

**Draft for field testing**

**WHO/UNODC Substance use disorder treatment facility survey**

*February 2018*

**Introduction**

This survey is being conducted to map the treatment of substance use disorders in a country. Measuring the demand for treatment of substance use disorders is vital for monitoring changes in the pattern of drug use in the community and in planning a responsive treatment system.

This survey has been developed in the framework of the UNODC-WHO Programme on Drug Dependence Treatment and Care.<sup>1</sup>

Data provided as response to this questionnaire can be used for several purposes. The data may be used for a mapping of services in a country/region, to develop a register for the general public, for research (in a consolidated form) or as a basis for treatment availability, accessibility and quality monitoring.

The facility survey, together with the International Standards for the Treatment of Drug Use Disorders<sup>2</sup>, the Treatment Demand Indicator (TDI) and the UNODC Treatment Quality Assurance Tool, form part of a basic suggested package for treatment planning and monitoring.

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<sup>1</sup> [http://www.unodc.org/docs/treatment/unodc\\_who\\_programme\\_brochure\\_english.pdf](http://www.unodc.org/docs/treatment/unodc_who_programme_brochure_english.pdf)

<sup>2</sup> [https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC\\_International\\_Standards\\_for\\_the\\_Treatment\\_of\\_Drug\\_Use\\_Disorders\\_March\\_17\\_ebook.pdf](https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_International_Standards_for_the_Treatment_of_Drug_Use_Disorders_March_17_ebook.pdf)

## General instructions

The questionnaire is comprised of five sections:

- A. treatment facility contact details for survey correspondence
- B. treatment facility contact details for the general public
- C. description of the treatment facility and treatment offered
- D. number of people treated
- E. treatment capacity (buildings, and staff)

Instructions are included throughout the questionnaire in the respective sections. Please note that section A is for communication purpose only and shall not be made available publically. It is important to complete all sections of the mapping tool. If data is unavailable, it is suggested to give an estimate and indicate it as such.

A *facility* is a separate organisational entity (a medical centre, a department, a programme, etc.) that has its own defined objectives, procedures, rules and scope of services and interventions, its own target group(s), and a team and manager (team leader). These facilities can be stand-alone (e.g. national addiction treatment centers) or integrated with other health care centers, clinics or dispensaries (such as general health care or mental health centers or hospitals). Note that if a treatment facility offers separate services, each service should complete a separate facility survey indicating their relation to the parental facility. Further instructions are provided with each question.

*Drug treatment* is defined as a process designed to achieve a desired health status for patients suffering from drug use disorders. Treatment is provided by qualified professionals, in the framework of recognised medical, psychological or social assistance practice.

The *Calendar year* comprises January through December of a given year.

**Part A: Treatment facility contact details for survey correspondence (Data will not be made public)**

<b>A1. Head of the treatment facility* (name)</b>			
- email address for correspondence with the facility			
<b>A2. Name of the focal point for this survey within the facility</b>			
- email address of the focal point			
<b>A3. Permanent email address for the facility</b>			
<b>A4. Phone number of the facility for administrative purposes</b>	Int. dial-in	Area code	Number
<b>A5. Date of survey completed</b>	Day	Month	Year

**A1. Head of the treatment facility (name)**

The name of the facility director or manager at highest hierarchical level possible.

- *email address for correspondence with the facility*  
Facility director or treatment program email address for future contact and follow-up.

**A2. Name of the focal point for this survey within the facility**

Complete if someone other than the facility director is completing the survey, otherwise please leave blank.

- *email address of person completing the form*  
Provide the focal point's email address for future contact and follow-up.

**A3. Permanent email address for the facility**

Complete with a permanent contact email for the facility. If no permanent email address for the facility exists, please provide a second email address of either the director or of another senior staff member.

**A4. Phone number of facility**

Provide work or mobile number for the contact person or treatment program. Please use the national format for phone numbers. Avoid the "+" which might cause difficulties in excel.

**A5. Date of survey completed**

Provide the day you completed the survey as indicated.

**Part B: Treatment facility contact details for the general public (Public data)**

<b>B1.</b> Name of the treatment facility					
<b>B2.</b> Address of the treatment facility (please include: street, house number, postal code/zip code, city and country)	Street	House number	Postal Code	City	Country
<b>B3.</b> Name of parent organization (if applicable). For government organizations, please state which ministry					
<b>B4.</b> GPS coordinates of the treatment facility					
<b>B5.</b> Website address of the treatment facility					
<b>B6.</b> Phone number for clients/patients wanting to access the service					
<b>B7.</b> Is the facility treatment formally accredited by a nationally recognized body	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>B8.</b> If yes, by whom?	Name	Website	Address	Tel Number	Accred. Number

**B1. Name of treatment facility**

Please provide the name of the facility providing substance use disorder treatment. The term facility refers to treatment centres, departments, wards; units designed and designated for treatment of substance use disorders. These facilities can be stand-alone (e.g. national addiction treatment centers) or integrated with other health care centers, clinics or dispensaries (such as general health care or mental health centers or hospitals).

**B2. Address of the treatment facility**

Please include the following details: street, building number, city and postal code/zip code.

**B3. Name of parent organization (if applicable)**

If your facility is part of a larger organization with several facilities at different locations, please indicate the name of the parent organization here. This could be e.g. an NGO with several different treatment centres. For government organizations, please state which ministry oversees the facility.

**B4. GPS coordinates of the treatment facility**

To determine the GPS coordinates of a facility with Google Maps:

1. Zoom Google Maps to the level that allows you to see the location you want to select.
2. Move the cursor to the spot corresponding to the desired location and “right click” to display the popup menu. Then click "What's here?"
3. A marker appears on the desired spot, and the coordinates of that spot appear in the Google Maps search text box (i.e. 46.232733, 6.134357). Then, you can copy the coordinates from the search text box and paste them wherever you need them.

**B6. Phone number for clients/patients wanting to access the service**

Phone number of the facility that clients can use to book appointments or ask for information. This number could be listed in a directory of services available to substance use disorder patients in your country. Please use the national format for phone numbers. Avoid the “+” which might cause difficulties in excel.

**B7. Formally accredited treatment services? (Yes/No)**

If there is licensing of treatment facilities by either government (e.g. Ministry for Health) or other organizations, please answer "yes" or "no" on whether this facility is currently licensed to deliver treatment services. Select answer as appropriate.

**B8. Accreditation details**

Please provide the name of the institution that provided the accreditation. Please provide contact details as available (e.g. Website, address).

**Part C: Description of treatment facility and treatment offered**

**Note that if a treatment facility offers separate services, each service should complete a separate facility survey indicating their relation to the parental facility. (Public data)**

Select the type of facility this survey refers to. If the facility provides various services that may fall under the types listed below, indicate only one type of facility according to the services the facility primarily provides (in relation to the number of clients serviced yearly).

<b>C1. Which of the following describes best your facility (select only one)</b>	
Low-threshold service	<input type="checkbox"/>
General (primary) health care service	<input type="checkbox"/>
Specialised outpatient substance use disorder treatment service	<input type="checkbox"/>
Hospital-based residential substance use disorder treatment service	<input type="checkbox"/>
Non-hospital residential substance use disorder treatment service	<input type="checkbox"/>
Mental health care service	<input type="checkbox"/>
Therapeutic community	<input type="checkbox"/>
Specialised social reintegration service	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

Low-threshold service: The term ‘low-threshold’ describes an implementation setting that facilitates drug users’ access to health and social services, in particular those that help to prevent and reduce health-related harm associated with drug use. To encourage drug users to enter into contact, the use of these services typically requires little bureaucracy, often no payment, and is not conditional upon being or becoming drug-free. They target current users, ‘hard-to-reach’ and high-risk groups among drug users and experimental users. This includes outreach services and drop-in centers as well as basic social services.

General (primary) health care service: Basic or general health care, typically entry point to the health system providing services for a range of disorders. Services are provided to individuals or communities for the purpose of promoting, maintaining, monitoring or restoring health. It is the basis for referrals to more specialized health care as needed. This category includes general practitioners. Among a range of other health services, primary health care providers sometimes also offer elements of drug dependence treatment.

Specialised outpatient substance use disorder treatment service: Describes a facility or specific hospital department where outpatients are given medical treatment and advice for their substance use disorder.

Hospital-based residential substance use disorder treatment service: Describes a residential facility that provides 24-hour nursing and/or medical care treatment to sick or injured people, including people with substance use disorders.

Non-hospital residential substance use disorder treatment service: Residential treatment environments in which drug-dependent individuals live together and follow a program of counselling or therapy in order to achieve social and psychological change. A range of theoretical approaches, including family, psychodynamic, cognitive-behavioural therapy, medical or 12-step approaches may underpin residential treatment programs.

Mental health care service: The focus of the service is on the provision of a range of mental health care services, which may include treatment of drug use disorders. Mental health care services generally include a variety of services provided to people of all ages, including counselling, psychotherapy, psychiatric services, crisis intervention and support groups. However, the focus of these facilities is not solely drug dependence treatment provision.

Therapeutic community: Typically, a drug-free environment in which drug-dependent individuals live together in an organized and structured way in order to promote social and psychological change. The central philosophy is that residents are active participants in their own and each other's treatment and that responsibility for the daily running of the community is shared among residents and staff members.

Specialised social reintegration service: A facility that primarily focuses on social reintegration services (housing, education and employment related services) dedicated to vulnerable groups.

Other: If your facility does not fit any of the above categories, please propose another category.

<b>C2. Affiliation of treatment facility (select one) (Public data)</b>	
Please state is your facility is:	
<input type="checkbox"/>	public/governmental
<input type="checkbox"/>	private (for profit)
<input type="checkbox"/>	not for profit (NGO)
<input type="checkbox"/>	other (specify below)
If other, please specify:	

**C2. Affiliation of treatment facility**

Public/Government: Select if the facility is part of the public health care system, run by the government.

Non-government for profit (private): Select if the facility is run by a for-profit company, whether publicly listed or privately held.

Non-government not-for-profit (NGO): Select if the facility is a not-for-profit organization, or social enterprise.

<b>C3a. Indicate which percentage of your funding is provided through which source. All answers have to be indicated in percentage (%) (Consolidated data)</b>	
- Ministry of Health	
- Ministry of Social Services	
- Ministry of Drug Control	
- Ministry of Justice	
- Ministry of Interior	
- Ministry of Education	
- Not applicable	
- Local budget (e.g. city)	
- Public health insurance	
- Private health insurance	
- International organization	
- Global Fund (GFATM)	
- Other (please specify)	
- <b>TOTAL</b>	<b>100%</b>

**C3a. Indicate which percentage of your funding is provided through which source**

Please indicate by percentage which sources of funding are available to your service over the last calendar year.

<b>C3b. What was the facility's total budget over the last calendar year in local currency and in USD equivalent? (Consolidated data)</b>	
<b>Local currency</b>	<b>USD equivalent</b>

**C3b. What was the facility's total budget over the last calendar year in local currency and in USD equivalent**

Please indicate the annual budget over the last calendar year in your local currency and in USD equivalent.

Self-payment expenses		
<b>C4. Is there a self-payment for patients to receive treatment services? (Public data)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>C5. Average inpatient out-of-pocket (patient direct payment) costs/day (specify currency) (Consolidated data)</b>	Local currency	USD equivalent
<b>C6. Average outpatient out-of-pocket (patient direct payment) costs/day (specify currency) (Consolidated data)</b>	Local currency	USD equivalent

**C4. Is there a self-payment for patients to receive treatment services?**

This field identifies whether clients need to pay a direct fee for services. Select answer as appropriate. Select “no” if treatment is free for all clients (e.g. because services are funded through a national health system by an earmarked tax or through public health insurances or are charity funded). Select “yes” if all clients are required to pay some amount out of pocket/directly. If clients are supported through private insurance companies, they would be counted as paying for treatment (select “yes”). If clients always have to pay a certain percentage of the total fee as out-of-pocket payments, select also “yes”.

**C5. Average inpatient out-of-pocket (patient direct payment) costs/day (in local currency and USD equivalent)**

If patients have to make out-of-pocket payments (“yes” in previous question), estimate the average daily cost of inpatient/residential treatment to each patient, in either your local currency or US dollars. If this information is commercially sensitive, you can elect to not answer this question. Please indicate so by stating n/a.

**C6. Average outpatient out-of-pocket (patient direct payment) costs/day (in local currency and USD equivalent)**

If patients have to make out-of-pocket payments, estimate the average daily cost of outpatient treatment to each patient, in either your local currency or US dollars. If this information is commercially sensitive, you can elect to not answer this question. Please indicate so by stating n/a.

<b>C7. Does this facility have an established collaboration with the following institutions to which it can refer clients? (Consolidated data)</b>	<b>Yes</b>
Health institutions (e.g. hospitals, general practitioner)	<input type="checkbox"/>
Social services (e.g. housing/education/employment/service providers)	<input type="checkbox"/>
Prison and probation services	<input type="checkbox"/>
Other specialised drug and alcohol treatment services (outpatient or inpatient)	<input type="checkbox"/>

**C7. Does this facility have an established collaboration with the following institutions to which it can refer clients**

Select “yes” if your facility has an established collaboration with the respective institution.

C8a. On-site service availability (Public data)	Select if available and specify (multiple responses)																					
Management of withdrawal (detoxification)	<input type="checkbox"/>																					
Opioid agonist maintenance treatment (i.e. methadone or buprenorphine)	<input type="checkbox"/>	<input type="checkbox"/> Prescribing <input type="checkbox"/> Dispensing																				
Brief psychosocial support (less than 2 weeks)	<input type="checkbox"/>																					
Longer psychosocial support (more than 2 weeks)	<input type="checkbox"/>	<i>If yes, specify the different forms of psychosocial treatment:</i>																				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td data-bbox="927 405 1369 448">• Cognitive behavioral therapy</td> <td data-bbox="1369 405 1520 448" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="927 448 1369 517">• Motivational enhancement therapy</td> <td data-bbox="1369 448 1520 517" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="927 517 1369 560">• Contingency management</td> <td data-bbox="1369 517 1520 560" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="927 560 1369 602">• Family therapy</td> <td data-bbox="1369 560 1520 602" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="927 602 1369 645">• Group counselling</td> <td data-bbox="1369 602 1520 645" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="927 645 1369 687">• 12 step facilitation</td> <td data-bbox="1369 645 1520 687" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="927 687 1369 730">• Individual counselling</td> <td data-bbox="1369 687 1520 730" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="927 730 1369 772">• Case management</td> <td data-bbox="1369 730 1520 772" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="927 772 1369 815">• Internet/web-based treatment</td> <td data-bbox="1369 772 1520 815" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2" data-bbox="927 815 1520 857">• Other (please specify):</td> </tr> </tbody> </table>	• Cognitive behavioral therapy	<input type="checkbox"/>	• Motivational enhancement therapy	<input type="checkbox"/>	• Contingency management	<input type="checkbox"/>	• Family therapy	<input type="checkbox"/>	• Group counselling	<input type="checkbox"/>	• 12 step facilitation	<input type="checkbox"/>	• Individual counselling	<input type="checkbox"/>	• Case management	<input type="checkbox"/>	• Internet/web-based treatment	<input type="checkbox"/>	• Other (please specify):	
• Cognitive behavioral therapy	<input type="checkbox"/>																					
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• 12 step facilitation	<input type="checkbox"/>																					
• Individual counselling	<input type="checkbox"/>																					
• Case management	<input type="checkbox"/>																					
• Internet/web-based treatment	<input type="checkbox"/>																					
• Other (please specify):																						
On-site availability of naloxone and overdose management services	<input type="checkbox"/>																					
Take-home-naloxone provision and training on overdose management	<input type="checkbox"/>																					
Employment/income generation support	<input type="checkbox"/>																					
Educational/vocational training	<input type="checkbox"/>																					
Housing/shelter support	<input type="checkbox"/>																					
Low threshold services to street based substance users (e.g. outreach or drop-in services)	<input type="checkbox"/>																					
Other services (please specify)	<input type="checkbox"/>																					

**C8a. On-site service availability**

Select “available” if your facility offers the respective service and specify as appropriate.



C8b. Frequency of available core treatment services (Consolidated data)	Specify number of people who have received this service in the last calendar year	Number of individual clients/patients treated in a single day (see instruction D10 if necessary)		
		Date of day survey		
		DD	MM	YY
		Number of staff absent on that day:		
Management of withdrawal (detoxification)				
Opioid agonist maintenance treatment (i.e. methadone or buprenorphine)				
Brief psychosocial support (less than 2 weeks)				
Longer psychosocial support (more than 2 weeks)				
On-site availability of naloxone and overdose management services				
Take-home-naloxone provision and training on overdose management				
Employment/income generation support				
Educational/vocational training				
Housing/shelter support				
Low threshold services to street based substance users (e.g. outreach or drop-in services)				
On-site availability of naloxone and overdose management services				
Other services (please specify)				

**C8b. Frequency of available core medical services**  
Please specify the frequency of the available services.

C8c. Provision of other medical services (Consolidated data)	Specify number of people who have received this service in the last calendar year	Number of individual clients/patients treated in a single day (see instruction D10 if necessary)		
		Date of day survey		
		DD	MM	YY
		Number of staff absent on that day:		
Provision of sterile injecting equipment to injecting drug users				
Distribution of condoms and lubricant				
On-site pharmacy (supervised medication dispensing)				
On-site testing for HIV				
On-site testing for hepatitis C				
On-site testing for hepatitis B				
On-site ART treatment of HIV/AIDS				
On-site treatment of hepatitis C				
On-site vaccination for hepatitis B				
On-site treatment for hepatitis B				
Other services (please specify)				

*HIV: Human immunodeficiency virus*

*AIDS: Acquired immune deficiency syndrome*

*ART: Antiretroviral therapy*

**C8c. Provision of other medical services**

Select "available" if your facility offers the respective service and please specify the frequency.

C8d. Services tailored/provided to special populations (Consolidated data)	Specify number of people who have received this service in the last calendar year	Number of individual clients/patients treated in a single day (see instruction D10 if necessary)		
		Date of day survey		
		DD	MM	YY
		Number of staff absent on that day:		
Provision of drug-related services to prisoners				
Service specifically for criminal justice clients (offenders referred by the criminal justice system but not currently serving a sentence in prison)				
Integrated service for clients with co-occurring mental and substance use disorders (alcohol and/or drugs)				
Service specifically for women				
Service specifically for pregnant women				
Service specifically for senior and older adults (>50)				
Service specifically for adolescents with SUD (12-18 years)				
Service specifically for children with SUD (4-11 years)				
Service specifically for sex workers				
Service specifically for ethnic and minority groups, migrants and refugees				
Service specifically for homeless people				
Service specifically for LGBTI people				
Other services (please specify)				

*SUD: Substance use disorder*

*LGBTI: Lesbian, gay, bisexual, transgender and intersex*

**C8d. Services tailored/provided to special populations**

Indicate if your facility offers services tailored to special populations and please specify the frequency.

**Part D: Number of people treated (Consolidated data)** (all of Part D)

<b>D1. Type of patients the facility treats</b>		<b>Please Specify</b>
All patients have substance use disorders (e.g. the focus of the service is substance use disorders). If yes, please select as appropriate	<input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both alcohol and drugs
The focus of the treatment service is on mental health disorders, including, but not limited to substance use disorders	<input type="checkbox"/>	(If answering yes, please refer carefully to D2)
The focus of the treatment service is on any health condition (i.e. primary care, general hospital)	<input type="checkbox"/>	(If answering yes, please refer carefully to D2)
Other (please specify)	<input type="checkbox"/>	

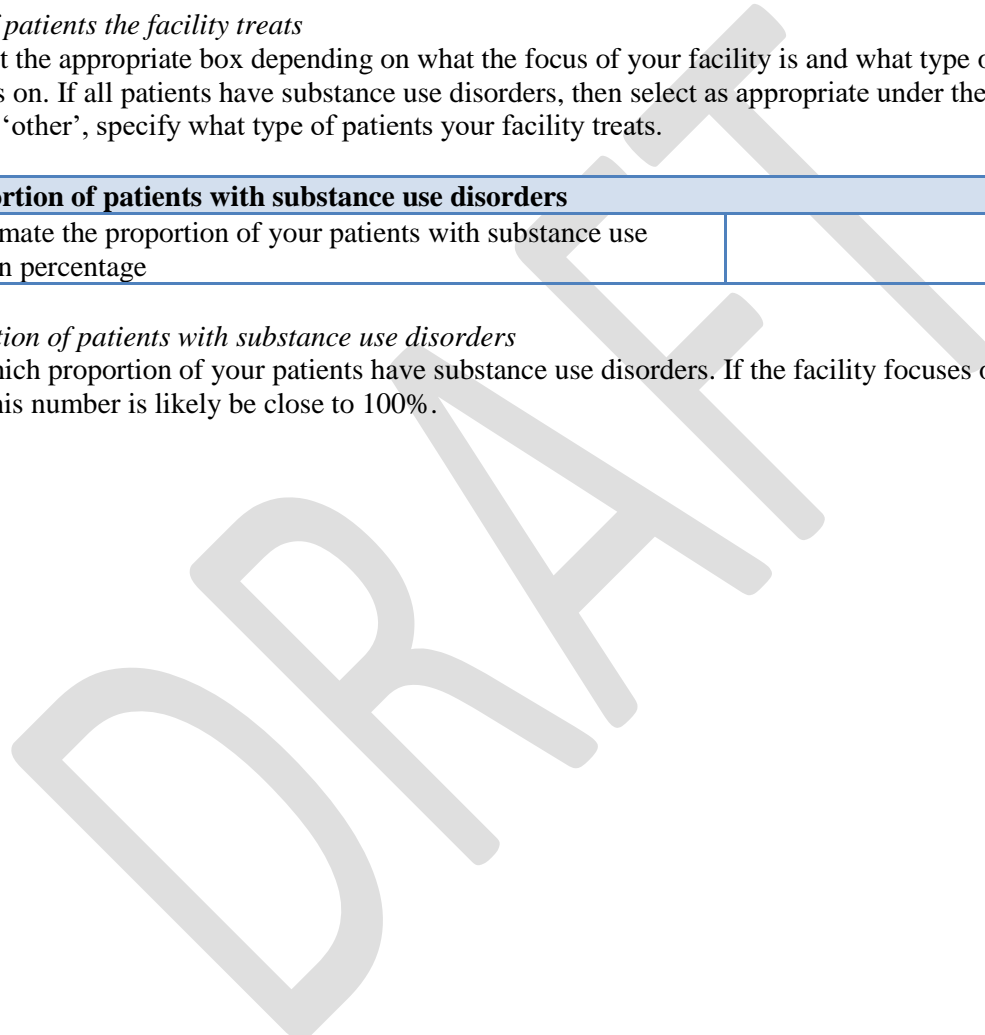
**D1. Type of patients the facility treats**

Please select the appropriate box depending on what the focus of your facility is and what type of patients the facility concentrates on. If all patients have substance use disorders, then select as appropriate under the ‘please specify’ category. If ‘other’, specify what type of patients your facility treats.

<b>D2. Proportion of patients with substance use disorders</b>	
Please estimate the proportion of your patients with substance use disorders in percentage	_____ %

**D2. Proportion of patients with substance use disorders**

Estimate which proportion of your patients have substance use disorders. If the facility focuses on substance use disorders, this number is likely be close to 100%.



Volume of substance use disorder treatment by treatment setting									
Types of treatment setting	Select if available	D3. Number of people considered to be “in treatment” (see instructions)		D4. Total number of treatment episodes over last calendar year		D5. Average duration of treatment in days (if known)		D6. Total number of individual clients/patients treated over the last calendar year	
		A	E	A	E	A	E	A	E
Inpatient/residential	<input type="checkbox"/>								
Outpatient (excluding people prescribed opioid maintenance treatment)	<input type="checkbox"/>								
<b>Total of above</b>									

Actual data

Estimate

If you are unable to provide accurate data for **D3-D6**, please complete **D7** *Total number of individuals treated in a single day*.

<b>D7. Total number of individuals treated in a single day</b>	Day	Month	Year
Types of treatment setting	Total number of individuals treated in a single day		
Inpatient/residential			
Outpatient (excluding people prescribed opioid maintenance treatment)			
People prescribed opioid maintenance treatment (with methadone or buprenorphine)			

If actual data is not available, please include an estimate.

**Opioid maintenance treatment (with methadone or buprenorphine):** Refers to the treatment of drug dependence by prescription of a long acting opioid such as methadone or buprenorphine, with the goal to reduce or eliminate the use of opioids, and prevent harmful health and social consequences of opioid use.

In the “TOTAL” row, provide the sum of patients receiving treatment.

**D3. Number of people considered to be “in treatment”**

For inpatients this corresponds to the number of patients currently hospitalized or following residential treatment; for outpatient treatment this would be the number of people receiving regular treatment at the clinic over the last month.

**D4. Total number of treatment episodes per year**

Fill in the total number of treatment episodes in one year (last calendar year or the latest year for which data is available), by type of treatment/treatment setting.

**Number of treatment episodes:** concerns the total number of admissions to treatment in a given year, including repeated admissions of the same client/patient.

**D5. Average duration of treatment**

Give an estimate of the average duration of treatment in days.

**D6. Total number of individual clients/patients treated over the last calendar year**

Please indicate the number of individuals that have received treatment services over the last calendar year.

**D7. Total number of individuals treated in a single day**

Please indicate the number of individuals that have received treatment on a given day. Please also indicate the date of observation.

DRAFT

Substance use disorder treatment – volume of treatment by primary substance	Specific substance	D8. Number of treatment episodes over the last calendar year	D9. Number of individual clients/patients treated over the last calendar year	D10. Number of individual clients/patients treated in a single day (see instruction)		
				Date of day survey		
				DD	MM	YY
				Number of staff absent on that day:		
		<input type="checkbox"/> Actual data <input type="checkbox"/> Estimated	<input type="checkbox"/> Actual data <input type="checkbox"/> Estimated	<input type="checkbox"/> Actual data <input type="checkbox"/> Estimated		
<b>1. Alcohol</b>	<b>Total</b>					
<b>2. Opioids</b>	Heroin					
	Opium					
	Prescription opioids					
	Other					
	Unknown					
	<b>Total</b>					
<b>3. Cannabis (including synthetic)</b>	Cannabis					
	Synthetic cannabinoids					
	Other					
	Unknown					
	<b>Total</b>					
<b>4. Cocaine type</b>	Crack cocaine					
	Cocaine hydrochloride					
	Other					
	Unknown					
	<b>Total</b>					
<b>5. Stimulants other than cocaine</b>	Amphetamines					
	Meth-amphetamines					
	Ecstasy					
	Synthetic cathinones					
	Other					
	Unknown					
	<b>Total</b>					
<b>6. Hypnotics &amp; Sedatives</b>	Benzodiazepines					
	Barbiturates					
	Other					
	Unknown					
	<b>Total</b>					

Substance use disorder treatment – volume of treatment by primary substance	Specific substance	D8. Number of treatment episodes over the last calendar year	D9. Number of individual clients/patients treated over the last calendar year	D10. Number of individual clients/patients treated in a single day (see instruction)		
				Date of day survey		
				DD	MM	YY
				Number of staff absent on that day:		
<b>7. Hallucinogens &amp; Dissociatives</b>	LSD					
	Ketamine					
	Other					
	Unknown					
	<b>Total</b>					
<b>8. Volatile inhalants</b>	<b>Total</b>					
<b>9. Nicotine</b>	<b>Total</b>					
<b>10. Others (specify)</b>	<b>Total</b>					

Actual data is preferred. If actual data is not available, please include an estimate.

If you are unable to provide accurate data for **D8-D9**, please fill out **D10**. *Number of individual clients/patients treated in a single day.*

**D8. & D9.** *Total number of treatment episodes/individuals over the last calendar year*

Complete the treatment volume data over the course of one year (last calendar year or the latest calendar year for which data is available), by primary substance, giving an overall total of treatment episodes in **D8** and an overall total of patients in **D9**. If possible, and if known, also give a subtotal by specific substances. Otherwise confirm the subtotal in the ‘unknown’ category or list the amount of non-listed substances in the ‘other’ category.

The subcategories are attempting to make the reporting of treatment volume easier as there are different ways to measure treatment volume, however, if only the main substance is recorded please provide only the total number in the respective box in **D8 & D9**.

**D10.** *Number of individual clients/patients treated in a single day*

Please complete the single day survey within your facility. Select a typical work day at least two weeks in advance.



**PART E: Treatment capacity**

<i>In completing E1, E3-E4., you can either complete the questions based on data from the whole facility, <u>or</u> based on substance use patients only – please indicate below by selecting: (Consolidated data)</i>	
Whole facility	<input type="checkbox"/>
Substance use patients only	<input type="checkbox"/>

<b>E1. Physical resources (i.e. buildings)</b>			
<b>Inpatient treatment facilities</b>	<b>1.1. Number of beds (Public data)</b>		<b>1.2. Bed occupancy rate (%) (Consolidated data)</b>
<b>Outpatient treatment facilities</b>	<b>1.3. Number of rooms for seeing patients (Public data)</b>		

**E1. Physical resources (i.e. buildings)**

Fill in the section that applies to your facility, either inpatient or outpatient, using accurate numbers.

For inpatient treatment facilities:

- *Number of beds for treating substance use disorders*  
This functions as an indicator for the inpatient treatment capacity. Identifies the number of available beds for clients in inpatient/residential treatment. At centers where sleeping arrangements are less formal (e.g. mats or blankets spread on the floor), the treatment program can count the maximum number of individuals that could safely spend a night at the facility, as ‘bed’ is understood to be a measure of sleeping capacity.
- *Occupation rate (%)*  
Average % of beds that are occupied by patients (for whatever recent time period is available, i.e. last calendar year).

For outpatient treatment facilities:

- *Number of rooms for seeing patients/clients*  
This functions as an indicator for the outpatient treatment capacity.

**(Public data)**

<b>E2. Select each day of the week that this facility is open to clients during the daytime and during the night time</b>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daytime							
Night time							

**E2. Select each day of the week that this facility is open to clients during the daytime and during the night time**  
Please indicate the facility’s opening hours for every day during the week at daytime and night time.

Human resources (Consolidated data)	E3. Please specify the number of staff members of each type	E4. Equivalent number of full-time staff
Medical staff		
- Medical doctors specialized in addiction medicine or addiction psychiatry		
- General psychiatrists		
- Medical doctors not specialized in psychiatry or addiction medicine		
Nursing staff		
- Addiction/psychiatric nurses		
- General nurses		
Nursing assistants		
Pharmacists		
Psychologists		
Social workers		
Other professionals (degree level)		
Other treatment personnel (ex-patients, lay health workers...)		
- Outreach workers		
- Community health workers		
- Volunteers		
- Others (please specify)		
People not providing treatment		
- Staff (administrative)		
- Volunteers/interns		

**E3.** Please specify the number of staff members of each type

List the total number of staff for each category who are providing treatment at the facility. (See notes for E2).

**E4.** Equivalent number of full-time staff

To calculate the 'Full Time Equivalent', add together the part-time staff and full-time staff in each category to estimate the equivalent number of full-time staff. If the facility also provides treatment to other types of patients (i.e. other mental health conditions), only include the proportion of time spent on the management of substance use disorders in the full-time equivalents estimate.

Example 1: 2 staff members working 50% of the time would count as 1 full-time equivalent staff.

Example 2: if there are 2 full-time nurses and 3 other nurses working half-time, the equivalent number of full-time staff would be  $2 \times 1 + 3 \times 0.5 = 3.5$  full-time equivalent staff.



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**E8. Please estimate the time it has taken you to complete this form: \_\_\_\_\_ hours and \_\_\_\_\_ minutes.**

Specify in hours and minutes the amount of time you have taken to complete the form. Include the time taken to compile the questionnaire – not the time used to collect the data necessary for its completion, but include any time for new data analysis that would not otherwise have been completed.

In addition, if you have any photos of your facility (i.e. the view from the street), plus any other views that can be made public, please include them (please do not include the faces of patients).

Please send the completed survey to \_\_\_\_\_  
(indicate local organization conducting facility survey).

*Thank you for taking the time to complete the survey.*

DRAFT