

## QUESTIONNAIRE ON THE STATUS OF DRUGS AND SUBSTANCE ABUSE AMONG UNIVERSITY AND TERTIARY INSTITUTION STUDENTS IN KENYA

QUESTIONNAIRE NO. \_\_\_\_\_

| INSTRUCTIONS                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                              | delines require that all universities undertake a survey to assess the status or<br>ng students in order to promote evidence based prevention programs that                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                              | stionnaire is only meant to assist our university/ institution in designing the challenges of drugs and substance abuse among our students.                                                                                                                                                                                                                                                                                                                   |
| will be treated with utmost conficensure that the information you giraffected by problems related to drayour name, campus, school, courties. | dentified randomly to participate in this study and the information you provide dentiality. The university/ institution takes all the necessary precautions to ve will only be used to inform programs that assist our students who may be rugs and substance abuse. The questionnaire is also anonymous; therefore, arse or department will not be required. All that is needed is your honest institution to respond to the needs of our affected students. |
| Please read and answer ALL the o                                                                                                             | questions.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Thank you.                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| For official use only                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Date                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Edited by                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Keyed in by                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| No.  | QUESTIONS                                                                                                                       |                                                                                                                                                                                                                                                                                    |                                                                                               | RESF                                                                                           | PONSES  |    |
|------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------|----|
|      |                                                                                                                                 | n 1: Background and                                                                                                                                                                                                                                                                | characte                                                                                      | ristics of respondents                                                                         |         |    |
| 101. | What is your gender?                                                                                                            |                                                                                                                                                                                                                                                                                    | 1.<br>2.<br>3.                                                                                | Male<br>Female<br>Trans gender                                                                 |         |    |
| 102. | How old are you?                                                                                                                |                                                                                                                                                                                                                                                                                    |                                                                                               |                                                                                                |         |    |
|      | [Write age in years]                                                                                                            |                                                                                                                                                                                                                                                                                    |                                                                                               | years                                                                                          |         |    |
| 103. | What is your religion?                                                                                                          |                                                                                                                                                                                                                                                                                    | 1.<br>2.<br>3.<br>4.<br>5.                                                                    | Christian Muslim Hindu Buddhist Other (Specify)                                                |         |    |
| 104. | What level of study are you currently p                                                                                         | oursuing?                                                                                                                                                                                                                                                                          | 1.<br>2.<br>3.                                                                                | Certificate<br>Diploma<br>Bachelors                                                            |         |    |
| 105. | What is the location of your campus?                                                                                            |                                                                                                                                                                                                                                                                                    | 1.<br>2.                                                                                      | Main campus<br>Remote campus                                                                   |         |    |
| 106. | Year of study?                                                                                                                  |                                                                                                                                                                                                                                                                                    | 3.<br>4.<br>5.<br>6.<br>7.                                                                    | First year Second year Third year Fourth year Fifth year and above                             |         |    |
| 107. | Where do you live when in learning se                                                                                           | <ol> <li>Accommodation within the university/ institution</li> <li>Accommodation outside the university/ institution</li> </ol>                                                                                                                                                    |                                                                                               |                                                                                                |         |    |
| 108. | Who pays your fees?                                                                                                             |                                                                                                                                                                                                                                                                                    | 1.<br>2.<br>3.<br>4.<br>5.                                                                    | Self-sponsored Government sponsored Both Government and so Scholarship Others (Please specify) |         |    |
|      | Section 2: A                                                                                                                    | vailability and Accessi                                                                                                                                                                                                                                                            | bility of                                                                                     | Drugs and Substances o                                                                         | f Abuse |    |
|      |                                                                                                                                 | SUBSTANCE                                                                                                                                                                                                                                                                          |                                                                                               |                                                                                                | Yes     | No |
| 201. | Which of the following substances of abuse are commonly used by students in this university/ institution? [Tick as appropriate] | <ol> <li>Snuff/ Ugoro/ Cha</li> <li>Miraa</li> <li>Muguka/ Jaba</li> <li>Bhang/ Marijuana</li> <li>Weed Cookies/ W</li> <li>Heroin/ Kete/ Kick</li> <li>Cocaine/ Crack/ V</li> <li>Codeine and Cou</li> <li>Prescription drugs<br/>Maduya, Artane/<br/>Bughizi/ Valium/</li> </ol> | / Shash<br>/eed Cak<br>nuri/ Brow<br>White Pough Syrup<br>s e.g. Coa<br>Benzhex<br>Largactil/ | es/ Weed Edibles<br>/n<br>vder<br>s abused to get "high"                                       |         |    |

| No.  | QUESTIONS                                                                 |                                                                      | RESPONSES             |                             |                             |    |                     |                 |      |    |
|------|---------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------|-----------------------------|-----------------------------|----|---------------------|-----------------|------|----|
|      |                                                                           | 16. Inhalants e.g. jet                                               | fuel, gasoline, thinr | ner, glue etc.              |                             |    |                     |                 |      |    |
|      |                                                                           | 17. Other (Please spe                                                | ecify)                |                             |                             |    |                     |                 |      |    |
|      |                                                                           | SUBSTANCE                                                            |                       |                             | 1                           | 2  | 3                   | 4               |      | 5  |
|      |                                                                           | 1. Alcohol                                                           |                       |                             |                             |    |                     |                 |      |    |
|      |                                                                           | 2. Cigarettes                                                        |                       |                             |                             |    |                     |                 |      |    |
|      |                                                                           | 3. Kuber/ Tamboo                                                     |                       |                             |                             |    |                     |                 |      |    |
|      |                                                                           | 4. Shisha                                                            |                       |                             |                             |    |                     |                 |      |    |
|      |                                                                           |                                                                      | e-cigarette/ electro  | onic cigarette              |                             | _  |                     |                 |      |    |
|      |                                                                           | <ul><li>6. Snuff/ Ugoro/ Cha</li><li>7. Miraa</li></ul>              | aves/ Mbaki           |                             |                             |    |                     |                 | -    |    |
|      | On a scale of 1 to 5 (with 1 being                                        | 8. Muguka/ Jaba                                                      |                       |                             |                             |    |                     |                 |      |    |
|      | very easy and 5 being very difficult),                                    | 9. Bhang/ Marijuana                                                  | / Chash               |                             |                             |    |                     |                 |      |    |
| 202. | how easy is it for students to obtain the following substances within the | 10. Weed Cookies/ W                                                  |                       | Edibles                     |                             | -  |                     |                 | +    |    |
|      | university/ institution? [Tick as                                         | 11. Heroin/ Kete/ Kich                                               |                       | Edibles                     |                             |    |                     |                 |      |    |
|      | appropriate]                                                              | 12. Cocaine/ Crack/ V                                                |                       |                             |                             | +  |                     |                 |      |    |
|      |                                                                           |                                                                      |                       | 4                           |                             |    |                     |                 | -    |    |
|      |                                                                           | <ul><li>13. Codeine and Cou</li><li>14. Prescription drugs</li></ul> | <u> </u>              |                             | Artonal                     |    |                     |                 | -    |    |
|      |                                                                           |                                                                      | pnol/ Diazepam/ B     |                             |                             |    |                     |                 |      |    |
|      |                                                                           | Ma White/ Ma Blu                                                     | •                     | aginzii vanami z            | argaottii                   |    |                     |                 |      |    |
|      |                                                                           | 15. Over the counter                                                 | drugs e.g. Panado     | I, Piriton, Mara M          | oja, etc.                   |    |                     |                 |      |    |
|      |                                                                           | 16. Inhalants e.g. jet                                               | <u> </u>              |                             |                             |    |                     |                 |      |    |
|      |                                                                           | 17. Other (Please spe                                                | -                     |                             |                             |    |                     |                 |      |    |
|      |                                                                           | SECTION 3: Sub                                                       | stances of abuse      | <del></del>                 | <u> </u>                    | •  |                     |                 | 1    |    |
|      |                                                                           | A. Which of the                                                      | B. How old were       | C. Which of                 | D. Which of                 | E. | How                 | ofter           | ı do |    |
|      |                                                                           | following listed drugs                                               | you when you          | the following               | the following               |    |                     | alco            |      | ?  |
|      |                                                                           | have you ever taken                                                  | first used the        | listed drugs                | listed drugs                |    |                     | e lis<br>to tic |      |    |
|      |                                                                           | in your lifetime (Tick as appropriate)                               | drugs<br>mentioned    | have you used in the last 1 | have you used <b>in the</b> |    |                     | se fo           |      | ie |
|      |                                                                           |                                                                      | (years)               | year (Tick as               | last 30 days                |    |                     | ubsta           |      | e] |
|      |                                                                           |                                                                      | ,                     | appropriate)                | (Tick as                    | 1. | Onc                 | e a m           | onth |    |
|      |                                                                           |                                                                      |                       |                             | appropriate)                |    |                     | e in t          | VO   |    |
|      |                                                                           |                                                                      |                       |                             |                             |    | wee                 |                 | _    |    |
|      |                                                                           |                                                                      |                       |                             |                             |    | wee                 | day a           | 1    |    |
|      |                                                                           |                                                                      |                       |                             |                             |    |                     | ∖<br>4 day      | 's a |    |
|      |                                                                           |                                                                      |                       |                             |                             |    | wee                 | ζ,              |      |    |
| 301. |                                                                           |                                                                      |                       |                             |                             |    | Daily               |                 |      |    |
|      |                                                                           |                                                                      |                       |                             |                             | 6. |                     | longe<br>nol bi |      | е  |
|      |                                                                           |                                                                      |                       |                             |                             |    |                     | drar            |      |    |
|      |                                                                           |                                                                      |                       |                             | the p                       |    |                     |                 |      |    |
|      | SUBSTANCE                                                                 |                                                                      |                       |                             |                             | 1  |                     | 3 4             | 5    | 6  |
|      | 1. Alcohol                                                                |                                                                      |                       |                             |                             |    |                     |                 |      |    |
|      | 2. Cigarettes                                                             |                                                                      |                       |                             |                             |    |                     |                 |      |    |
|      | 3. Kuber/ Tamboo                                                          |                                                                      |                       |                             |                             | _  | $\sqcup \downarrow$ | $\perp$         |      |    |
|      | 4. Shisha                                                                 |                                                                      |                       |                             |                             |    | $\vdash$            | -               |      |    |
|      | 5. Vape/ vape juice/ e-cigarette/ electronic cigarette                    |                                                                      |                       |                             |                             |    |                     |                 |      |    |
|      | 6. Snuff/ Ugoro/ Chaves/ Mbaki                                            |                                                                      |                       |                             |                             |    |                     |                 |      |    |
|      | 7. Miraa                                                                  |                                                                      |                       |                             |                             |    |                     |                 |      |    |
|      |                                                                           |                                                                      | l                     | I .                         | ı                           | _  |                     |                 | 1    |    |

| No.                  | QUESTIONS RESPONSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------|-----|-----|-----|-----|------|---|
|                      | 8. Muguka/ Jaba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | 9. Bhang/ Marijuana/ Shash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | 10. Weed Cookies/ Weed Cakes/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | Weed Edibles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | 11. Heroin/ Kete/ Kichuri/ Brown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | 12. Cocaine/ Crack/ White Powder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | 13. Codeine and Cough Syrups                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | abused to get "high"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | 14. Prescription drugs e.g.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | Cozepam/ C/ Yellow/ Maduya,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | Artane/ Benzhexol/ Rohypnol/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | Diazepam/ Bughizi/ Valium/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | Largactil/ Ma White/ Ma Blue 15. Over the counter drugs e.g.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     | +    |   |
|                      | Panadol, Piriton, Mara Moja, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | 16. Inhalants e.g. jet fuel, gasoline,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | thinner, glue etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     | _    |   |
|                      | 17. Other (Please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | During the last one year, have you exp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | perienced any of the fo                                                                                                                                                                                                   | llowing signs or sym                                                                                                                           | notoms as a resul                                                      | t of alcohol use? | Ple | ase | res | pon | d to | j |
| 302.                 | all the questions (1-11)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      |   |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        | Ι                 |     | ,   |     |     |      |   |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        |                   |     |     |     |     |      | _ |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        | Yes               |     |     |     | No  |      |   |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        | Yes               |     |     |     | No  |      |   |
| 1.                   | Have you had times when you ended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | up using alcohol more,                                                                                                                                                                                                    | or longer, than you                                                                                                                            | intended?                                                              | Yes               |     |     |     | No  |      |   |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        | Yes               |     |     |     | No  |      |   |
| <u>1.</u>            | Have you had times when you ended  Have you more than once wanted to c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        | Yes               |     |     |     | No  |      |   |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                |                                                                        | Yes               |     |     |     | No  |      |   |
| 2.                   | Have you more than once wanted to c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ut down or stop using                                                                                                                                                                                                     | alcohol but could no                                                                                                                           | t?                                                                     | Yes               |     |     |     | No  |      |   |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ut down or stop using only on the stop using only on being sick as                                                                                                                                                        | alcohol but could no                                                                                                                           | t?                                                                     | Yes               |     |     |     | No  |      |   |
| 2.                   | Have you more than once wanted to contain the same state of the sa | ut down or stop using only on the stop using only on being sick as                                                                                                                                                        | alcohol but could no                                                                                                                           | t?                                                                     | Yes               |     |     |     | No  |      |   |
| 2.                   | Have you more than once wanted to contain the same state of the sa | ut down or stop using only on the stop using only on being sick as                                                                                                                                                        | alcohol but could no                                                                                                                           | t?                                                                     | Yes               |     |     |     | No  |      |   |
| 2.                   | Have you more than once wanted to contain the same state of the sa | ut down or stop using only on the stop using only on the stop using sick as cohol (hangover)?                                                                                                                             | alcohol but could no<br>a result of using alc                                                                                                  | t?<br>ohol? Or                                                         | Yes               |     |     |     | No  |      |   |
| 3.                   | Have you more than once wanted to common that the second s | ut down or stop using only on the stop using only on the stop using sick as cohol (hangover)?                                                                                                                             | alcohol but could no<br>a result of using alc                                                                                                  | t?<br>ohol? Or                                                         | Yes               |     |     |     | No  |      |   |
| 3.                   | Have you more than once wanted to continue you spent a lot of time using alcoholerecovering from the effects of using all have you ever wanted alcohol so bad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ut down or stop using ohol? Or being sick as cohol (hangover)?  y that you could not th                                                                                                                                   | alcohol but could no<br>a result of using alc<br>ink of anything else                                                                          | t?<br>ohol? Or<br>?                                                    | Yes               |     |     |     | No  |      |   |
| 3.                   | Have you more than once wanted to continue you spent a lot of time using alcohol recovering from the effects of using all thave you ever wanted alcohol so bad.  Have you ever found that using alcohol.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ut down or stop using a chol? Or being sick as cohol (hangover)?  y that you could not the color being sick from us                                                                                                       | alcohol but could no a result of using alcoink of anything else                                                                                | t?<br>ohol? Or<br>?                                                    | Yes               |     |     |     | No  |      |   |
| 3.                   | Have you more than once wanted to continue you spent a lot of time using alcoholerecovering from the effects of using all have you ever wanted alcohol so bad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ut down or stop using a chol? Or being sick as cohol (hangover)?  y that you could not the color being sick from us                                                                                                       | alcohol but could no a result of using alcoink of anything else                                                                                | t?<br>ohol? Or<br>?                                                    | Yes               |     |     |     | No  |      |   |
| 3.                   | Have you more than once wanted to continue you spent a lot of time using alcohol recovering from the effects of using all thave you ever wanted alcohol so bad.  Have you ever found that using alcohol.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ut down or stop using a chol? Or being sick as cohol (hangover)?  y that you could not the color being sick from us                                                                                                       | alcohol but could no a result of using alcoink of anything else                                                                                | t?<br>ohol? Or<br>?                                                    | Yes               |     |     |     | No  |      |   |
| 2.<br>3.<br>4.       | Have you more than once wanted to defend the second that you spent a lot of time using alcohologous recovering from the effects of using all have you ever wanted alcohol so bad have you ever found that using alcohologour academic performance? Or caus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ut down or stop using a chol? Or being sick as cohol (hangover)?  y that you could not the color being sick from used troubles in the universe.                                                                           | alcohol but could no<br>a result of using alcoink of anything else                                                                             | t? ohol? Or ? erfered with                                             | Yes               |     |     |     | No  |      |   |
| 3.                   | Have you more than once wanted to continue you spent a lot of time using alcohol recovering from the effects of using all thave you ever wanted alcohol so bad.  Have you ever found that using alcohol.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ut down or stop using a chol? Or being sick as cohol (hangover)?  y that you could not the color being sick from used troubles in the universe.                                                                           | alcohol but could no<br>a result of using alcoink of anything else                                                                             | t? ohol? Or ? erfered with                                             | Yes               |     |     |     | No  |      |   |
| 2.<br>3.<br>4.       | Have you more than once wanted to continue you spent a lot of time using alcoholor recovering from the effects of using all have you ever wanted alcohol so bad.  Have you ever found that using alcoholor your academic performance? Or cause have you continued to use alcohol everyour academic performance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ut down or stop using a chol? Or being sick as cohol (hangover)?  y that you could not the color being sick from used troubles in the universe.                                                                           | alcohol but could no<br>a result of using alcoink of anything else                                                                             | t? ohol? Or ? erfered with                                             | Yes               |     |     |     | No  |      |   |
| 2.<br>3.<br>4.<br>5. | Have you spent a lot of time using alcorecovering from the effects of using all Have you ever wanted alcohol so bad Have you ever found that using alcoholyour academic performance? Or caus Have you continued to use alcohol ever friends?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ohol? Or being sick as cohol (hangover)?  y that you could not the ol or being sick from used troubles in the universen though it was causing                                                                             | alcohol but could no<br>a result of using alco<br>ink of anything else/<br>ing alcohol often intersity/ institution?                           | t? ohol? Or erfered with family or                                     | Yes               |     |     |     | No  |      |   |
| 2.<br>3.<br>4.       | Have you more than once wanted to describe the second of t | ohol? Or being sick as cohol (hangover)?  y that you could not the ol or being sick from used troubles in the universen though it was causing                                                                             | alcohol but could no<br>a result of using alco<br>ink of anything else/<br>ing alcohol often intersity/ institution?                           | t? ohol? Or erfered with family or                                     | Yes               |     |     |     | No  |      |   |
| 2.<br>3.<br>4.<br>5. | Have you spent a lot of time using alcorecovering from the effects of using all Have you ever wanted alcohol so bad Have you ever found that using alcoholyour academic performance? Or caus Have you continued to use alcohol ever friends?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ohol? Or being sick as cohol (hangover)?  y that you could not the ol or being sick from used troubles in the universen though it was causing                                                                             | alcohol but could no<br>a result of using alco<br>ink of anything else/<br>ing alcohol often intersity/ institution?                           | t? ohol? Or erfered with family or                                     | Yes               |     |     |     | No  |      |   |
| 2.<br>3.<br>4.<br>5. | Have you more than once wanted to describe the second of t | ut down or stop using a chol? Or being sick as cohol (hangover)?  y that you could not the color being sick from used troubles in the universe though it was causing wities that were important.                          | alcohol but could no<br>a result of using alco<br>ink of anything else'<br>sing alcohol often intersity/ institution?<br>and trouble with your | t? ohol? Or erfered with family or you, or gave you                    | Yes               |     |     |     | No  |      |   |
| 2.<br>3.<br>4.<br>5. | Have you more than once wanted to describe the second of t | ut down or stop using a chol? Or being sick as cohol (hangover)?  y that you could not the color being sick from used troubles in the universe though it was causing wities that were important situations that increases | alcohol but could no a result of using alcohol often intersity/ institution?  ant or interesting to yellow your chances of getting alcohology. | t? ohol? Or erfered with family or you, or gave you jetting hurt after | Yes               |     |     |     | No  |      |   |

| No.  | QUESTIONS                                                                                                             |                                                                                                                                        | RESP                                                                                                                                                                                                                                                                                                                                                                                                        | ONSES |
|------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 9.   | Have you continued to use alcohol even adding to another health problem? Or af                                        |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                             |       |
| 10.  | Have you ever had to use more alcohol                                                                                 | than you once did to ξ                                                                                                                 | get the effect you want?                                                                                                                                                                                                                                                                                                                                                                                    |       |
| 11.  | Have you ever experienced the following wearing off? You had withdrawal symptonausea, sweating, a racing heart, had a | oms, such as trouble s                                                                                                                 | sleeping, shakiness, restlessness,                                                                                                                                                                                                                                                                                                                                                                          |       |
| 303. | Do you believe that alcohol and drugs of abuse has the following effects?  [Tick as appropriate]                      | courage 2. Enhances soc 3. Makes it easie 4. Facilitates a co 5. Gives people s 6. Facilitates mal 7. Facilitates fem 8. Allows people | r to deal with stress connection with peers comething to talk about e bonding tale bonding to have more fun comething to do ste better a sexier exier er ual opportunities                                                                                                                                                                                                                                  |       |
|      |                                                                                                                       | Section 4: Source                                                                                                                      | s of Drugs and Substances of Ab                                                                                                                                                                                                                                                                                                                                                                             | use   |
| 400. | Where do students in this university/ instand substances of abuse? [Tick as appropriate]                              | titution obtain drugs                                                                                                                  | 1. Canteen/ Bar/ Premise within the University/ institution  2. Canteen/ Bar/ Premise within the Neighbourhood  3. From fellow students within the university/ institution  4. From friends  5. From university/ institution workers  6. From lecturers and tutors  7. From parents and relatives  8. From peddler (drug seller)  9. On-line purchasing over websites or social media  17. Others (specify) |       |
| 401. | When are students from this university/ i                                                                             | nstitution most likely                                                                                                                 | 1. Any time                                                                                                                                                                                                                                                                                                                                                                                                 |       |

| No.  | QUESTIONS                                                                                        | RESP                                           | ONSES |    |
|------|--------------------------------------------------------------------------------------------------|------------------------------------------------|-------|----|
|      | to use drugs and substances of abuse?                                                            | 2. During lecture breaks                       |       |    |
|      | [Tick as appropriate]                                                                            | 3. After evening lectures                      |       |    |
|      |                                                                                                  | 4. Weekends                                    |       |    |
|      |                                                                                                  | 5. During inter-college/                       |       |    |
|      |                                                                                                  | university/ institution                        |       |    |
|      |                                                                                                  | competitions                                   |       |    |
|      |                                                                                                  | 6. University/ institution/                    |       |    |
|      |                                                                                                  | College trips                                  |       |    |
|      |                                                                                                  | 7. During holidays/ semester breaks            |       |    |
|      |                                                                                                  | Others (specify)                               |       |    |
|      |                                                                                                  |                                                |       |    |
|      |                                                                                                  |                                                |       |    |
|      |                                                                                                  |                                                | Yes   | No |
|      | Are you aware of students in this university/ institution v                                      |                                                |       |    |
| 402. | within the university/ institu                                                                   | tion?                                          |       |    |
| 403. | Are you aware of students in this university/ institution wh within the university/ institution? | o are selling heroin or cocaine                |       |    |
|      | Are you aware of students in this university/ institution wh                                     | o are selling prescription drugs               |       |    |
| 404. | e.g. cozepam/ C/ yellow/ artane/ benzhexol/ rohypnol/ dia                                        |                                                |       |    |
|      | ma white/ ma blue within the university/ institution?                                            |                                                |       |    |
|      | Are you giver of students in this university in stitution wh                                     | a are calling bhang/ mariiyana                 |       |    |
| 405. | Are you aware of students in this university/ institution wh within the neighbourhood?           | o are seiling bhang/ marijuana                 |       |    |
| 406. | Are you aware of students in this university/ institution wh                                     | o are selling heroin or cocaine                |       |    |
| 400. | within the neighbourhood?                                                                        | ·                                              |       |    |
|      | Are you aware of students in this university/ institution wh                                     | o are selling prescription drugs               |       |    |
| 407. | e.g. cozepam/ C/ yellow/ artane/ benzhexol/ rohypnol/ dia                                        | zepam/ bughizi/ valium/ largactil/             |       |    |
|      | ma white/ ma blue within the neighbourhood?                                                      |                                                |       |    |
| 400  | Do you know any student who has been found in possess                                            | sion of drugs and/or substances of             |       |    |
| 408. | abuse in this university/ institution?                                                           |                                                |       |    |
|      | ·                                                                                                |                                                | Yes   | No |
|      |                                                                                                  | 1. Referred to                                 | 162   | NO |
|      |                                                                                                  | Guidance/Counselling                           |       |    |
|      |                                                                                                  | Referred to peer counselling                   |       |    |
|      |                                                                                                  | Referred to treatment and                      |       |    |
|      |                                                                                                  | rehabilitation                                 |       |    |
|      | What usually happens to students reported to the university/                                     | Suspended from the                             |       |    |
| 409. | institution and found in possession of drugs or substances of                                    | university/ institution                        |       |    |
|      | abuse?                                                                                           | 5. Expelled from the                           |       |    |
|      | [Tick as appropriate]                                                                            | university/ institution                        |       |    |
|      |                                                                                                  | 6. Parents/Guardians are                       |       |    |
|      |                                                                                                  | summoned to the                                |       |    |
|      |                                                                                                  | university/ institution 7. Taken to the police |       |    |
|      |                                                                                                  | ·                                              |       |    |
|      |                                                                                                  | 8. Given a warning letter                      |       |    |
|      |                                                                                                  | 9. I do not know                               |       |    |

| No.  | QUESTIONS                                                                                                     | RESP                                                | ONSES      |    |
|------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------|----|
|      |                                                                                                               | 10. Others (specify)                                |            |    |
|      |                                                                                                               |                                                     |            |    |
|      |                                                                                                               |                                                     |            |    |
|      | Section 5: Risk Factors and Conseq                                                                            | uences of Drugs and Substances                      | s of Abuse |    |
|      |                                                                                                               |                                                     | Yes        | No |
| 501. | Do you have a parent/ guardian who uses drugs or subst                                                        | ances of abuse?                                     |            |    |
| 502. | Do you have a friend who uses drugs or substances of al                                                       | ouse?                                               |            |    |
| 503. | Have you ever failed to sit for an exam of continuous asse                                                    | essment in the last one year?                       |            |    |
| 504. | Did you ever miss a class or lecture in the last one year?                                                    |                                                     |            |    |
| 505. | In the last one year, did your academic grade improve?                                                        |                                                     |            |    |
| 506. | Did you ever have a disciplinary issue with a lecturer or the one year?                                       | ne university/ institution in the last              |            |    |
| 507. | Are there adequate efforts by management in your univer and use of drugs and substances of abuse by students? | sity/ institution to control access                 |            |    |
| 508. | Have you ever participated in a forum on drugs and substruction program in your university/ institution?      | tance abuse awareness and                           |            |    |
| 509. | Are you an active member in any religious group?                                                              |                                                     |            |    |
| 510. | Are you an active member of any sport or club?                                                                |                                                     |            |    |
| 511. | In the last one year, have you ever been involved in gaml                                                     | oling or betting?                                   |            |    |
|      | Section 6: Strategies on Drug                                                                                 | gs and Substance Abuse Prevent                      | ion        |    |
|      |                                                                                                               | Program                                             | Yes        | No |
|      |                                                                                                               | Awareness talks on drugs                            |            |    |
|      |                                                                                                               | and substance abuse                                 |            |    |
|      |                                                                                                               | 2. Guidance/Counselling                             |            |    |
|      |                                                                                                               | services                                            |            |    |
|      |                                                                                                               | Sobriety clubs or clubs on                          |            |    |
|      |                                                                                                               | prevention of substance abuse                       |            |    |
|      |                                                                                                               | Peer counselling                                    |            |    |
|      | Which of the following interventions are offered in this                                                      | 5. Referral of students to                          |            |    |
| 601. | university/ institution to address the problems of drugs and substance abuse?                                 | treatment and rehabilitation                        |            |    |
|      | [Tick as appropriate]                                                                                         | services                                            |            |    |
|      |                                                                                                               | Random checks for drugs     and substances of abuse |            |    |
|      |                                                                                                               | 7. Policy on drug free                              |            |    |
|      |                                                                                                               | environment within the                              |            |    |
|      |                                                                                                               | university/ institution                             |            |    |
|      |                                                                                                               | Sensitization programs for first year students      |            |    |
|      |                                                                                                               | A core unit on drugs and                            |            |    |
|      |                                                                                                               | substance abuse in first year                       |            |    |

| No.  | QUESTIONS                                                                | RESP                                                         | PONSES |    |
|------|--------------------------------------------------------------------------|--------------------------------------------------------------|--------|----|
|      |                                                                          | Involving parents or guardians     Others (specify)          |        |    |
|      |                                                                          |                                                              | Yes    | No |
|      |                                                                          | Extreme changes in mood                                      |        |    |
|      |                                                                          | Withdrawal from people                                       |        |    |
|      |                                                                          | Dramatic changes in eating<br>or sleeping habits             |        |    |
| 000  | In the last one year, have you ever experienced any of the               | Feeling depressed                                            |        |    |
| 602. | following: [Tick as appropriate]                                         | <ol><li>Hopeless about the present<br/>or future</li></ol>   |        |    |
|      |                                                                          | <ol><li>Lacking interest in<br/>activities/hobbies</li></ol> |        |    |
|      |                                                                          | 7. Thinking about taking your life                           |        |    |
|      |                                                                          | Attempted to harm yourself<br>or attempted suicide           |        |    |
|      |                                                                          | University/ institution                                      | Yes    | No |
|      |                                                                          | counsellor                                                   |        |    |
|      |                                                                          | 2. Health centre                                             |        |    |
|      | If you wanted help for a mental health problem, where would              | 3. Dean of students office                                   |        |    |
| 603. | you seek help within the university/ institution?  [Tick as appropriate] | University/ institution lecturer                             |        |    |
|      | from an other channel.                                                   | 5. Fellow student                                            |        |    |
|      |                                                                          | 6. Peer counsellor                                           |        |    |
|      |                                                                          | 7. Other (please specify)                                    |        |    |
|      |                                                                          | University/ institution                                      | Yes    | No |
|      |                                                                          | counsellor 2. Health centre                                  |        |    |
|      |                                                                          | Dean of students office                                      |        |    |
|      | If you wanted help for substance use problems, where would               |                                                              |        |    |
| 604. | you seek help within the university/ institution?                        | <ol> <li>University/ institution<br/>lecturer</li> </ol>     |        |    |
|      | [Tick as appropriate]                                                    | Fellow student                                               |        |    |
|      |                                                                          | 6. Peer counsellor                                           |        |    |
|      |                                                                          | 7. Other (please specify)                                    |        |    |
|      |                                                                          |                                                              | I      |    |

| No.  | QUESTIONS                                                                                                                                                                                                                | RESPONSES                                   |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| No.  | What would you recommend the University/ institution/ College/University/ institution Management, Parents/ Guardians, Lecturers and Neighboring Communities to do in in the prevention of drugs and substances of abuse? | University/ institution/ College Management |
| 606. | University/ institution/ College/University/ institution Management, Parents/ Guardians, Lecturers and Neighboring                                                                                                       | 1                                           |

## THANK YOU FOR YOUR TIME