



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**

PROJECT EXPENSES REPORT AND DEBRIEFING NOTES



October 2017

INTRODUCTION

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In terms of scope and coverage, the national survey of drug users and key informants (funded by the European Union and implemented by the UNODC) is the first study of its kind in Nigeria and its successful completion is a milestone in our effort to understand the drug use situation in the country and to guide effective interventions. This report is presented as a source of information on how the data collection was conducted and what lessons were learned that might be useful in future studies of this nature in Nigeria.

TRAINING FOR DATA COLLECTION

Training of coordinators and interviewers was a key component of the preparatory stage of the project. It was important to be sure that whatever was done in one state was done the same way in other states and that interviewers were conversant with the various steps to be taken at every stage – from recruitment of respondents to the conclusion of the interview.

Twelve (12) zonal coordinators were trained twice in Abuja on the use of the instruments developed for the project and on the administration of the protocol as a whole. Following these the coordinators recruited interviewers in each state assigned to them and participated in the training of the interviewers in Kaduna (for northern states) and Uyo (for southern states). (Training reports with detailed activities are available.) Each training workshop lasted for four days and consisted of lectures on some aspects of the surveys, review of the research instruments, role-playing of the interview process, and general discussion. Training in the two centres was held as follows:

Training in Kaduna: 4-7 April 2017

Training in Uyo: 10-13 April 2017

Data collection started in the North on 10 3April and in the South on 18 April. A team of people who represented key stakeholders – ministries, departments and agencies – monitored the data collection in all zones and were overwhelmingly satisfied with the conduct of the work. (Monitoring reports were submitted to and are available at the implementing organization – UNODC).

FIELDWORK/DEBRIEFING REPORT

In order to appreciate the effort that went into implementing the project, especially the central aspect of data collection, reports of the survey exercise from the different zones were subjected to content analysis, which yielded interesting information on the dynamics and challenges of fieldwork. The following is a thematic discussion of the key issues raised, challenges encountered, and how they were addressed.

1. Method

The methodology used in the study was respondent-driven sampling (RDS). Theoretically, RDS is based on the view that ‘peers are better able than outreach workers and researchers to locate and recruit other members of a hidden population’. Beginning with a limited number of peers (‘seeds’), the sample expands through successive waves of peer recruitment.

However, like every other sampling technique, RDS has its own challenges, and some of these were encountered in the course of the survey. A major challenge that field workers faced in implementing the RDS methodology in the study was cost. Reports indicate that staff incurred additional cost in implementing RDS, especially cost of transportation for DUs who often demanded more than the allocated amount. The unwillingness of DUs to follow the seeds to the interview venue, due to fear of arrest by law enforcement officers, also posed a problem. Apart from slowing down the pace of fieldwork and increasing cost, it gave the seeds a bargaining leverage with the staff. Other challenges were difficulty in finding a safe

location for the conduct of interviews, cost of 4rent for interview venue (which was not covered in the allocation), and the appearance of DUs who were not part of the referral chain. This set of DUs, who learnt about the exercise and decided to show up, could not be included in the sample without interfering with the process. The most difficult part was how to persuade them to leave peacefully.

These challenges were effectively managed in most cases, but not without incurring extra expenditure and stressing the research staff.

2. Cost

A common refrain in the reports was insufficiency of funds for the conduct of the survey. Apart from the cost involved in implementing the sampling methodology, there were also complains that the amount of money allocated for DUs transportation were not enough to cover the distance that some of them had to cover to get to the interview venue. Similarly, there were complaints about lack of incentives (cash or kind) for Key Informants (KIs) (or to provide gifts for officials of the agencies which the KIs represented) and this made some potential KIs decline participation in the survey. There were also complaints that the amount allocated for transportation and logistics for staff was insufficient, especially where the survey lasted longer than the estimated period due to poor co-operation of DUs.

Transportation was also said to be insufficient since staff had to move from one location to another to be able to reach DUs. Other reports mentioned that staff remuneration was poor relative to the task. In anticipation of these complaints and working closely with the coordinators, the survey management team responded quickly to most of these complaints and data collection was successfully concluded in all states and the FCT. The project office at CRISA responded to these complaints promptly by wiring extra money to coordinators or

promising to make refunds for any additional amount spent. In all cases these arrangements worked out smoothly.

3. Instrument

The survey instrument, especially the Drug User and Key Informant Questionnaires, also posed some problems for the survey. The instruments were said to be lengthy and time-consuming, and interviews lasted over an hour in some cases (65 minutes for KI and 75 minutes for DU). This had some negative effect on participation, especially in the KI interviews since there were no incentives. However, and as expected, the duration of interviews were said to have reduced as the survey progressed. Another issue is that some DUs, especially those in the northern zones, declined answering questions relating to their sex life-style.

4. Security and safety

Expectedly, there were concerns about safety and security. It was reported that recent police raids on drug “hot-spots” in some communities created an atmosphere of fear that made it difficult for DUs to come out for interviews. The report from Ebonyi state indicated that the survey was affected by widespread insecurity in the communities due to bloody clashes between rival cult groups. In Jos, injecting drug users were said to decline self-identifying as IDUs for fear of arrest. Stigma and fear of arrest on charges of prostitution and drug use deterred female drug users from participating in the survey in some locations. Similarly, some members of the research staff in Sokoto State were arrested in the course of police raid on drug users. Although they were later released, the incident had an effect on the survey by prolonging the exercise and preventing DUs from turning out for interviews as quickly as they could have.

5. Participants' Behaviours

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Several reports mentioned lack of co-operation from KIs, including traditional and religious leaders. The attitudes of these KIs were very discouraging in many cases, ranging from reluctance to outright decline. In some cases it took two visits to complete the KI interviews for a participant. In some states, officials of the Nigeria Police, National Drug Law Enforcement Agency (NDLEA) and some treatment centres declined to provide the secondary data requested from their agencies, while some only complied after repeated visits. It was reported that survey staff had to follow daunting procedures before the forms they submitted were completed and handed over to them. At the level of DU interviews, the unstable behaviour and short attention span of the DUs made interviews very laborious. These challenges were surmounted at a cost to the emotional and physical energy of the staff members (coordinators and interviewers).

6. Personnel

There were a number of expressed challenges related to personnel, including insufficient interviewers given the number of interviews to be conducted, the duration of each interview and the challenges of managing the emotions of interviewees (both DUs and KIs). This issue was addressed by being flexible in the time expected to complete the data collection in each state. While data collection took place within the stipulated 4-5 weeks, the time was extended in some states for the completion of the work.

Some interviewers admitted that they were dealing with drug users for the first time and the lack of experience contributed to the prolongation of interview sessions. Furthermore, harsh weather conditions (especially in the northern zones), stress and fatigue might have affected some members of the research staff.

7. Deviations

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It is important to note that the report from Ogun state indicates that in some instances venue-based sampling (VBS) was used instead of RDS and in Northeast Zone A some cannabis users were interviewed contrary to the mandate.

8. Conclusion

The reports from zonal coordinators and the experiences of the project coordinator/PI indicated that there is a significant problem of illicit drug use and related problems in most of the communities where the survey was conducted. The coordinators also reported on the suffering experienced by young people who use illicit drugs and their willingness to utilize treatment and other social services. As some researchers have pointed out, such intimate knowledge about the problems of drug using population places a responsibility on the researchers to render support. Researchers can support their DU participants by referring them to available treatment centres and advocating for the establishment of more centres in view of the scope of the drug problem in these communities. Regarding this, information on available facilities in each zone was provided through coordinators and this information was given out when requests were made. Unfortunately available treatment facilities were sometimes not easily accessible and the types of services required were often not there (e.g., residential treatment, gender-specific services).

Observations from the verification and validation exercise

All data from the drug user and key informant surveys in the files submitted by the zonal coordinators were subjected to verification and validation by a data company in Uyo (Corporate Business Research Services, CBRS) that served as a data management consultant for the project. The company has submitted a 16-page report to CRISA detailing every action

taken in cleaning and merging the data sets before handing over to CRISA. Much of this work was done in collaboration with CRISA staff members assigned to oversee this aspect of the project. Most of the issues addressed by CBRS were because of inconsistencies in data entry at the various centres. In a few cases where such inconsistencies were serious enough data from affected states had to be re-entered at CRISA. (These states are specified in the CBRS report). We believe that though the decision to decentralize data entry was taken after careful consideration of data safety, that decision contributed to the delay in completing the overall work on this project.

The following specific recommendations were made by CBRS, the data consultant, in order to guide future:

1. Next time there should be consistency in the data classification (coding) both in the questionnaire and during data entry. For instance all YES options should be consistently coded 2 while NO option are coded 1 or vice versa.
2. There should be more training for people contacted for keying in the data and effectively supervised by the supervisor for quality delivery.
3. Following from 2 above, there may be the need to centralize the keying in exercise for effective supervision.
4. As much as possible the questionnaire should not be too voluminous but concise for ease of completion by the respondents.

Appendix 1: Summary Tables

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The following are tables showing some basic data on the distribution of the sample by gender for the drug user and key informant surveys. Information on the secondary data collection is also provided.

DRUG USER SURVEY**Distribution of respondents by Gender in 36 states and F.C.T**

State Name	Total	Male	Female	Other/Missing
Abia	250	189	48	13
Adamawa	243	193	40	10
Akwa Ibom	250	225	23	2
Anambra	261	167	78	16
Bauchi	246	217	28	1
Bayelsa	258	194	41	23
Benue	264	249	19	-
Borno	250	235	9	6
Cross River	254	200	48	6
Delta	250	227	18	5
Ebonyi	250	212	38	-
Edo	250	215	35	-
Ekiti	250	209	36	5
Enugu	250	213	32	5
Gombe	251	218	33	-
Imo	254	232	16	6
Jigawa	250	218	32	-
Kaduna	250	196	43	11
Kano	250	203	46	1

Katsina	245	217	25	3
Kebbi	271	252	19	-
Kogi	245	203	41	1
Kwara	255	197	56	2
Lagos	275	172	103	-
Nasarawa	250	210	39	1
Niger	267	170	97	-
Ogun	260	232	26	2
Ondo	249	225	23	1
Osun	250	196	50	4
Oyo	251	195	54	2
Plateau	255	230	22	3
Rivers	230	213	15	2
Sokoto	250	203	30	17
Taraba	247	173	62	12
Yobe	250	204	46	-
Zamfara	266	227	22	17
F.C.T	255	221	34	-
TOTAL	9350	7,748	1,427	175

KEY INFORMANT SURVEY

Distribution of respondents in 36 states and F.C.T by gender

State Name	Total	Male	Female	Missing
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Abia	75	44	31	-
Adamawa	62	45	16	1
Akwa Ibom	75	58	13	4
Anambra	78	59	19	-
Bauchi	75	62	11	2
Bayelsa	94	-	-	
Benue	75	-	-	
Borno	72	-	-	
Cross River	76	49	27	-
Delta	75	52	22	1
Ebonyi	75	47	28	-
Edo	77	63	12	2
Ekiti	75	51	19	5
Enugu	76	60	16	-
Gombe	75	47	21	7
Imo	72	55	17	-
Jigawa	72	58	13	1
Kaduna	75	57	18	-
Kano	75	54	21	-
Katsina	75	48	27	-
Kebbi	84	69	15	-
Kogi	74	46	24	4
Kwara	74	46	21	7

Lagos	77	-	-	
Nasarawa	78	71	7	-
Niger	63	49	14	-
Ogun	74	42	22	10
Ondo	77	49	27	1
Osun	75	48	24	3
Oyo	75	51	24	-
Plateau	76	53	19	4
Rivers	77	63	13	1
Sokoto	86	65	20	1
Taraba	66	49	14	3
Yobe	75	52	15	8
Zamfara	86	74	12	-
F.C.T	63	45	16	2
TOTAL	2,787	1,783	619	385

ARREST DATA

Number of respondents and Sources of data across Nigeria

STATE	Number of respondents	AGENCY
ABIA	1	NDLEA
AKWA IBOM	1	NDLEA
BAYELSA	3	NIGERIA POLICE FORCE
BAYELSA	2	NDLEA
BENUE	1	NIGERIA POLICE FORCE

BORNO	1	NDLEA
CROSS RIVER	1	NDLEA
DELTA	1	NDLEA
DELTA	1	NIGERIA POLICE FORCE
EBONYI	1	NDLEA
EDO	1	NDLEA
EKITI	1	NDLEA
ENUGU	1	NDLEA
FCT, ABUJA	1	NDLEA
GOMBE	1	NDLEA
IMO	1	NDLEA
KEBBI	1	NDLEA
KOGI	1	NDLEA
OGUN	1	NDLEA
ONDO	1	NDLEA
OSUN	1	NDLEA
PLATEAU	1	NDLEA
RIVERS	1	NDLEA
SOKOTO	1	NDLEA
TARABA	1	NDLEA
YOBE	1	NDLEA
ZAMFARA	1	NDLEA
TOTAL	30	

Summary of data sources

Data sources	Frequency	Percent
NDLEA	24	80.0
NIGERIA POLICE FORCE	6	20.0
Total	30	100.0

TREATMENT DEMAND DATA

Distribution of respondents and facility type across Nigeria

STATE	TOTAL	FACILITY OWNERSHIP	FACILITY TYPE
ABIA	1	PUBLIC/PRIVATE FOR PROFIT	OTHERS
AKWA IBOM	2	PRIVATE (NOT FOR PROFIT)	PRIVATE OUTPATIENT
AKWA IBOM	1	PRIVATE (NOT FOR PROFIT)	OTHERS
ANAMBRA	1	PUBLIC/PRIVATE FOR PROFIT	-
BORNO	1	PUBLIC/PRIVATE FOR PROFIT	-
BORNO	1	PUBLIC/PRIVATE FOR PROFIT	PSYCHIATRIC HOSPITAL
CROSS RIVER	1	PUBLIC NOT FOR PROFIT	PSYCHIATRIC HOSPITAL
EBONYI	1	PUBLIC/PRIVATE FOR PROFIT	GENERAL HOSPITAL
EDO	1	FEDERAL GOVERNMENT	PSYCHIATRIC HOSPITAL
ENUGU	1	PUBLIC/PRIVATE FOR PROFIT	PSYCHIATRIC HOSPITAL
ENUGU	1	PUBLIC/PRIVATE FOR PROFIT	PRIVATE OUTPATIENT
FCT	1	PRIVATE (NOT FOR PROFIT)	-

FCT	1	FEDERAL GOVERNMENT	GENERAL HOSPITAL
GOMBE	1	-	GENERAL HOSPITAL
IMO	1	PUBLIC/PRIVATE FOR PROFIT	THERAPEUTIC COMMUNITY
KEBBI	1	PUBLIC/PRIVATE FOR PROFIT	OTHERS
NIGER	1	PUBLIC/PRIVATE FOR PROFIT	PSYCHIATRIC HOSPITAL
OGUN	1	PUBLIC/PRIVATE FOR PROFIT	OTHERS
OGUN	1	FEDERAL GOVERNMENT	GENERAL HOSPITAL
OSUN	1	PUBLIC/PRIVATE FOR PROFIT	OTHERS
OSUN	1	PRIVATE(NOT FOR PROFIT)	PSYCHIATRIC HOSPITAL
OYO	1	PUBLIC/PRIVATE FOR PROFIT	PSYCHIATRIC HOSPITAL
PLATEAU	1	PRIVATE(NOT FOR PROFIT)	PRIVATE INPATIENT
PLATEAU	1	FEDERAL GOVERNMENT	GENERAL HOSPITAL
RIVERS	1	PRIVATE(NOT FOR PROFIT)	PRIVATE OUTPATIENT
RIVERS	1	FEDERAL GOVERNMENT	GENERAL HOSPITAL
SOKOTO	1	PUBLIC/PRIVATE FOR PROFIT	PSYCHIATRIC HOSPITAL
SOKOTO	1	PUBLIC/PRIVATE FOR PROFIT	OTHERS
TARABA	1	PUBLIC/PRIVATE FOR PROFIT	OTHERS
ZAMFARA	1	-	-
LAGOS	1	PRIVATE(NOT FOR PROFIT)	PSYCHIATRIC HOSPITAL
LAGOS	1	FEDERAL GOVERNMENT	-

KADUNA	1	FEDERAL GOVERNMENT	PSYCHIATRIC HOSPITAL
KANO	1	FEDERAL GOVERNMENT	GENERAL HOSPITAL
TOTAL	35		

Distribution of facilities by states

	Frequency	Percent
ABIA	1	2.9
AKWA IBOM	3	8.6
ANAMBRA	1	2.9
BORNO	2	5.7
CROSS RIVER	1	2.9
EBONYI	1	2.9
EDO	1	2.9
ENUGU	2	5.7
FCT	2	5.7
GOMBE	1	2.9
IMO	1	2.9
KEBBI	1	2.9
NIGER	1	2.9
OGUN	2	5.7
OSUN	2	5.7
OYO	1	2.9
PLATEAU	2	5.7
RIVERS	2	5.7
SOKOTO	2	5.7
TARABA	1	2.9
ZAMFARA	1	2.9
LAGOS	2	5.7
KADUNA	1	2.9
KANO	1	2.9
Total	35	100.0

Summary table by ownership of facilities

Ownership	Frequency	Percent
PUBLIC/PRIVATE FOR PROFIT	17	48.6
PRIVATE(NOT FOR PROFIT)	7	20.0
PUBLIC NOT FOR PROFIT	1	2.9
FEDERAL GOVERNMENT	8	22.9
Total	33	94.3
Missing System	2	5.7
Total	35	100.0

Summary table by type of facility

Type	Frequency	Percent
PRIVATE OUTPATIENT	4	11.4
PRIVATE INPATIENT	1	2.9
GENERAL HOSPITAL	7	20.0
PSYCHIATRIC HOSPITAL	10	28.6
THERAPEUTIC COMMUNITY	1	2.9
OTHERS	7	20.0
Total	30	85.7
Missing System	5	14.3
Total	35	100.0