewers

Zonal coordinators and the project manager will recruit interviewers from NGOs, the NYSC, and university students with experience working with drug users. There will be four interviewers per state, three of whom will be assigned to the drug user survey and one to the KI interviews.

The training of interviewers will be held in each of the geopolitical zones comprising two project zones. At each training session there will be two zonal coordinators who serve as trainers together with another resource person as needed.

It is expected that each interviewer will be able to conduct four interviews per day, hence three interviewers working on the drug user survey per state will be able to reach the desirable number of drug users within a period of one month.

Mapping

Mapping and scoping in each project site will precede data collection from drug users and key informants. Mapping will be carried out as a facilitated activity in which the project team will work closely with community members as part of the pilot survey. After identifying the community, the process involves the identification of community leaders and working with invited stakeholders to design a map of the community. The maps will show the locations of hotspots and community assets for responding to drug use in the community, e.g., health facilities, law enforcement, community centres, church or mosque, etc.

Sampling strategy

Drug users constitute a hidden and hard-to-reach population and the absence of a census-based sampling frame makes it difficult to estimate the parameters of this population in Nigeria. In view of this and other constraints, we shall use the snowball method (also known as chain referral sampling) to select the respondents for this study. Snowball sampling is particularly suited for a study of this nature because, among other things, it helps in tracing the diffusion of information within social networks and in delineating patterns of association.

The specific steps we shall take in the sampling process are:

- Approach stakeholders and ask for help: We are identifying NGOs, community workers who can serve as social mobilizers, other professionals in a given study site whose work brings them into regular contact with drug users.

- Such information will be used in developing a 'tentative map' that will show the distribution of the problem in the area, types of drug users in terms of gender, age, ethnicity, and time and place of drug use among others.
- Key spots will be identified and a list of these spots in each community will be kept (as much as possible showing estimates of the number of drug users).
- Depending on the number of spots so identified, the spots to be visited will be randomly selected from the list.
- Guided by the tentative map and list, the first set of drug users (or 'index cases') will be recruited.
- This set of drug users will be engaged as informal research assistants. They will be trained and used to start a 'referral chain' whereby other drug users in their network will be identified through referrals and asked to participate in the survey.
- This referral process will continue until a predetermined number of drug users in a given study site has been recruited and interviewed.
- The eligibility of potential drug users to participate in the study will be verified based on the parameters provided by the operational definition of a 'drug user' adopted in the study.
- Face-to-face interview will be conducted with each selected respondent at an agreed-upon secure and private location.

In spite of the inherent biases in the selection of respondents using this technique, we expect that the strategy will yield good samples in all study sites and that with proper vigilance the chances of inclusion of people not captured by the definition will be limited.

Pilot Survey

Three states have been selected for piloting the two questionnaires. These are Lagos, Kaduna and Abia states. Five (5) drug users will be reached and interviewed in each of these states – three in the urban area and two in the rural/semi-urban. For the key informant survey four (4) informants will be interviewed in each state.

We are considering the possibility of using a computerized (CAPI) format for data collection in both surveys and will test its efficacy by combining its use with the paper-and-pencil format.

PROJECT TIMETABLE

S/N	Activity	No. of days	Date
1	Training of trainers (Zonal Coordinators)	3	6-8 December 2016
2	Pilot survey	5	12-16 December 2016
3	Prepare report on the pilot study	14	17 Dec 2016 – 15 Jan 2017
4	Meeting of monitoring team	1	16 January 2017
5	Refresher training of zonal coordinators/Finalization of questionnaires	2	16-17 January 2017
6	Recruitment of interviewers	10	18-27 January 2017
7	Printing and delivery of questionnaires	7	20-31 January 2017
8	Technical Working Group Meeting	3	13-15 February 2017
9	Training of interviewers (six zonal sites)	4	1-4 March 2017
10	Data collection	30	6 March -6 April 2017
11	Clean dataset and submit report	30	5 May 2017

SECTION B

FIELD WORKERS AND SUPERVISORS

The assessment of problem drug use in the community will use a mixed method approach to collect information from drug users in the community and key informants in all states and the Federal Capital Territory. Data collection in the drug user survey will utilize a structured questionnaire while the key informant survey will use both structured and open-ended questions. For both surveys a core group of zonal coordinators and interviewers will be trained to collect data from selected respondents in face-to-face interviews. The roles of both categories of field workers are central to this project hence training will be regarded as a crucial stage of the project to ensure a high level of consistency in the method of data collection for each arm of the project. The following are the roles of the field workers (zonal coordinators and interviewers):

1.1 Zonal coordinators

Under the overall supervision of the Project Coordinator/PI, the zonal coordinators will serve as supervisors within their zones and will see to the integrity of the research in the zones. The project will employ twelve (12) coordinators, one each for a combination of states in each of the geo-political zones as shown in the previous section. They will be responsible for:

1. Make contact with local officials.
2. Recruit interviewers,
3. Train interviewers,
4. Assign data collection areas to interviewers,
5. Distribute, check and collect completed survey questionnaires
6. Keep interviewers engaged in the study and resolve any problems that might affect the work,
7. Have regular contact with interviewers,
8. Produce a data collection report for the project supervisor.

1.2 Interviewers

The project will employ four interviewers per state, a total of 148 with three responsible for data collection (drug use survey, key informants) and one assigned the function of data collection from existing sources of information. We envisage

that at 4 to 5 interviews per day on average the data collection phase of the project will last for one month.

Working under the direction of the zonal coordinator and , the roles of the interviewer will include:

1. Identify hotspots,
2. Recruit and engage index cases,
3. Determine eligibility of recruited drug users for inclusion as cases in the study,
4. Conduct face-to-face interview of index cases and study recruits,
5. Check the questionnaires for correctness and completion,
6. Submit completed questionnaires to the field/supervisor on a weekly basis.

Interviewers will be expected to conduct all interviews whether with drug users or key informants in a professional manner. Finding and engaging problematic drug users is a difficult task but can be achieved with attention to details involving and respect for the respondent.

1.3 Monitoring team

The study will benefit from monitoring by an independent team drawn from various government agencies that are stakeholders in the overall EU/UNODC project. They will help to enhance the quality of data collection, constitute a separate layer of supervision for the survey, and prepare a report on their work.

2. The interview: engaging the respondent

The interview is part of a process that begins with identification of a hotspot, recruitment of an index case and getting the consent of the respondent after providing sufficient information to him/her. The interviewer introduces himself/herself to the respondent by clearly stating name, presenting an identification card and stating his/her mission.

2.1 Introductory statement

For the drug user survey, the interviewer will then read out the following statement:

“Thank you for agreeing to be interviewed for this research. The study is being conducted by UNODC in association with the Centre for Research and Information on Substance Abuse (CRISA), Nigeria, to try to gather information regarding various aspects of your drug use history, treatment history, legal involvement, sexual behaviour and other personal information. We are asking people from different parts of the country to take part in interviews to help us build up a picture of the drug

abuse situation. This information will play a vital role in helping to improve services and inform future treatment and prevention activities across the country.

This interview will take the form of a structured questionnaire. If there are any questions that you do not understand, please feel free to ask for clarification. If I ask you questions to which you do not know the answer or are not comfortable about answering, please say so – you are not obliged to answer anything that you do not wish to. Also, all the information you will provide will be confidential and remain anonymous

Before we start, do you have any questions that you would like to ask me?"

"Your agreement to participate in this interview is considered a verbal informed consent, which is required before I may start the interview. May I start the interview now?"

For the key informants' survey the following statement will be read to the respondents before the beginning on interviews:

"Thank you for agreeing to be interviewed for this research. The study is being conducted by UNODC in association with the Centre for Research and Information on Substance Abuse (CRISA), Nigeria, to try to gather information regarding current patterns and trends in drug use in the country. We are asking people such as you from different parts of the country to take part in interviews to help us build up a picture of the drug abuse situation. This information will play a vital role in helping to improve service provision and inform future treatment and prevention activities across the country.

This interview will take the form of a structured questionnaire. There will also be the opportunity for you to express any additional thoughts and comments that you might have that are not covered in the interview. If there are any questions that you do not understand, please feel free to ask for clarification. If I ask you questions to which you do not know the answer or are not comfortable about answering, please say so – you are not obliged to answer anything that you do not wish to. Also, all the information you will provide will be confidential and remain anonymous

Before we start, do you have any questions that you would like to ask me?"

2.2 Professional conduct

It is essential for interviewers to be neutral and non-judgmental especially considering the fact that drug use is regarded as criminal behaviour in Nigeria. Respondents need to be assured that their participation in the study will not expose them to any danger. Being tactful is important but, above all, the respondent needs to be sure that the interviewer is genuine and that the findings might actually be helpful in the long run.

2.3 Finding a good location for the interview

One of the challenges in the drug user survey is finding a proper and safe place to conduct the interview. The respondent should be alone with the interviewer and every effort should be made to identify a safe and private space for the interview.

2.4 Who to interview

In order to be included as a respondent in this study the following conditions should be satisfied: Aged 15-64 years; used the drug in the past 12 months and used in the past 30 days, and used at least 5 times in the past 30 days. The drugs are heroin and other opioids, cocaine/crack and amphetamine type stimulants (e.g., methamphetamine).

SECTION C

COLLECTING DATA WITH THE INSTRUMENTS

The drug user questionnaire is divided into content areas. Section A, for example, contains questions about demographics and financial support. It is recommended that the transitional statements are read clearly when moving from section to section. The statement is an indication that the topic is about to change and introduces the kinds of questions the interviewer is about to ask next. It may be necessary to provide a short rationale for some content areas in cases where questions are particularly sensitive. The transitional statement prepares the respondent for the kind of questions that will be asked but also helps the respondent feel like a willing partner in the survey.

IDENTIFICATION INFORMATION

Before the interview begins in earnest the interviewer should provide the information requested in the Identification section. The information required in this section is the name of the state, local government area, locality and sector, and the enumeration area as designated by the National Bureau of Statistics. Full names should be written down clearly and codes selected from an alphabetical list that will be provided.

Also important is information about the interviewer and field supervisor (zonal coordinator), day, month of interview, time the interview started and ended, and interviewer number. These should be written clearly in the spaces provided.

A. DEMOGRAPHICS AND FINANCIAL SUPPORT

1. Gender: Circle the number that represents the gender of the respondent.
2. Date of birth: Write in the day, month and year of birth as provided by the respondent. If he/she is unwilling or unable to remember date of birth write in 99 for day or month and 9999 for year of birth.
3. Age: You can also ask for actual age and write the number in space provided.
4. Years of education: In reporting years of education remember that the count begins with the first year in primary school. So a person who has completed secondary school has had 16-18 years of education.
5. Circle one.

6. Question 6 and 7 seek information on accommodation and for a survey of this nature this is an important information to collect. Circle the right answer or write in if the response is “other”. Do the same for Question 8 and Question 9 which refer to employment.

B. DRUG USE HISTORY

This section contains questions about use of drugs in the lifetime, past year and past month (30 days), and also at what age drug use began. The questions are asked for each type of drug the respondents reports he/she ever used.

Question 6 in this section seeks information on the drug that has caused the respondent the most harm. Only one drug should be indicated though a typical drug user may be using more than one drug at the time of the interview. Interviewers will have to be familiar with the local names of some of the drug categories since the names on this list may not be familiar with some respondents.

Q 7. The response to question 7 on the nature of harm should be written down in the space provided.

Q 8. Drug users are often in need of money to purchase drugs. This need is expressed in various ways including selling one’s blood. Q 8 addresses this issue with a direct question to the respondent about ever donating or selling blood.

Q 10. Injecting drug use is a high-risk behaviour among drug users that is associated with HIV and hepatitis infections. Not all drug users have ever injected and Q. 11 seeks information on why those who have never injected have avoided this behaviour. For Q 11 and 13 the various options should be read to the respondent and where necessary the interviewer should probe – for further clarification, any other reasons not listed, etc. For respondents who have ever injected a drug more questions are asked in Section c.

If the response to Q 10 is YES, skip Q 11 and ask Q 12. IF NO, ask Q 11 and Go to Section D – CONTACT WITH DRUG USERS.

C. INJECTING DRUG USE

Q 1. This question refers to overall use of drugs via injection and focuses on the lifetime of injecting.

Q 2. Unlike Q 1, this question refers very specifically to injecting on a typical day during the last six months, that is, more recent injecting. What the question seeks to know is the number of times the respondent injected any drug on a typical day that he/she injected a drug.

Q 3 (numbered 2, check). People who inject drugs inject a variety of substances, including substances that are more often used in other ways. The interviewer reads out the name of each drug that can be injected and notes whether or not the respondent has injected that drug in the last six months. It is important here to keep in mind other names for the drugs in this list.

Q 4. An injecting drug user can inject in any number of locations and settings. It is important to know where such activity takes place because of the implication for harm. This question is for that purpose. The list may not be exhaustive so the interviewer should pay attention to what other setting the respondent may add to the “other” category. Check as many places as the respondent indicates.

Q 5. This is a follow-up question and only one place should be checked.

Q 6. Check only one answer.

Q 7. This question may have multiple responses so check as many as apply.

Q 8. Ask this as open-ended question and check the appropriate response. Do not read the list to the respondent. Allow some, if necessary, for him/her to come up with a response.

Q 9 – Q 11. These questions address an important aspect of drug injection from the point of view of the risk associated with sharing paraphernalia. For Q 9 read the list and check as many as appropriate. Q 9 refers to sharing cooker, cotton swab and water while Qs 10 and 11 refer to sharing of syringe and needle.

Q 12. This is a follow-up question for only those who had shared needle or syringe in the past six months. Responses to this question give an insight into decisions to share injecting equipment. The reason for sharing could be lack of resources to purchase needed equipment or it could be done for purely social reasons.

Q 13. Shared needles can be cleaned before use or used without cleaning; how the user handles a needle that has been used by someone else is important in preventing infections. The list provided here are of ways to clean a needle some of

which are more effective than others. Read the list as presented and check as applicable.

Q 14. Check only one answer.

Q15. Write the number in the space provided.

Q 16. The availability of sterile needles when needed is one way to control infections among people who inject drugs. Often it is the difficulty of accessing clean equipment that leads to sharing or repeat use of equipment. Check only one response category. "Never tried" refers to never trying to get new sterile needles.

Q 17. This is an open-ended question with any number of possible responses, especially since the question includes new and used syringes and needles. Write the responses in the space provided.

Q 18. This is a repetition of the open-ended question 17.

D. CONTACT WITH DRUG USERS

Q 1. This set of six questions is meant to shed light on the respondent's network of drug users. The questions not only seek information on number and gender of drug users the respondent knows personally, they also seek information on how many are injectors and the number of those who have sought treatment from different types of service providers. Try to get the respondent to answer the questions, accept answers like "1 in 10" or "1 in 3" and write in the percentages in the absence of actual numbers.

E. TREATMENT HISTORY

Q 1. Skip to Section F if the response to this question is No.

Q 2. This question is substance specific, asking receiving treatment for any of the drugs in the list. It is also about "ever" receiving treatment or in the past six months. A respondent could have once received treatment for cocaine but not recently (the past 6 months).

Q 3 and Q 4. One asks about the age when respondent first received treatment and the other about the number of times he/she received treatment. Record the number provided by the respondent.

Q 5. Check all applicable source of treatment received and ask about the number of time s for each source mentioned. The list is not exhaustive so ask about the other possible sources.

Q 6. Record response in months or years.

Q 7. For those who never injected record 88 and 99 if the response is Don't know.

Q 8. The questions up to this point were about ever receiving treatment while Q 8 is about treatment in the past 12 months.

Q 9 asks about past year treatment for each drug category. The interviewer reads out all listed drugs one by one and, if necessary, checks more than one box.

Skip Q 12, Q 13 and Q 14 about name of treatment centre, type of treatment and need to Section F if respondent has not received treatment in the last 12 months. If Q 13 is asked the number of times each time of treatment was received should be recorded.

F. SERVICE UTILIZATION

This section applies to both respondents who have ever received treatment and those who have not. The focus here is on perceived need for treatment and other services. Even those who have received treatment at some time might have been hampered at other times when the need for services was there.

Q 1 and Q 2. For those who wanted help but could not get it Q 2 lists the possible reasons why such help was not forthcoming. There could have been more than one reason so check as many boxes as necessary.

Q 3 and Q 4. The opinion of the respondent is sought here on the ease of accessing treatment in the area he/she lives, including contact with an outreach worker (Q 4).

G. PRISON HISTORY

Q 1. This section is obviously on a "touchy" topic and should be handled with tact. Q 2 to Q 7a are asked of those who have ever been arrested for a drug offence and skipped for those not arrested. The drug that he/she was arrested for should be indicated (7a).

Q 7b. This is a general question on arrests for any criminal offence and should be asked of every respondent. Though not arrested for a drug offence a respondent could have been arrested for another type of offence. Read out all offences and check all that apply.

Q 8. Indicate whether arrested or not in the last 12 months. If not arrested skip to Q 9 and Q 10, otherwise continue with Q 8a to Q 8c.

Q 9 and Q 10: These two questions introduce the topic of the respondent's sex life. Q 10 is asked to those who answer Yes to Q 9.

H. SEX LIFESTYLE

It is important here to remind the respondent that he/she is free to refuse to answer any question depending on how they feel about it. Questions about sex can be quite uncomfortable so the non-response option should be made known upfront.

However it is important to note that these are important questions from a harm perspective considering that certain sexual behaviours are associated with the transmission of infective agents.

Q 1. If the respondent has never had sex, continue the interview with the last section (Section I). If the respondent gives an age he/she first had sex, then all the other questions in this section are asked.

Q 2. Read out all choices and check one of them.

Q 3. This question assumes an association between drug use and the number of sexual partners. With drugs the number of sexual partners could increase or decrease depending on the type of drugs and other social factors.

Q 4. Check one response.

Q 5 to Q 11. These questions address more recent issues (in the last six months). Read the instruction as presented in the questionnaire and also read the options clearly.

Q 12. Though referring to partners in the last six months Q 12 is about behaviours recorded in the last 12 months or ever. Except for Q 13, which asks about exchange for sex and number of partners in such exchanges, all other questions in this section are not time specific.

Q 17. Check Yes for as many disorders as mentioned by the respondent.

I. SEVERITY OF DEPENDENCE SCORE FOR MAIN DRUG

The interviewer should make sure that the main drug mentioned here is in agreement with the one mentioned earlier in the interview. Any inconsistency needs to be resolved before proceeding with the interview. Responses to these questions will help to provide a picture of the severity of dependence by each respondent. The questions consist of well-known symptoms of drug dependence.

GENERAL TIPS TO INTERVIEWERS

Good data quality is crucial for data analysis and validity of the results obtained in this survey. These are a few easy ways to increase the quality of the data:

1. Respect skip orders

Some of the questions in the questionnaire should be asked only of subgroups of the entire sample. For example, information about type of treatment received can only be sought from respondents who have accessed treatment at least once. Skips are clearly indicated in the questionnaire and should followed as specified.

2. What if a respondent does not answer a question?

It is because of this possibility that we have the response categories of “Don’t know” (9) and “No response” (8) or Refused to answer. A third possible option is Not applicable which is generally taken care of with the skip option.

3. Ensure data quality and completeness

A simple principle should be kept in mind regarding data collection:

Missing data cannot be recollected!

Enter all responses as presented and avoid the situation of having to recollect missing data.

4. Thank the respondent

Interviewers should thank the respondent for participation in a culturally appropriate manner. If questions arise these should be addressed as professionally as possible.

KEY INFORMANT QUESTIONNAIRE

Please read the following text aloud to the respondent before starting the interview.

“Thank you for agreeing to be interviewed for this research. The study is being conducted by UNODC in association with the Centre for Research and Information on Substance Abuse (CRISA), Nigeria, to try to gather information regarding current patterns and trends in drug use in the country. We are asking people such as you from different parts of the country to take part in interviews to help us build up a picture of the drug abuse situation. This information will play a vital role in helping to improve service provision and inform future treatment and prevention activities across the country.

This interview will take the form of a structured questionnaire. There will also be the opportunity for you to express any additional thoughts and comments that you might have that are not covered in the interview. If there are any questions that you do not understand, please feel free to ask for clarification. If I ask you questions to which you do not know the answer or are not comfortable about answering, please say so – you are not obliged to answer anything that you do not wish to. Also, all the information you will provide will be confidential and remain anonymous

Before we start, do you have any questions that you would like to ask me?”

Then say: *May I start now?* When permission is given begin with the writing down the name of the key informant.

Section A. Background Information

Q 1. It is not necessary to ask this question before indicating the appropriate option. Observe and check the box.

Q 2. Check one box for job title.

Q 3. Write in the years.

Section B. Patterns of drug use

Read the transitional statement to introduce the questions in this section stating the name of the city or local government area.

Q 1. Read out the statement that further introduces this section and check one box on each line. The key informant may not be familiar with some of the drug categories so be ready to explain using the local names of the drugs.

The statement reads as follows: *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".*

Q 2. Use the codes that are provided for the ranking of drugs that are most commonly used by men in the respondent's area.

Q 3. Do the same thing for drugs most often used by women.

Q 4. Repeat for drugs used by young people. These are men and women between the ages of 16 and 25 years.

Q 5. Do the same for drugs most often used by adolescents. Adolescents are boys and girls younger than 16 years.

Q 6. Check one box. It is important to say that you are referring to non-medical injection.

Section C. Changing patterns and trends

Read the transitional statement to the respondent. If he/she has not been in the area since 2009 then ask him/her to think about changes in patterns of drug use that have occurred since he arrived in the area. The implication here is that the respondent should be someone who has been resident/worked in the area for a reasonable length of time.

Q 1. Read out each drug category and check one response box for each drug.

Read this instructions first: *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?*

Q 2. This is an open-ended question which you should be recorded as close to verbatim as possible. Ask probing questions where necessary. The question reads: *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?*

Q 3. This question seeks responses for recent changes in patterns of drug use in the area covered by the key informant.

Q 3a. Record statement.

Q 4. Check one box

Section D. Socio-demographics and drug use

Q 1 – Q 8. For these questions, write the names of the three most commonly used drugs in the area among men, women, young people and adolescents. Q 1- Q 4 seek information on socio-economic status of these groups of people in the area; Q 5 – Q 8 ask about the settings where each of the three drugs are used. List as many settings as possible.

Q 9. Read out the drugs in the list and check the box indicating whether or not that drug is the cause of problems in the area. The “Don’t know” box should be checked if the drug is used in the area.

Q 10. This is an open-ended question about what they believe are important problems faced by drug users in the area. The description will most likely address problems related to the family, work, school and criminal behaviour. If these are not mentioned use the list of problem areas provided below to seek their opinion.

Q 11. Similar question but one that focuses on problems faced by the community because of drug use.

Section E. Primary information

Q 1. This question asks about the number of drug users known by the respondent. If the response is none skip to Section F. If a number is given write the number in the space provided. If the respondent is involved in a treatment programme indicate by which would mean contact with drug users check the box. And for these respondents do not ask Q 2.

Q 2. Write the number of drug users. If the respondent cannot give an exact number ask for the best guess.

Q 3. This question is for respondents who are not involved with the police in any way. If a respondent is involved with the police skip the question.

Q 4. For each drug record the response for men, women, the young, and adolescents.

Q 5. Record the percentage of injecting drug users.

Section F. Need for services

Q 1. Check the services that exist. If no service of any type exists skip questions 2 to 7.

Q 2. Refers to the treatment centres that exist in the area. The question is about where drug users go for treatment of their drug problems. The response categories range from “Most commonly” to “Don’t exist in the area”.

Q 3 – Q 7. For treatment services that exist in the area, the next five questions asks about accessibility, acceptability, effectiveness in offering a range of services, effectiveness for client’s satisfaction, and effectiveness in bringing positive changes to clients.

Q 8 – Q 10. Using a scale ranging from 1 to 5, ask respondent to rate the level of need for more treatment services (Q 8), how easy it is for women to get treatment (Q 9), how easy it is for adolescents to get treatment (Q 10).

Q 11. Record in writing the statement provided by the respondent under the appropriate headings. Invite the respondent to make final comments if any about the drug situation in his/her area.

Close the interview by thanking the respondent for participation in the survey. Record the time of completion of the interview in the space provided (in hours and minutes).