



European Monitoring Centre
for Drugs and Drug Addiction

European Questionnaire on Drug Use among People living in Prison (EQDP)

Short version

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1. General information

| | | | |
|---|---|---------------------------------------|---|
| 1.1 Date of interview (YYYY/MM/DD) <input style="width: 100%;" type="text"/> | | | |
| 1.2 Sex | 1. Male <input type="checkbox"/> | 2. Female <input type="checkbox"/> | 9. Not stated/refused <input type="checkbox"/> |
| 1.3 Age | Years: <input style="width: 100%;" type="text"/> | | |
| <i>Specifications: Age at the time of the survey.</i> | | | |
| 1.4 What is your nationality? <input style="width: 100%;" type="text"/> | | | |
| <i>Specifications: Nationality as identified by the respondent. This open question should be adjusted according to national standards.</i> | | | |
| 1.5 What is your country of birth? <input style="width: 100%;" type="text"/> | | | |
| <i>Specifications: If it is not possible to answer either of these questions, please mention this in the final comments.</i> | | | |
| 1.6 What is your current legal status? | | Yes | No |
| 1. On remand/Pre-trial/not yet sentenced | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Convicted serving sentence | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Held under administrative detention | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Not stated/refused | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Specifications: If these categories are not applicable to the legislation and regulations of a country, please mention this in the final comments. Individual countries should adapt these categories according to their legislative frameworks.</i> | | | |
| 1.7 How long have you been in prison during your current imprisonment? | | | |
| Years: <input style="width: 100px;" type="text"/> | Months: <input style="width: 100px;" type="text"/> | | |
| <i>Specifications: This refers to the entire period of imprisonment in all prisons for the current sentence. For periods shorter than 1 year, state 0 years and the number of months; for periods shorter than 1 month, state the proportion of the month (e.g. 0.5 for 2 weeks).</i> | | | |
| 1.8 How many times have you been in prison, <u>excluding your current imprisonment</u> (!)¹? | | | |
| Times: <input style="width: 100px;" type="text"/> | If the answer is "Zero", refer the respondent to 1.10 Type of offence(s). | | |
| <i>Specifications: This refers to the number of episodes of imprisonment before the current one, regardless of the legal status. It does not refer to the number of correctional facilities.</i> | | | |
| 1.9 What is the total length of time you have spent in prison during your life? | | | |
| Years: <input style="width: 100px;" type="text"/> | Months: <input style="width: 100px;" type="text"/> | | |
| <i>Specifications: This refers to the entire period of imprisonment in all prisons for the current sentence. For periods shorter than 1 year, state 0 years and the number of months; for periods shorter than 1 month, state the proportion of the month (e.g. 0.5 for 2 weeks).</i> | | | |
| 1.10 Type of offence(s) leading to current imprisonment? Offences: | | | |
| | | Yes | No |
| 1. Offence against property or heritage | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Possession/cultivation/purchase/drugs for personal use | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cultivation/trading/trafficking/distribution/selling drugs | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Violent crime | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Road safety | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Other (specify) <input style="width: 100px;" type="text"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Not stated/refused | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Specifications: This is an optional question. The respondent should place a cross in options Yes or No in each row. Countries should adapt this list of offences to their national legal systems. Following the International Classification of Crimes Statistics (UNODC-ICCS). See methodological guidelines for more details</i> | | | |

(¹) Sensitive questions, especially those referring to current imprisonment are marked with an exclamation mark (!).

1.11 Which of these situations best describes where you lived before you came into the current prison?

| | | |
|---------------------------------------|--|----------------------------|
| 1. Stable accommodation | | 1 <input type="checkbox"/> |
| 2. Homeless or unstable accommodation | | 2 <input type="checkbox"/> |
| 8. Other (specify) _____ | | 8 <input type="checkbox"/> |
| 9. Not stated/Refused | | 9 <input type="checkbox"/> |

Specifications: Living where (most time) in the 30 days before current imprisonment. Stable accommodations are: house, flat, hostel or supported accommodation. Unstable accommodations are: temporary accommodation, homeless or sleeping rough. If living in another prison specify in option "8. Other".

1.12 Which of these situations best describes with whom you lived before you came into current prison?

| | Yes | No |
|---|---|----------------------------|
| 1. Nobody - living alone | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 2. Living with the family of origin (parents, etc.) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3. Living with partner / husband / wife | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 4. Adult children (age 18+) | Number of Children <input type="text"/> | 1 <input type="checkbox"/> |
| 5. Dependent children (under 18) | Number of Children <input type="text"/> | 1 <input type="checkbox"/> |
| 6. Living with friends or other people (not family) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 8. Other (specify) _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 9. Not stated/refused | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

Specifications: Living with whom in the 30 days before current imprisonment. If living in another prison specify in option "8. Other". If living with children provide its number.

1.13 Which of these, best describes your labour status before you came into current prison?

| Economic activity/Labour status; 30 days before prison | | |
|---|--|----------------------------|
| 1. Occasionally employed | | 1 <input type="checkbox"/> |
| 2. Regularly employed | | 2 <input type="checkbox"/> |
| 3. Student (full-time education/training) | | 3 <input type="checkbox"/> |
| 4. Unemployed <i>looking</i> for work/training | | 4 <input type="checkbox"/> |
| 5. Unemployed <i>not looking</i> for work/training | | 5 <input type="checkbox"/> |
| 6. Social benefits/pensioners or retired/disabled employed | | 6 <input type="checkbox"/> |
| 7. Looking after home or family/house-makers | | 7 <input type="checkbox"/> |
| 8. Other (specify) _____ | | 8 <input type="checkbox"/> |
| 9. Not stated/refused | | 9 <input type="checkbox"/> |

Specifications: Labour status before you came into current prison. Employed refers both to self-employ or employee either full or part time. Unemployed refers to a person without a paid job.

1.14 Which of these situations best describes your current highest educational level?

| | | |
|--|--|----------------------------|
| 1. Never went to school/Never completed primary school | | 1 <input type="checkbox"/> |
| 2. Primary level of education | | 2 <input type="checkbox"/> |
| 3. Secondary level of education | | 3 <input type="checkbox"/> |
| 4. Tertiary/Higher level of education | | 4 <input type="checkbox"/> |
| 8. Other (specify) _____ | | 8 <input type="checkbox"/> |
| 9. Not stated/Refused | | 9 <input type="checkbox"/> |

Specifications: The categories refer to the following International Standard Classification of Education (ISCED). See methodological guidelines for more details. Other: cannot read or/and cannot write in the country's official language.

2. Substance use outside and inside prison

2.0 Have you ever, even if only once, used/consumed substance(s): tobacco, alcohol, illegal drugs (heroin, cannabis, ecstasy, LSD) or medicines without a doctor's prescription? 1 Yes 2 No

Specifications: If the answer is "No", refer the respondent to 4. Health status: question 4.1.

(A) Substance use OUTSIDE prison, before coming into this prison[&]

2.1 Had you ever used any of the following substances, even if only once? Outside prison, before your current imprisonment (!)

| Substance | Never used | Substance(s) ever used outside prison before current imprisonment (!) | Substance(s) used during the last 12 months outside prison before current imprisonment (!) | Substance(s) used during the last 30 days outside prison before current imprisonment (!) |
|--|----------------------------|---|--|--|
| 1. Tobacco (cigarettes) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 2. Alcohol (beer, wine, spirits) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 3. Cannabis (marijuana, hash, joints) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 4. Powder cocaine (coke) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5. Crack cocaine (base, rock) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 6. Amphetamine (speed, whizz) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 7. Methamphetamine (meth, crank, ice) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 8. Ecstasy (MDMA or MDA) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9. Hallucinogenic mushrooms (magic mushrooms; boomers, champs, fungus) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 10. Ketamine (K, special K) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 11. LSD (acid, dots) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 12. Heroin (horse, brown, shit) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 13. Methadone misused* (done, meth) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 14. Buprenorphine misused* (Bup, B, subs, bupe) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 15. Fentanyl illicit/misused* (china white, TNT) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 16. Barbiturates misused* (Barbs) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 17. Benzodiazepines misused* (Benzos) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 18. GHB/GBL (G, Liquid X) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 19. Volatile inhalants/solvents (glue, poppers) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 20. New psychoactive substances: synthetic cannabinoids (e.g. Spice, fake weed) ** | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 21. New psychoactive substances: synthetic cathinones (e.g. mephedrone, pentedrone, alpha-PVP)** (M-Cat, drone, Top Cat) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 22. Anabolic steroids (Juice, Gym) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 23. Other substances (specify below) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Specifications: The respondent should place a cross in one option in each row according to his or her experience. A specification can be included to direct respondents who have not used any of these substances in the last 30 days to question 2.3 in section 2B. Countries should list substances in their national language and should include country-specific street names for substances where appropriate.

Notes: [&] Before entering the current prison from the outside, not from another prison; substance use when he/she was living outside prison.

* Without a doctor's prescription. ** List new psychoactive substances from the substance groups that are prevalent in your country and show images of drugs to facilitate answers if necessary.

2.2 Had you ever used ANY substances, even if only once outside prison, before your current imprisonment (!)? 1 Yes 2 No

Specifications: If the answer is “No”, refer the respondent to 2.3.

2.3 How often have you used the substances listed below outside prison in the last month (last 30 days) before your current imprisonment (!)?

| Substance | Not used in the last 30 days | Used on 1-3 days in the last 30 days | Used on 4-9 days in the last 30 days | Used on 10-19 days in the last 30 days | Used on 20 days or more in the last 30 days |
|--|------------------------------|--------------------------------------|--------------------------------------|--|---|
| 1. Tobacco (cigarettes) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2. Alcohol (beer, wine, spirits) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. Cannabis (marijuana, hash, joints) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4. Powder cocaine (coke) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 5. Crack cocaine (base, rock) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6. Amphetamine (speed, whizz) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 7. Methamphetamine (meth, crank, ice) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 8. Ecstasy (MDMA or MDA) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 9. Hallucinogenic mushrooms (magic mushrooms; boomers, champs, fungus) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 10. Ketamine (K, special K) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 11. LSD (acid, dots) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 12. Heroin (horse, brown, shit) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 13. Methadone misused* (done, meth) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 14. Buprenorphine misused* (bup, B, subs, bupe) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 15. Fentanyl illicit/misused* (china white, synthetic heroin, TNT) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 16. Barbiturates misused* (Barbs) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 17. Benzodiazepines misused* (Benzos) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 18. GHB/GBL (G, Liquid X) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 19. Volatile inhalants/solvents (glue, poppers) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 20. New psychoactive substances: synthetic cannabinoids (e.g. Spice, fake weed) ** | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 21. New psychoactive substances: synthetic cathinones (e.g. mephedrone, pentedrone, alpha-PVP)** (M-Cat, drone, Top Cat) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 22. Anabolic steroids (Juice, Gym) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 23. Other substances (specify below) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Specifications: The respondent should place a cross in one option in each row according to his or her experience. Countries should list substances in their national language and should include country-specific street names for substances where appropriate.

Notes:

* Without a doctor's prescription. ** List new psychoactive substances from the substance groups that are prevalent in your country and show images of the drugs to facilitate answers if necessary.

(B) Substance use INSIDE prison

2.4 During the time you have been inside prison during your current or past imprisonment, have you used ANY substances, even only once? 1 Yes 2 No

Specifications: If the answer is “No”, refer the respondent to 4. Health status: question 4.1

2.5 During the time you have been inside prison during your current or past imprisonment, have you used the following substances, even only once?

| Substance | Ever used <u>in any prison</u> | | | Used during <u>current imprisonment (!)</u> | | |
|---|--------------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|
| | Yes | No | I don't know | Yes | No | I don't know |
| 1. Tobacco (cigarettes) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Alcohol brought into prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 3. Alcohol produced within prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 4. Strong tea*** | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 5. Cannabis (marijuana, hash, joints) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 6. Powder cocaine (coke) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 7. Crack cocaine (base, rock) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 8. Amphetamine (speed, whizz) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 9. Methamphetamine (meth, crank, ice) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 10. Ecstasy (MDMA or MDA) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 11. Hallucinogenic mushrooms (magic mushrooms; boomers, champs, fungus) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 12. Ketamine (K, special K) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 13. LSD (acid, dots) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 14. Heroin (horse, brown, shit) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 15. Methadone misused* (done, metha) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 16. Buprenorphine misused* (bup, B, subs, bupe) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 17. Fentanyl illicit/misused* (china white, synthetic heroin, TNT) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 18. Barbiturates misused* (barbs) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 19. Benzodiazepines misused* (benzos) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 20. GHB/GBL (G, Liquid X) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 21. Volatile inhalants/solvents (glue, poppers) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 22. New psychoactive substances: synthetic cannabinoids (e.g. Spice, fake weed) ** | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 23. New psychoactive substances: synthetic cathinones (e.g. mephedrone, pentedrone, alpha-PVP) ** (M-Cat, drone, Top Cat) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 24. Anabolic steroids (juice, Gym) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 25. Other substances (specify below) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: This question asks about experience with substance use during the respondent's lifetime within any prison premises, either during the current imprisonment (!) or during a previous imprisonment, in this country or abroad.

The respondent should place a cross in each column according to his or her experience. Countries should list substances in their national language and should include country-specific street names for substances where appropriate. A specification can be included to direct respondents who have not used any of these substances inside prison to section 3.

Notes:

* Without a doctor's prescription.

** List new psychoactive substances from the substance groups that are prevalent in the country and show images of the drugs to facilitate answers if necessary.

*** 'Strong tea' refers to a very strong infusion made from tea, sometimes with tobacco or other licit or illicit substances. Replace with the term used in your country

3. Substance injecting and other health risk behaviours

3.1 Have you ever **injected any substance** (for non-medical purposes, including anabolic steroids), even if only once, either outside or inside prison?

| | Yes | No | I don't know |
|---|----------------------------|----------------------------|----------------------------|
| 1. Injected EVER | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Injected during last 30 days before CURRENT IMPRISONMENT (!)* | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 3. Injected during last 30 days during CURRENT IMPRISONMENT (!) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 4. Injected ever during ANY IMPRISONMENT (!)** | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 5. Injected ever during CURRENT IMPRISONMENT (!) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 6. Did your first substance injection happen IN ANY PRISON? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The respondent should place a cross in one option in each row according to his or her experience. If the answer is yes to at least one of the five questions, the respondent should go to question 3.2. Otherwise, the respondent should go to section 4.

Notes:

* Substance injection before the current imprisonment (outside prison).

** Substance injection in any prison during the respondent's lifetime.

3.2 Have you ever shared needles, syringes or other tools used to inject or smoke substances (for non-medical purpose, including anabolic steroids), even if only once?

| | Yes | No | I don't know |
|---|----------------------------|----------------------------|----------------------------|
| 1. Shared needles/syringes EVER | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Shared needles/syringes IN ANY PRISON* | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 3. Shared needles/syringes during the last 30 days before CURRENT IMPRISONMENT (!) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 4. Shared needles/syringes during last 30 days during CURRENT IMPRISONMENT (!) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 5. Shared spoon/cooker, filter, cotton, acid/lemon juice, rinse water, etc. EVER | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 6. Shared spoon/cooker, filter, cotton, acid/lemon juice, rinse water, etc. IN ANY PRISON* | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 7. Shared spoon/cooker, filter, cotton, acid/lemon juice, rinse water, etc. in the last 30 days before CURRENT IMPRISONMENT | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 8. Shared spoon/cooker, filter, cotton, acid/lemon juice, rinse water, etc. in the last 30 days during CURRENT IMPRISONMENT | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 9. Shared pipes or other equipment for drug smoking EVER | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 10. Shared pipes or other equipment for drug smoking IN ANY PRISON* | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 11. Shared pipes or other equipment for drug smoking in the last 30 days before CURRENT IMPRISONMENT | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 12. Shared pipes or other equipment for drug smoking in the last 30 days during CURRENT IMPRISONMENT | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 13. Shared e-cigarettes for drug smoking EVER | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 14. Shared e-cigarettes for drug smoking IN ANY PRISON* | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 15. Shared e-cigarettes for drug smoking in the last 30 days before CURRENT IMPRISONMENT | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 16. Shared e-cigarettes for drug smoking in the last 30 days during CURRENT IMPRISONMENT | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The respondent should place a cross in one option in each row according to his or her experience. This question refers to the illicit use of substances (including anabolic steroids) by injection, sharing of injection paraphernalia, and drug smoking using or sharing pipes, e-cigarettes or other smoking tools during the respondent's lifetime and during any imprisonment.

Notes:

* Refers to sharing practices in any prison during the respondent's lifetime.

4. Health status

4.1 Have you ever had a HIV test outside and/or inside prison?

| | Yes | No | I don't know |
|-------------------|----------------------------|----------------------------|----------------------------|
| 1. Outside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Inside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent (self-reporting). Answers should be provided for both outside and inside prison.

| | Yes | No | I don't |
|--|----------------------------|----------------------------|----------------------------|
| 4.2 Have you ever been infected with HIV? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent (self-reporting) and not on test results.

4.3 Have you ever been treated for HIV outside and/or inside prison?

| | Yes | No | I don't know |
|-------------------|----------------------------|----------------------------|----------------------------|
| 1. Outside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Inside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent (self-reporting). Answers should be provided for both settings: outside prison and inside any prison

4.4 Have you ever had a HBV (hepatitis B virus) test outside and/or inside prison?

| | Yes | No | I don't know |
|-------------------|----------------------------|----------------------------|----------------------------|
| 1. Outside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Inside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent (self-reporting). Answers should be provided for both settings: outside prison and inside any prison.

| | Yes | No | I don't |
|--|----------------------------|----------------------------|----------------------------|
| 4.5 Have you ever been infected with HBV (hepatitis B virus)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent (self-reporting) and not on test results.

4.6 Have you ever been vaccinated against HBV (hepatitis B virus) outside or inside prison?

| | Yes | No | I don't know |
|-------------------|----------------------------|----------------------------|----------------------------|
| 1. Outside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Inside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent (self-reporting). Answers should be provided for both settings: outside prison and inside any prison.

4.7 Have you ever been treated for HBV (hepatitis B virus) outside or inside prison?

| | Yes | No | I don't know |
|-------------------|----------------------------|----------------------------|----------------------------|
| 1. Outside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Inside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent (self-reporting). Answers should be provided for both settings: outside prison and inside any prison.

4.8 Have you ever had a HCV (hepatitis C virus) test outside and/or inside prison?

| | Yes | No | I don't know |
|-------------------|----------------------------|----------------------------|----------------------------|
| 1. Outside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Inside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent. Answers should be provided for both settings: outside prison and inside any prison.

| | Yes | No | I don't |
|---|----------------------------|----------------------------|----------------------------|
| 4.9 Have you ever been infected with <u>HCV</u> (hepatitis C virus)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent (self-reporting) and not on tests results.

4.10 Have you ever been treated for HCV (hepatitis C virus)?

| | Yes | No | I don't know |
|-------------------|----------------------------|----------------------------|----------------------------|
| 1. Outside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Inside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent (self-reporting). Answers should be provided for both settings: outside prison and inside any prison.

4.11 Have you ever had a TB (Tuberculosis) test outside and/or inside prison?

| | Yes | No | I don't know |
|-------------------|----------------------------|----------------------------|----------------------------|
| 1. Outside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Inside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent (self-reporting). Answers should be provided for both settings: outside prison and inside any prison.

4.12 Have you ever been infected with TB (Tuberculosis)?

| Yes | No | I don't know |
|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent (self-reporting) and not on tests results.

4.13 Have you ever been vaccinated (BCG) against TB (Tuberculosis) outside or inside prison?

| | Yes | No | I don't know |
|-------------------|----------------------------|----------------------------|----------------------------|
| 1. Outside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Inside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

4.14 Have you ever been treated for TB (Tuberculosis) outside or inside prison?

| | Yes | No | I don't know |
|-------------------|----------------------------|----------------------------|----------------------------|
| 1. Outside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Inside prison | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The answers should be based on what is reported by the respondent (self-reporting). Answers should be provided for both settings: outside prison and inside any prison.

4.15 Have you ever had a **substance overdose** (a condition after substance use that required professional intervention by a physician or nurse or the attendance of an ambulance) outside or inside prison?

| | (a) Outside prison | (b) Inside prison during any imprisonment | (c) During current imprisonment (!) |
|--|-----------------------------|---|-------------------------------------|
| 1. Yes, related to opioids (including mixture with other substances) | No of times /___/ | No of times /___/ | No of times /___/ |
| 2. Yes, related to substances other than opioids (specify below) _____ | No of times /___/ | No of times /___/ | No of times /___/ |
| 3. No | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 99. I don't know | 99 <input type="checkbox"/> | 99 <input type="checkbox"/> | 99 <input type="checkbox"/> |

Specifications: The answer should be based on what is reported by the respondent (self-reporting). If no overdose is reported, the respondent should go to section 5.

4.16 When was your **last overdose**? /___/ years ago /___/ months ago

Specifications: The respondent should answer this question only if he or she has ever overdosed and responded Yes (option 1 or 2) to question 4.15 (Have you ever had a substance overdose?). Otherwise, the respondent should go to question 4.18: mental and emotional problems. If the event was less than 1 year ago, then state 0 years and the number of months.

4.17 Think back to when you **last overdosed** on a substance. Where were you when you had the first symptoms?

| | |
|---|--|
| 1. Inside this prison or inside another prison | 1 <input type="checkbox"/> |
| 2. Outside prison, less than 30 days after previous imprisonment: | 2 <input type="checkbox"/> Number of days after prison release /___/ |
| 3. Outside prison, more than 30 days after previous imprisonment | 3 <input type="checkbox"/> |
| 4. Outside prison, before my first ever imprisonment | 4 <input type="checkbox"/> |
| 5. On prison leave | 5 <input type="checkbox"/> |
| 9. I don't know | 9 <input type="checkbox"/> |

Specifications: The respondent should answer this question only if he or she has ever overdosed and responded Yes (option 1 or 2) to question 4.15 (Have you ever had a substance overdose?). Otherwise, the respondent should go to question 4.18: mental and emotional problems. The answer should be based on what is reported by the respondent (self-reporting). The question refers to the most recent substance overdose.

4.18 Have you visited a doctor, psychologist, counsellor or treatment centre for mental or emotional problems?

| Yes | No | I don't know |
|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

4.18.1 If Yes, how many times in the last 12 months? times

Specifications: The answer should be based on what is reported by the respondent. The question concerns treatment outside prison and/or during any imprisonment. If no service has been used, the respondent should go to question 4.20.

4.19 Have you been prescribed **any medication** for mental or emotional problems?

| | Yes | No | I don't know |
|--|----------------------------|----------------------------|----------------------------|
| 1. In the last 12 months before current imprisonment (!) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Inside prison during the current imprisonment (!) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The respondent should place one cross in each column according to his or her experience. The answer should be based on what is reported by the respondent.

4.20 Have you made an attempt **to take your life**, by taking substances or self-harm?

| | Yes | No | I don't know |
|--|----------------------------|----------------------------|----------------------------|
| 1. In the last 12 months before current imprisonment (!) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Inside prison during the current imprisonment (!) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The respondent should place one cross in each column according to his or her experience. The answer should be based on what is reported by the respondent.

4.21 The questions below are about how you feel and how things have been with you during the last 30 days. For each question, please give the answer that comes closest to the way you have been feeling.

| | All of the time | Most of the time | A good bit of the time | Some of the time | A little bit of the time | None of the time |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Have you been a very nervous person? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 2. Have you felt so down in the dumps that nothing could cheer you up? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 3. Have you felt calm and peaceful? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 4. Have you felt downhearted and blue? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 5. Have you been a happy person? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

Specifications: The respondent should place one cross in each column according to his or her experience. The answer should be based on what is informed by the respondent.

5. Use of health and addiction services

5.1 Have you ever attended or are you currently attending drug treatment outside or inside prison?

| Time reference | (a) Opioid substitution treatment | | | (b) Drug treatment other than opioid substitution treatment | | |
|--|-----------------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|
| | Yes | No | I don't know | Yes | No | I don't know |
| 1. Ever | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. 30 days BEFORE CURRENT imprisonment (!) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 3. During ANY imprisonment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 4. During the CURRENT imprisonment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: Respondent should answer every line. For the definition of drug treatment see methodological guidelines.

5.2 To your knowledge, were those services available in the last 30 days during your current imprisonment (!)?

| Type of service | Yes, available | No, not available | I don't know |
|---|----------------------------|----------------------------|----------------------------|
| 1. Health check up | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Opioid agonist therapy | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 3. Detoxification | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 4. Counselling on drug related problems | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 5. Infectious diseases testing | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 6. Hepatitis B vaccination | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 7. Hepatitis B treatment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 8. Hepatitis C treatment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 9. HIV antiretroviral therapy | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 10. TB vaccination | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 11. TB treatment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 12. Needles and syringe exchange | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 13. Other sterile material distribution | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 14. Disinfecting tablets/bleach | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 15. Overdose prevention/counselling | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 16. Naloxone distribution and training | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 17. Condom distribution | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

5.3 Have you used any of the following services in the last 30 days during your current imprisonment (!)?

| Type of service | Yes | No, because I do not need the service | No, although I do need the service | I don't know |
|---|----------------------------|---------------------------------------|------------------------------------|----------------------------|
| 1. Health check up | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 2. Opioid agonist therapy | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 3. Detoxification | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 4. Counselling on drug related problems | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 5. Infectious diseases testing | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 6. Hepatitis B vaccination | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 7. Hepatitis B treatment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 8. Hepatitis C treatment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 9. HIV antiretroviral therapy | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 10. TB vaccination | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 11. TB treatment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 12. Needles and syringe exchange | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 13. Other sterile material distribution | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 14. Disinfecting tablets/bleach | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 15. Overdose prevention/counselling | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 16. Naloxone distribution and training | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 17. Condom distribution | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> |

Specifications: The respondent should place one cross in each row according to his or her experience.

'Overdose counselling' might include educating substance users about the risks of polydrug use; the very high risk of an overdose in the period after release; other risk factors for overdoses; recognition of the signs of overdoses; the prevention of overdoses; and how to manage an overdose.

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