

Characteristics of Heroin Users in Lomé (Togo)

Saliou Salifou^{1*}, Sonia Kanekatoua², Daméga Wenkourama³, Ekpao Ekpai⁴, Charfoundine Affo⁵, Yao Adjévi Awoussi², Kolou Simliwa Dassa²

¹Université de Lomé, Faculté des Sciences de la Santé, Clinique Universitaire de Psychiatrie et de Psychologie Médicale, CHU Sylvanus Olympio-Lomé, Hôpital Psychiatrique de Zébé-Aného, Aného, Togo

²Université de Lomé, Faculté des Sciences de la Santé, Clinique de Psychiatrie et de Psychologie Médicale, CHU Campus, Lomé, Togo

³Université de Kara, Faculté des Sciences de la Santé, Service de Psychiatrie, CHU Kara, Kara, Togo

⁴Master in Public Health, Centre Hospitalier des Armées d'Adidogomè, Lomé, Togo

⁵Clinique Médico-Psychiatrique de Lomé, Lomé, Togo

Email: *salioubab@gmail.com

How to cite this paper: Salifou, S., Kanekatoua, S., Wenkourama, D., Ekpai, E., Affo, C., Awoussi, Y.A., Dassa, K.S. (2022) Characteristics of Heroin Users in Lomé (Togo). *Open Journal of Psychiatry*, 12, 141-156. <https://doi.org/10.4236/ojpsych.2022.122012>

Received: February 26, 2022

Accepted: March 28, 2022

Published: March 31, 2022

Copyright © 2022 by author(s) and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

Introduction: Opioid use is a public health problem today. The aim of this study was to describe the socio-demographic characteristics, judicial aspects, addictive behaviours and medical aspects of heroin users placed on methadone (HUM) at the Integrated Addiction Care Centre of Kodjoviakopé (CEPIAK).

Framework and Method: This was a descriptive cross-sectional study conducted at the CEPIAK in Lomé, Togo, from December 1st, 2020 to January 31, 2021. **Results:** A total of 200 HUM were included in this study. They were Togolese in 89.0% of cases. Their mean age was 43.4 ± 9.6 years with extremes ranging from 16 to 66 years. Males accounted for 90.5% of the HUM, *i.e.* a sex ratio of 9.5. Primary education accounted for 39.0% of cases. Single people accounted for 44.0% of cases. One hundred and nineteen HUM (59.5%) had a history of incarceration. Cannabis, tobacco and cocaine were the other drugs associated with heroin use in 79.5%, 74.5% and 59.5% of cases respectively. A history of overdose accounted for 18.0% of the HUM in our sample. Suicide attempts accounted for 19.5% of the HUM. Tuberculosis was detected in 5.5% of the HUM. HIV accounted for 3.0% of the HUM. **Conclusion:** It is important for the Togolese health system to give more importance to this issue, which is shared by the medical and social sectors, in order to effectively reduce and prevent these social ills.

Keywords

Heroin, Methadone, Addictions, Comorbidities, Togo

1. Introduction

Opioid use is a public health issue today. In 2015, 35 million people worldwide

used opioids [1]. They account for 70% of the negative health impacts caused by drug use and were responsible for approximately 190,000 premature deaths worldwide in 2017 [1]. In West Africa, opioids are increasingly available due to the transit of heroin through the region, coupled with the importation and parallel sale of potent psychotropic and analgesic drugs [2] [3]. This transit of heroin and importation of powerful analgesics into West Africa has led to an increase in use and dependence, particularly among young people [2] [3]. As in other West African countries, opioid-related problems have increased in Togo. For example, 32.69% of motorbike taxi drivers in Lomé use tramadol [4]. Although the prevalence of opioid (tramadol and heroin) use in the general population in Togo is not known, health problems linked to the use of these substances have begun to be felt to the extent that an opioid substitution treatment (OST) centre was recently opened in Lomé in 2019. The positive health and social impact of OST are well documented [5] [6]. The objective of this study was to describe the socio-demographic characteristics, judicial aspects, addictive behaviours and medical aspects of heroin users placed on methadone at the Integrated Addiction Care Centre of Kojoviakopé.

2. Framework and Method

2.1. Framework

The Integrated Addiction Care Centre of Kojoviakopé (CEPIAK) in Lomé, Togo, served as the setting for our study.

CEPIAK is a pilot centre set up by the Abidjan-Lagos CORRIDOR Organisation (OCAL) in collaboration with the Togolese state since 2018. But it was only operational in June 2019. It is the 2nd centre of its kind in West Africa after the Integrated Addiction Care Centre of Dakar (CEPIAD). The CEPIAK raises awareness among drug users, through their mode of consumption, about the risks of transmission of diseases such as HIV, tuberculosis and Hepatitis B and C. These drug users are registered, monitored and selected for care. Some heroin users, especially injectors, are taken into care and put on methadone if necessary.

CORRIDOR is an inter-state organisation of five countries born under the initiative of the Heads of State of the countries concerned (Ivory Coast, Ghana, Togo, Benin and Nigeria). This CORRIDOR drains a migratory flow of 110 million people per year. Seeing the importance of this migratory corridor for the West African sub-region, the Heads of State have taken steps to protect this population in terms of health by setting up CORRIDOR. This sub-regional institution has set up a Border Committee for the Fight against AIDS on the eight borders crossed by the Organisation. The objectives of CORRIDOR are, among others, to facilitate the crossing of borders by people and goods and to fight against HIV/AIDS and sexually transmitted diseases at the borders. The priority targets are migrants, drivers and trainees of heavy machinery or trailers and semi-trailers, young girls and women, key populations such as sex workers, men having sex with men and injecting drug users. As the latter has an HIV preva-

lence rate above the national average, a risk reduction strategy for them was to set up a methadone centre, hence the creation of this pilot project, the CEPIAK. The aim of this pilot project is to offer comprehensive outpatient care to people addicted to psychoactive substances while respecting their human rights.

2.2. Method

2.2.1. Type and Period of Study

This was a descriptive cross-sectional study conducted at the CEPIAK in Lomé, Togo, from December 1st, 2020 to January 31, 2021.

2.2.2. Study Population

Our study population consisted of heroin addicts of all ages and sexes who were being monitored at the CEPIAK and put on methadone. The sampling was exhaustive, while taking into account the free and informed consent of these people.

Included in this study, are those who regularly come to the CEPIAK to take their methadone dose and who had agreed to participate in the study.

2.2.3. Data Collection Technique

The data was collected during the daily methadone intake. A pre-established survey form including socio-demographic aspects, legal situation, addictive behaviour and medical aspects was used. The DSM 5 was our diagnostic reference.

2.2.4. Data Analysis Technique

These data were entered and processed using Epi info software version 7.2.0.1. The tables were produced using EXCEL 2013 software.

2.2.5. Ethical Considerations

Patients meeting the inclusion criteria were informed about the study. A free and informed consent form was signed by each patient. Confidentiality and anonymity were respected.

3. Results

3.1. Socio-Demographic Data

During the study period, 200 heroin users had been put on methadone and constituted our sample of 300 addicts registered at CEPIAK. Of these, 89.0% were Togolese and 11.0% were foreigners (Ghana, Benin, Nigeria, Niger, Ivory Coast and Cameroon). Their average age was 43.4 ± 9.6 years with extremes ranging from 16 to 66 years. The age group from 45 to 54 years represented 41.5% of heroin users put on methadone (HUM). Males accounted for 90.5% of HUM, *i.e.* a sex ratio of 9.5. Primary education accounted for 39.0% of cases. Single people accounted for 44.0% of cases. They were artisans in 31.5% of cases. They had no medical coverage in 97.0% of cases. These HUM were heterosexual in 99.5% of cases. **Table 1** summarises all socio-demographic aspects.

Table 1. Distribution of HUM by socio-demographic data.

	Workforce (n = 200)	Percentage (%)
Age		
≤34 years	38	19.0
35 - 44 years	61	30.5
45 - 54 years	83	41.5
≥55 years	18	9.0
Profession		
Artisan	63	31.5
Liberal	43	21.5
Trader/Reseller	36	18.0
Unemployed	31	15.5
Employee	23	11.5
Pupil/student	4	2.0
Professional situation during the year of the last 6 months		
Informal employment	141	70.5
Unemployment/unemployed	46	23.0
Formal employment	8	4.0
Student	3	1.5
Housewife	1	0.5
Retirement	1	0.5
Marital status		
Single	88	44.0
Married	60	30.0
Divorced	41	20.5
Widower	11	5.5
Surroundings		
Lives with family (spouse, parent, uncle, child)	117	58.5
Lives alone	76	38.0
Lives with friends	7	3.5
Number of children		
0 - 2	142	71.0
3 - 5	49	24.5
≥6	9	4.5
Level of study		
Primary	78	39.0
College	72	36.0

Continued

High School	21	10.5
Not in school	17	8.5
University	12	6.0
Housing		
Sustainable (family/rental)	135	67.5
Provisional	57	28.5
Homeless	8	4.0

3.2. HUM Family Situation

The HUM had their father deceased in 70.5% of cases and their mother deceased in 55.0% of cases. Before their death, the parents were living together in 68.0% of cases. The average number of siblings was 7.76 ± 4.98 . In the HUM family, 16.5% of siblings, 7.5% of fathers and 2.0% of mothers were drug users. Hypertension accounted for 4.5% of the HUM family. **Table 2** summarises the family situation of the HUM.

3.3. Legal Aspects

One hundred and nineteen HUM (59.5%) had a history of incarceration and of these, 71.4% were incarcerated for drug use and possession. During the study period, 198 people (99.0%) had no ongoing judicial problems; one person (0.5%) was under judicial supervision and another person (0.5%) was on provisional release. **Table 3** summarises all legal aspects.

3.4. Addictive Behaviours

One hundred and fifty-one HUM (75.5%) stayed abroad at least once. Ghana was the country of stay in 60.9% of cases. One hundred and five HUM (52.5%) started using drugs abroad. Cannabis, tobacco and cocaine were the other drugs associated with heroin use in 79.5%, 74.5% and 59.5% of cases respectively. In order to obtain drugs directly or to find the financial means to buy the drugs, 5.0% of the HUM had opted for sex work. In terms of the age at which drug use began, the 20 - 30 age group accounted for almost half of the patients for all drugs (heroin 51.0%, cannabis 47.2%, tobacco 47.0%, cocaine 52.1% and alcohol 46.7%). **Table 4** and **Table 5** give a summary of the addictive behaviours.

3.5. Medical Aspects

A history of overdose accounted for 18.0% of the HUM in our sample. Twenty-nine HUM (14.5%) had a history of addiction treatment and 19.5% had attempted suicide. Tuberculosis had been detected in 5.5% of the HUM in our sample. HIV accounted for 3.0% of our HUM. **Table 6** summarises all medical aspects.

Table 2. Distribution of HUM by family status.

	Workforce (n = 200)	Percentage (%)
Fathers' situation		
Deceased father	141	70.5
Living father	51	25.5
Unknown father	8	4.0
Status of mothers		
Deceased mother	110	55.0
Living Mother	85	42.5
Mother unknown	4	2.0
Missing mother	1	0.5
Parents' married life		
Living together	136	68.0
Divorced or separated	64	32.0
Siblings		
[0 - 5[	83	41.5
[5 - 10[	67	33.5
[10 - 15[	32	16.0
[15 - 20[	13	6.5
[20 and over[	5	2.5
Siblings with addiction problems		
No	167	83.5
Yes	33	16.5
Father's addiction problem		
No	185	92.5
Yes	15	7.5
Addiction problem in the mother		
No	196	98.0
Yes	4	2.0
Family medical history		
High blood pressure	9	4.5
Diabetes	4	2.0
Asthma	2	1.0
Stroke	1	0.5
Breast cancer	1	0.5
Sickle cell disease	1	0.5

Table 3. Distribution of HUM by legal aspects.

	Workforce	Percentage (%)
Previous incarceration (n = 200)		
Yes	119	59.5
No	81	40.5
Time of incarceration (n = 119)		
During the addiction	117	98.3
Before the addiction	2	1.7
Number of incarcerations (n = 119)		
1	77	64.7
2 - 3	39	32.8
4 - 5	3	2.5
Total time in prison (n = 119)		
Less than 1 year	99	83.2
1 to 2 years	12	10.1
More than 2 years	8	6.7
Reason for imprisonment (n = 119)		
Drug use and possession	85	71.4
Flight	16	13.4
Drug trafficking	3	2.5
Abuse of trust	2	1.7
Fighting	2	1.7
Other	11	9.2

4. Discussion

4.1. Of Socio-Demographic Aspects

In our study, males predominated among HUM at 90.5% of cases, *i.e.* a sex ratio of 9.5. This over-representation of men among drug addicts has already been found in the sub-Saharan literature [7] [8] [9]. For example, at CEPIAD in Dakar, men were in the vast majority (93.65%) in the study by Cissé Diallo *et al.* [7]. This male predominance found in this south of the African Sahara context could be explained by the intense activity of men, especially in the informal sector, in order to earn more money [4]. It must also be said that in this south of the African Sahara environment, men's misguidance is more tolerated than that of women, who must, according to the culture, remain a model for the family. Through their role as educating mothers, women convey values of good morals. This can make women embarrassed to recognise their addiction and ask for help.

Table 4. Distribution of HUM according to addictive behaviours.

	Workforce	Percentage (%)
Notion of staying abroad (n = 200)		
Yes	151	75.5
No	49	24.5
Main countries of stay (n = 151, combination of several countries possible)		
Ghana	92	60.9
Benin	57	37.7
Ivory Coast	34	22.5
Nigeria	25	16.5
Burkina Faso	20	13.2
France	7	4.6
Germany	6	3.9
Mali	6	3.9
Cameroon	5	3.3
Niger	5	3.3
Senegal	2	1.3
Place of drug initiation (n = 200)		
Foreign	105	52.5
Togo	95	47.5
Origin of the request for care (n = 200)		
Family and friends	134	67.0
Field Team	38	19.0
HUM itself	28	14.0
Type of application (n = 200)		
Weaning	157	78.5
Substitution	43	21.5
Other drugs used (n = 200, combination of several drugs possible)		
Cannabis	159	79.5
Tobacco	149	74.5
Cocaine	119	59.5
Alcohol	75	37.5
Crack	26	13.0
Misuse of drugs (benzodiazepine, codeine, tramadol, amphetamine, promethazine)	8	4.0

Table 5. Distribution of HUM according to the characteristics of their addictive behavior.

	Heroin (n = 200)	Cannabis (n = 159)	Tobacco (n = 149)	Cocaine (n = 119)	Alcohol (n = 75)
Starting age (in years)					
[10 - 20[	42 (21.0%)	51 (32.1%)	45 (30.2%)	25 (21.0%)	29 (38.7%)
[20 - 30[	102 (51.0%)	75 (47.2%)	70 (47.0%)	62 (52.1%)	35 (46.7%)
[30 - 40[	40 (20.0%)	26 (16.3%)	25 (16.8%)	23 (19.3%)	7 (9.3%)
[40 - 50[	16 (8.0%)	7 (4.4%)	9 (6.0%)	9 (7.6%)	4 (5.3%)
Mode of consumption					
Smoked	103 (51.5%)	159 (100%)	145 (97.3%)	106 (89.1%)	-
Injected	97 (48.5%)	-	-	10 (8.4%)	-
Chewed	-	-	3 (2.0%)	-	-
Inhaled (snorted)	-	-	1 (0.7%)	3 (2.5%)	-
Frequency					
Every day	199 (99.5%)	-	-	119 (100%)	-
Once a week	1 (0.5%)	-	-	-	-
Number of drinks, cigarettes or joints per day					
[0 - 5[	-	100 (62.9%)	15 (10.1%)	-	60 (80.0%)
[5 - 10[	-	33 (20.8%)	30 (20.1%)	-	11 (14.7%)
[10 - 15[	-	17 (10.7%)	20 (13.4%)	-	3 (4.0%)
[15 - 20[	-	9 (5.7%)	17 (11.4%)	-	1 (1.3%)
[2 - 250[	-	-	41 (27.5%)	-	-
[25 - 30[	-	-	20 (13.4%)	-	-
[30- and more[	-	-	6 (4.1%)	-	-
Number of drunkenness per Month					
[0 - 10[	-	-	-	-	69 (92.0%)
[10 - 20[	-	-	-	-	4 (5.3%)
[20 - 30[	-	-	-	-	2 (2.7%)

The average age of the HUM in our study was 43.4 ± 9.6 years, with a predominance of the 45 to 54 age group (41.5%). Taking into account the age of the start of drug use, which for almost half of the HUM was between 20 and 30 years, we can say that the drug users started in adolescence or young adulthood and experienced between 10 and 20 years of drug use before seeking help for withdrawal. The young age of onset of drug use has already been reported by several authors [10] [11] [12].

As the level of education was low in our study (8.5% not attending school, primary school 39.0%, secondary school 36.0%), we can say that these HUM had

Table 6. Distribution of HUM by medical aspects.

	Workforce	Percentage (%)
History of overdose		
No	164	82.0
Yes	36	18.0
History of addiction treatment		
No	164	85.5
Yes	29	14.5
History of suicide attempt		
No	161	80.5
Yes	39	19.5
Previous psychiatric hospitalization		
No	194	97.0
Yes	6	3.0
Psychiatric comorbidities		
No comorbidities	180	90.0
Depressive disorders	8	4.0
Psychotic disorders	4	2.0
Personality disorder	4	2.0
Anxiety disorders	4	2.0
Somatic comorbidities (combination of several comorbidities possible)		
No comorbidities	165	82.5
Tuberculosis	11	5.5
Gastric and/or duodenal ulcer	7	3.5
HIV	6	3.0
Sexually transmitted disease	4	2.0
Asthma	3	1.5
High blood pressure	3	1.5
Hepatitis B or C	2	1.0
Heart disease	1	0.5
Tooth decay	1	0.5
Cataract	1	0.5
Low back pain	1	0.5
Diabetes	1	0.5
Hemorrhoidal disease	1	0.5

not understood the awareness messages. It is only when faced with the complications of their addictions that they would have sought care. We can also say that since their addictions started very early in adolescence, they would have prevented them from developing at school.

In our study, single people accounted for 44.0% of cases. This is a low proportion compared to the result of M'bongo'o *et al.* [10] in Cameroon. In their study, singles represented 96% of their sample. It must be said that their study population was made up of pupils and students in two thirds of cases. The celibacy of our HUM could be explained by the fact that drug use can lead to marginalisation, which turns the individual away from marriage and/or encourages the separation of couples.

4.2. Of Addictive Behaviours and Legal Aspects

Trafficking, possession and use of illicit drugs are not yet decriminalised in Togo, which explains the history of incarceration among 59.5% of the HUM in our sample. In 71.4% of cases, they said they had been imprisoned for drug use and possession. We also say that addictive behaviour leads to repressive acts such as theft, rape, physical aggression and even homicide.

In our study, cannabis, tobacco and cocaine were the other drugs associated with heroin use in 79.5%, 74.5% and 59.5% of cases respectively, making our study population poly addicts. The use of several drugs at the same time had already been found in some Togolese studies [4] [8]. In Abidjan, in the study by Tigori-Sangaré *et al.* [12], polyaddiction use represented 10.2% of their sample.

4.3. Of Medical Aspects

Suicide attempts accounted for 19.5% of the HUM in our sample. Exhausted by the difficulties of daily life linked to heroin dependence or polyaddiction, addicts sometimes attempt to end their lives by any means, including overdose. This may partly justify the 18.0% of our patients who have a history of overdose. But it should also be added that the loss of control over the product can also justify overdoses.

Tuberculosis had been detected in 5.5% of the HUM in our sample. Our proportion of tuberculosis patients is higher than that of the study by Cissé Diallo *et al.* [7] in Dakar at CEPIAD, which found 1.68% of tuberculosis patients. HIV seroprevalence among the HUM in our sample was 3%. This is slightly higher than the prevalence of HIV in the general population of Togo, which is 2.3% [13]. We are still below the 5% HIV prevalence found in the study by Cissé Diallo *et al.* [7] in Dakar at CEPIAD. Our low proportion of HIV among the HUM is linked to the fact that we had very few heroin injectors in our sample. Nevertheless, these HUM are among the key populations in the fight against HIV and should benefit from appropriate programmes because heroin addiction often leads to HIV risk behaviours such as unprotected sex, sex work and needle sharing among heroin injectors.

4.4. Strengths and Weaknesses of Our Study

Our study, a cross-sectional and descriptive study conducted from December 1st, 2020 to January 31, 2021 at the CEPIAK, focuses on heroin users on methadone substitution (HUM). This category of addicts was regular in taking methadone on a daily basis and the information collected in this population was reliable, verifiable and thus constituted a strength for our study. The weakness of our study lies in the fact that it cannot be generalized to all heroin users in the city of Lomé. Indeed, our study did not take into account heroin users who were not yet receiving methadone substitution.

5. Conclusion

As in other West African countries, drug-related problems have increased in Togo. In order to provide comprehensive care that takes into account the reduction of the risk of exposure to HIV and the management of addiction, Togo has welcomed the CEPIAK in 2019. Given the absence of a study on the activities of the centre, we felt it necessary to conduct this study. At the end of this study, the male gender predominated at almost ten times the number of women. Young adults were in the majority. The HUM had a low level of education. HIV seroprevalence among HUM was slightly higher than in the general population of Togo. Cannabis, tobacco and cocaine were the other drugs commonly associated with heroin use. It is important that the Togolese health system should give more importance to this issue, which is shared between the medical and societal sectors, in order to effectively reduce and prevent these social ills.

Acknowledgements

Our thanks go to the PNLs coordinator and the OCAL coordinator who authorized this study. Our thanks also go to all the CEPIAK staff who facilitated this study.

Conflicts of Interest

The authors declare no conflicts of interest.

References

- [1] OMS (2017) Rapport mondial sur les drogues 2017. Office des Nations unies contre la drogue et le crime.
- [2] WACD (2014) Not Just in Transit: Drugs, the State and Society in West Africa. West Africa Commission on Drugs Accra, Ghana, 68 p.
- [3] Nubukpo, P. (2011) Les addictions en Afrique subsaharienne. *Le Courrier des addictions*, **13**, 27-30.
- [4] Salifou, S., Ekpaï, E., Wenkourama, D., Kanekatoua, S., Affo, C. and Dassa, K.S. (2021) Facteurs associés à la consommation de substances psychoactives par les conducteurs de taxi-moto à Lomé. *Health Sciences and Disease*, **22**, 63-67.
- [5] Eiden, C., Léglise, Y., Bertomeu, L., Clavel, V., Faillie, J.L., Petit, P., *et al.* (2013) New Formulation of Methadone for Opioid Dependence in France: Acceptability

- and Diversion/Misuse Liability. *Thérapie*, **68**, 107-111.
<https://doi.org/10.2515/therapie/2013020>
- [6] Dupouy, J., Bez, J., Barsony, J., Oustric, S. and Lapeyre-Mestre, M. (2013) Cycles de traitement par médicament de substitution aux opiacés dans une cohorte de patients suivis 5 ans en médecine ambulatoire. *Thérapie*, **68**, 155-61.
<https://doi.org/10.2515/therapie/2013022>
- [7] Cissé Diallo, V.M.P., Ndiaye, I., Ba, I., et al. (2018) Comorbidités somatiques au Centre de prise en charge intégrée des addictions de Dakar (CEPIAD), premier centre d'Afrique de l'Ouest. *Revue Africaine et Malgache pour la Recherche Scientifique/Sciences de la Santé*, **1**, 28-31.
- [8] Ekouevi, D.K., Coffie, P.A., Salou, M., Kariyare, B.G., Dagnra, A.C., Tchounga, B., Prince-David, M., Becquet, R., Pitche, V.P. (2013) Séroprévalence du VIH chez les usagers de drogues au Togo. *Santé Publique*, **4**, 491-498.
<https://doi.org/10.3917/spub.134.0491>
- [9] Djidonou, A., Tognon Tchégnoni, F., Gansou, G.M., Ataïgba, I.N.E., Babaèkpa, K.R., Hers, D., et al. (2015) Prévalence et facteurs associés à l'addiction au Tramadol chez les conducteurs de taxi-motos (Zé) à Parakou/Bénin. *Bénin Medical*, **60/61**, 7-13.
- [10] M'bongo'o, G.C., Okoto Mvondo, N., Fogang Fogoum, Y., et al. (2021) Profils sociodémographiques et comorbidités des usagers en consultation d'addictologie à Yaoundé. *Health Sciences and Disease*, **22**, 35-41.
- [11] Pefura-Yone, E.W., Balkissou, A.D., Theubo-Kamgang, B.J., Afane-Ze, E. and Kuanban, C. (2016) Prévalence et facteurs associés au tabagisme à Yaoundé, Cameroun. *Health Sciences and Disease*, **17**, 48-52. <https://doi.org/10.1016/j.rmr.2014.10.404>
- [12] Tigori-Sangaré, B., Djédjé Dano, S., Vallée-Polneau, S., Agbaya Oga, S. and Kouadio, L. (2011) Consommation de substances psycho-actives et profil des usagers à Abidjan (Côte-d'Ivoire) en 2009. *Revue francophone des laboratoires*, **436**, 59-61.
[https://doi.org/10.1016/S1773-035X\(11\)71156-X](https://doi.org/10.1016/S1773-035X(11)71156-X)
- [13] Programme National de Lutte contre le Sida (2018) Situation épidémiologique 2018. <https://pnls.tg/PNLS01/situation-epidemiologique/>

Survey Form

1) SIGNALING MODULE

Age: Gender: Male Female Profession:..... Nationality:

Marital status

Single Monogame Polygamis Common Widow Divorced

Sexual orientation

Heterosexuality Homosexuality Bisexuality Transsexuality

Childhood

No problem Difficult Abandon Placement Other.....

Environment

Lives with spouse only Lives with his friends Lives with spouse and children

Lives with parents Lives alone with children Lives alone

Number of children:.....

Professional situation: (During the last 6 months)

Formal Housewife Student Unemployment Employment Informal Other.....

Education Level:

No school Primary College High University

Housing

Sustainable independent Sustainable family Temporary at close Temporary at other Homeless others.....

2) LEGAL MODULE

Current legal situation

Not applicable Probation Semi-freedom Judicial review
 Provisional care order Duty of care Others.....

Previous incarceration Yes No

If “yes”, specify:

Before During addiction Before addiction and During addiction

Number of incarcerations: Total length of incarceration:

Reason for last incarceration

drug trafficking Drug possession Theft Drug use Others.....

Civil Litigation: Yes No

If “yes”, specify: Divorced Parental authority Debt Other.....

3) ANTECEDENT MODULE

a) Personal History

Sex for money or drugs or other material benefits at least once in a lifetime

Yes No

Sexual intercourse unwanted by the person and consented to under moral or physical threat at least once in his/her life Yes No

Sexual intercourse with other partners in the past 6 months Yes No

Sexually transmitted infection in the last 12 months Yes No

HIV Yes No If “yes”, please specify 1 2 1 and 2

Hepatitis B Yes No Hepatitis C Yes No

Addictology care Yes No If “yes”, specify the number of times:

Other comorbidities

HTA Diabetes Asthma Sicklecell Allergy Obesity

Staying abroad: Yes No If “yes”, specify the country

Start of drug use abroad Yes No

If female, specify Gravity..... Parity.....

Main resources to obtain the drug

Employment income (including retirement and disability pension) Theft

Begging At the expense of a third Scam Sexwork

b) Family history

Parents' married life

Together Separated Divorced Other situations.....;

Addiction problem in siblings Yes No

Father's addiction problem Yes No

Mother's addiction problem Yes No

PARENTS' STATUS

	Father	Mother
Living	<input type="checkbox"/>	<input type="checkbox"/>
Unknow	<input type="checkbox"/>	<input type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>
Deceased	<input type="checkbox"/>	<input type="checkbox"/>

PARENTS' PROFESSIONAL SITUATION

	Father	Mother
In operation	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	<input type="checkbox"/>
Invalidity	<input type="checkbox"/>	<input type="checkbox"/>
Unkown	<input type="checkbox"/>	<input type="checkbox"/>

Number of children in the family: Rank in siblings:

Pathologies in the family:

4) ADDICTION MODULE

Medical coverage Yes No

Origin of the request for care

Patient himself Family/Friend City doctor Other Hospital/health structure Specialized structure in psychiatry/addiction Community structure Field Team School/university Judicial or administrative measure Other

Main type of request

Weaning Consumption reduction Substitution Post cure

Health-check

Alcohol consumption Yes No

If “yes”, specify:

Starting age Number of glasses/days Number of drunkenness

/months

Tobacco consumption Yes No

Starting age Consumption mode..... Number of cigarettes/day

Cannabis use Yes No

If "yes", specify:

Starting age Consumption mode..... Number of joint/day

Cocaine use Yes No

If "yes", specify:

Starting age Consumption mode..... Frequency.....

Heroin use Yes No

If "yes", specify:

Starting age Frequency.....

Consumption of Tramadol Yes No

If "yes", specify:

Starting age Consumption mode..... Frequency.....

If using Heroin and/or Tramadol, specify:

IV injection: Yes No

If "yes", specify:

Needle sharing: Yes No

Consumption of other products

Yes No

If "yes", specify:

1. Product name.....2. Starting age.....3. Consumption mode.....

4. Frequency.....

Status in relation to the current support substance

Not weaned Weaning in Weaning done Substitution

History of overdose Yes No

If "yes", specify month and year of last overdose:

History of suicide attempt

Since addiction Before addiction Absent

History of hospitalization in a psychiatric ward Yes No

If "yes", specify:

1). Number of hospitalizations...2). Month and Year of last hospitalization

Psychiatric Comorbidities

No comorbidities Eating disorders Depressive disorders

Psychotic and delusional disorders Personality disorder

bipolar disorder Anxiety disorders Other disorders

Current medical treatment Yes No

If "yes", specify

Neuroleptics Thymoregulators upropion Nicotinic

Anxiolytics Antabuse Acamprosate Substitutes Natrelixone

Hypnotics Antidepressants Others.....