



European Monitoring Centre
for Drugs and Drug Addiction

European Facility Survey Questionnaire (EFSQ)

March 2017

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Purpose of the European Facility Survey Questionnaire

The European Facility Survey Questionnaire (EFSQ) is a data collection instrument applicable in any European country or in any country worldwide interested in surveying facilities that provide interventions to drug users. Information about the characteristics, capacity, performance and quality of service provided to drug users within national or regional drug treatment systems is crucial for overall planning, assessing intervention needs and supporting investment decisions. Therefore, the aim of the EFSQ is to collect information from the facilities across drug treatment systems on their administrative characteristics (section A), client utilisation (section B), staffing and quality management (Section C), and core interventions (Section D) while accounting for their diversity.

The EFSQ was developed by the European Monitoring Centre for Drugs and Drug Addiction in collaboration with the National Focal Points (REITOX), World Health Organization and United Nations Office on Drugs and Crime.

In order to facilitate the surveying of facilities, a web-based version of the EFSQ is available at www.emcdda.europa.eu. The web-based version has been developed for use with the free, open source online survey package, LimeSurvey (<https://www.limesurvey.org>). The web-based version can also be used with other platforms for online surveying. For this purpose, an electronic version of the EFSQ in various electronic formats is available for download and adjustment for other online survey solutions. A manual that outlines the simple steps for carrying out a survey of any facility with the web-based EFSQ via LimeSurvey can also be downloaded.

Indications: This survey aims to collect information from one unit only. If your parent organisation or your facility runs several units that meet the criteria for the target unit (see definition of a 'unit' below), **each distinct unit should complete this survey**. If that proves difficult, indicate the type of unit (see Q3) according to the services the unit primarily provides (in relation to the number of clients serviced by this unit).

Definition of a 'unit': A unit is a separate, stand-alone 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). How exactly the unit is defined will depend on the parent organisation or the responsible manager and its organisational structure, but the unit should fall under one of the main provider types listed in Q3.

This survey is composed of five main sections:

Section A - Administrative information

The purpose of this section is to define the unit that will be the focus of this survey. The unit is defined by the modality type of services that it provides (outpatient/inpatient and subcategories), by its contact details and by its affiliation with larger organisations or institutions. *Ensure that details are correct and up to date.*

Section B - Target population and client information

The purpose of this section is to provide a general description of the populations for whom the unit provides services. The section begins with questions about the number of clients served by this unit. It then focuses on the types of patients with special needs that this unit provides services to. Note that you are invited to supply information on whether specific services that are not available at your unit are needed according to your professional observations and experience (e.g. services are not available despite a perceived need). Alternatively, the corresponding services may not be available and not be needed (not available, with no perceived need).

Section C – Staffing and quality management

The purpose of this section is to obtain comprehensive information on the number and diversity of professionals staffing the unit. This section is also geared towards assessing the overall stability of staff positions in the unit, in terms of the hired and volunteer staff members. Information obtained from this section will add a more complete understanding of the staff mix, in terms of number and professional diversity.

Section D – Unit services

The purpose of this section is to obtain a list of the type of medical, psychosocial, harm reduction and social services offered by this unit at intake or throughout the programme. Note that you are invited to give information on whether services that are not available at your unit are needed, according to your professional observations and experience (e.g. services are not available despite a perceived need). Alternatively, the corresponding services may not be available and may not be needed (not available, with no perceived need).

Section E- Glossary of terms used in the questionnaire

Section A – Administrative information

Q1a. Unit contact details

- a. Name (or title) of this unit
- b. Street and house number
- c. Postal code
- d. City/town
- e. Telephone number (public number)
- f. E-mail address
- g. Website
- h. Global positioning system (GPS) coordinates ⁽¹⁾

Q1b. Contact details of the person completing this survey

The contact details of the individual completing this survey are required in case further questions or a need for clarification arise following the survey.

- a. Name of person completing the survey
- b. E-mail address of this person

Q1c. Parent organisation (see glossary)

*A **parent organisation** is the organisation that this unit belongs to, for example larger non-governmental organisation, religious community/church, enterprise, or public health structure that runs more than one unit. If your unit is self-contained, do not enter data here.*

- a. Does this unit belong to a parent organisation?
 1. Yes: go to Q1d
 2. No: go to Q2

Q1d. Name (or title) and contact details of the parent organisation

- a. Name (or title) of the parent organisation
- b. Street and house number

⁽¹⁾ To determine the GPS coordinates of a facility with Google Maps:

- a. Zoom Google Maps to the level that allows you to see the location you want to select.
- b. Move the cursor to the spot corresponding to the desired location and right-click to display the pop-up menu. Then click 'What's here?'
- c. A marker appears on the desired spot, and the coordinates of that spot appear in the Google Maps search text box (e.g. 46.232733, 6.134357). You can then copy the coordinates from the search text box and paste them wherever you need them.

- c. Postal code
- d. City/town
- e. Telephone number (public number)
- f. E-mail address
- g. Website
- h. GPS coordinates

Q2. Affiliation of this unit (tick all that apply)

This question refers to the entity that owns this unit and is responsible for the operation of this unit (regardless of the funding source).

- a. Public/government
- b. Non-government and not for profit (NGO)
- c. Non-government, for profit (private)
- d. Other (specify)

Q3. General unit type (tick only one; see glossary)

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

Type of treatment unit	Tick one that applies
Outpatient unit	
- Specialised outpatient treatment unit	
- Low-threshold unit	
- General mental healthcare unit	
- General (primary) healthcare unit	
- Other outpatient unit (specify)	
Inpatient units	
- Hospital-based residential treatment unit	
- Non-hospital-based residential treatment unit	
- Therapeutic community unit	
- Other inpatient unit (specify)	
Specialised social reintegration unit/aftercare unit	
Other (specify)	

Q4. Working days

Tick each day of the week that this unit is open to clients during the day time and night time.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day time							
Night time							

Q5. Beds and occupancy (**for inpatient units only**). 'Bed' is a measure of sleeping capacity.

Occupancy rates can be estimates

- a. Total number of beds available in this unit (N)
- b. Of these, total number of beds dedicated to patients with a substance use problem (N)
- c. Bed occupancy rate by patients with a substance use problem (including alcohol) during the last 12 months (%)
- d. Bed occupancy rate by patients with a primary illicit drug problem during the last 12 months (%)

Section B – Target population and client information

Q6. This section requests data on the number of clients (total number of clients and number of clients by primary substance) that are being served by this unit during a **12-month period** (reference year)

6a. Indicate the 12-month period these data refer to (e.g. January 2015 to December 2015)

Start: Month ____ Year ____

Finish: Month ____ Year ____

6b. How many individual clients (not relatives or accompanying individuals) did this unit provide services to during the reference year?

Total number of clients served by this unit: _____

6c. Based on the total number of clients served by this unit during the reference year, what percentage (can be an estimate) of clients had the following primary problems? (Although one client may present several problems, indicate the problem that is predominant and for which the client sought help and/or the problem according to the professional's assessment)

Primary problem	Proportion of clients with this problem during the reference year (%)
1. Alcohol	__%
2. Illicit drugs	__%
3. Gambling	__%
4. Misuse of pharmaceuticals/ medicines	__%
5. Other disorders/health problems	__%
6. Total	100 %

6d. If your unit addresses the needs of people with a primary substance problem (as specified below), indicate the total number of individual clients by primary substance during the reference year

Primary substance problem	Total number of clients with this problem during the reference year (N)
Alcohol	
Heroin	
Opioids other than heroin	
Cannabis (including synthetic cannabinoids)	
Cocaine	
Stimulants other than cocaine (including synthetic cathinones and amphetamines)	
Volatile inhalants	
Hypnotics and sedatives	
Other	
Unknown	
Total	

Q7. How often does this unit provide services to the following specific groups of clients during the reporting year? Does this unit offer specially designed programmes/interventions exclusively for this group of clients?

Never: This unit never provides services to this target group.

Rarely: This unit provides services to this target group less than once per month.

Sometimes: This unit provides services to this target group 1 to 3 times per month.

Frequently: This unit provides services to this target group 1 to 2 times per week.

Always: This unit provides services to this target group every day or nearly every day.

Type of client group	How often does this unit provide services to this subgroup?	This unit offers specially designed programmes/ interventions for this group
Children and adolescents	Never Rarely Sometimes Frequently Always	Yes No, no need No, despite perceived need
Clients with co-occurring mental and substance (alcohol and/or drug) disorders	Never Rarely Sometimes Frequently Always	Yes No, no need No, despite perceived need
Senior and older adults (> 50)	Never Rarely Sometimes Frequently Always	Yes No, no need No, despite perceived need
Women, pregnant women and postpartum women	Never Rarely Sometimes Frequently Always	Yes No, no need No, despite perceived need
Criminal justice clients (offenders referred by the criminal justice system but not currently serving a sentence in prison)	Never Rarely Sometimes Frequently Always	Yes No, no need No, despite perceived need
Sex workers	Never Rarely	Yes No, no need

	Sometimes Frequently Always	No, despite perceived need
Ethnic and minority groups, migrants and refugees	Never Rarely Sometimes Frequently Always	Yes No, no need No, despite perceived need
Homeless people	Never Rarely Sometimes Frequently Always	Yes No, no need No, despite perceived need
Lesbian, gay, bisexual and transgender	Never Rarely Sometimes Frequently Always	Yes No, no need No, despite perceived need
Other (specify)	Never Rarely Sometimes Frequently Always	Yes No, no need No, despite perceived need

Section C – Staffing and quality management

Q8. With regard to staffing, specify in the table below:

- a. & b. The total number and the full-time equivalent (FTE) of paid employees during the reference year for each category of staff (including those working in the organisation that owns this unit and offering services in this unit)
- c. & d. The total number and the full-time equivalent of unpaid volunteers during the reference year for each category of staff (including those working in the organisation that owns this unit and offering services in this unit)

*Full-time equivalent (FTE), is a unit to measure employed persons in a way that makes them comparable, even though they may work or study a different number of hours per week. The unit is obtained by comparing an employee's or student's average number of hours worked to the average number of hours of a full-time worker or student. A full-time person is therefore counted as one FTE, while a part-time worker/student gets a score in proportion to the hours he or she works. For example, a part-time worker employed for 20 hours a week where full-time work consists of 40 hours is counted as 0.5 FTE. For example, 2 full-time paid psychiatrists are counted as 2 FTE. **Report '0' if the specified category is not available in your unit. Report '999' if the information is not available.** For more information on the definition of full time equivalence, see <http://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:FTE>*

Staff categories	Q8a: Total number of paid employees (by category)	Q8b: FTE of paid employees	Q8c: Total number of unpaid volunteers (by category)	Q8d: FTE of unpaid volunteers
1. Medical doctors specialised in addiction medicine or addiction psychiatry				
2. General psychiatrists				
3. Medical doctors not specialised in psychiatry or addiction medicine				
4. Addiction/psychiatric nurses				
5. General nurses				

6. Nursing assistants				
7. Pharmacists				
8. Psychologists				
9. Social workers				
10. Other professional therapists/rehabilitation specialists/educators/ trainers (with a degree)				
11. Other staff involved in service provision (including peers or ex-patients, lay health workers) (without a degree)				
12. Administrative personnel/staff accountant/ housekeeping staff/ maintenance and security staff/technicians				
<u>Total</u>				

Q8e. Does this unit possess a valid, state-recognised accreditation, or has it undergone an audit/external evaluation to provide treatment and other substance-related services to clients?

- a. Yes
- b. No

Q8f. If yes, list up to three titles of main accreditations this unit currently possesses or audits/external evaluations this unit underwent (include the year the accreditation was issued or the year that the audit/evaluation was carried out)

Q8g. Does this unit have internal quality assurance mechanisms? Tick the ones that are available in your unit

- a. Manual of procedures or programme guidelines
- b. Internal supervision of staff available and provided
- c. External supervision of staff available and provided
- d. Regular team meetings
- e. Client satisfaction feedback collected and documented
- f. Continuous learning and knowledge activities for staff
- g. Others (specify)

Section D – Unit services

Q9a. Does this unit operate an opioid maintenance treatment programme (see glossary)?

1. Yes: go to 9b, 9c, 9d and 9f
2. No: go to question 10

Q9b. Does this unit prescribe and dispense opioid maintenance treatment (OMT)?

1. Prescribes opioid maintenance treatment medications (does not dispense):
Yes - No
2. Dispenses (on-site pharmacy) opioid maintenance treatment medications
Yes - No

Q9c. Question 9d requests data on the total number of clients in OMT who were prescribed OMT by this unit (excluding clients in OMT that were prescribed elsewhere) during a **12-month period (reference year)**

Indicate the 12-month period (reference year) these data refer to (e.g. January 2015 to December 2015)

Start: Month ____ Year ____

Finish: Month ____ Year ____

Q9d. How many individuals at this unit were prescribed OMT by this unit (excluding clients in OMT that were prescribed elsewhere) during the reference year?

Total number of clients in OMT: _____

Q9e. Does this unit currently maintain a waiting list for opioid maintenance treatment?

- a. Yes: go to Q9f
- b. No: go to Q10

Q9f. How many clients are today (during the last 24 hours) on the waiting list to start opioid maintenance treatment?

Number of individual clients: _____

Q10. Does this unit operate a pharmacologically assisted management of withdrawal (detoxification) programme (see glossary)?

1. Yes
2. No

Q11a. Does this unit provide drug-related services to prisoners (either to inmates inside prisons or inmates transferred to this unit)?

1. Yes: go to 11b and 11c
2. No: go to question 12

Q11b. How many prisons did this unit provide services to during the last 12 months?

___ prisons (N)

Q11c. How many prison inmates received drug-related services from this unit, either in prison or transferred to this unit, during the last 12 months?

Total number of prison inmates in prison to whom drug services were provided (N): _____

Total number of prison inmates transferred to this unit (N): _____

The next four questions (Q12 to Q16) request information on the services available and provided by this unit to clients during the **last 12 months**.

Never: This unit never provides this service.

Rarely: This unit provides this service less than once per month.

Sometimes: This unit provides this service 1 to 3 times per month.

Frequently: This unit provides this service 1 to 2 times per week.

Always: This unit provides this services every day or nearly every day.

Q12. How often did this unit provide the following medical services during the last 12 months?

	Never, not needed	Never despite perceived need	Rarely	Sometimes	Frequently	Always
On-site HIV* diagnostic testing						

On-site HCV* diagnostic testing						
On-site HBV* diagnostic testing						
On-site HBV vaccination						
On-site HCV infection treatment						
On-site ART* treatment of HIV/AIDS*						

*HCV: hepatitis C virus; HBV: hepatitis B virus; HIV: human immunodeficiency virus; ART: antiretroviral therapy; AIDS: acquired immune deficiency syndrome;

Q13. How often did this unit provide the following services during the last 12 months?

	Never, not needed	Never despite perceived need	Rarely	Sometimes	Frequently	Always
Street outreach work						
Distribution of syringes and other drug injecting equipment						
Distribution of condoms and lubricant						
Distribution of information material on safer injecting and drug overdose prevention						
Distribution of information material targeted at recreational drug users and party-						

goers

Q14. How often did this unit provide the following services during the last 12 months?

	Never, not needed	Never despite perceived need	Rarely	Sometimes	Frequently	Always
Brief psychosocial interventions						
Individual counselling/therapy (> 2 weeks)						
Group counselling/therapy (> 2 weeks)						
Family counselling/therapy (> 2 weeks)						
Case management						
Internet-based treatment						

Q15. How often did this unit provide the following social services during the last 12 months?

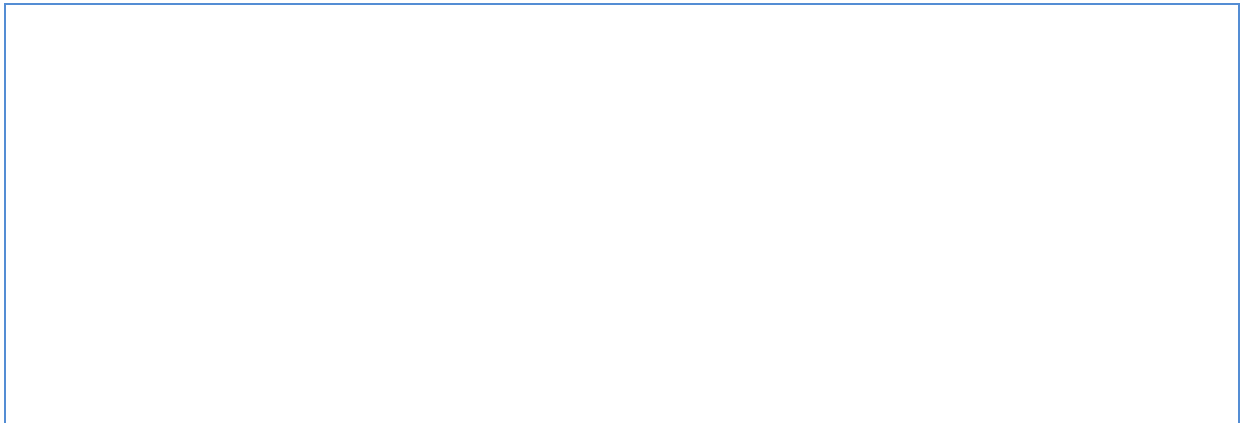
	Never, not needed	Never despite perceived need	Rarely	Sometimes	Frequently	Always
Employment support (e.g. work placement/job insertion programmes)						
Housing support (e.g. half-way housing, shelter housing)						
Education and vocational training						

Q16. If applicable, what other main services not listed in the previous questions does this unit provide? (Open question)

Q17. Does this unit have an established collaboration with the following institutions to which it can refer clients?

	Never, not needed	Never despite perceived need	Yes
Health institutions (e.g. hospitals, general practitioner)			
Social services (e.g. housing/education service providers)			
Prison and probation services			
Other specialised drug and alcohol treatment services (outpatient or inpatient)			
Unemployment services (job centres)			
Other (specify)			

Q18. If you have any further comments regarding your facility or this questionnaire, provide them here

A large, empty rectangular box with a thin blue border, intended for the respondent to provide further comments regarding the facility or the questionnaire.

Section E – Glossary of terms used in the questionnaire

A **parent organisation** is the organisation that this unit belongs to, for example larger non-governmental organisations, religious communities/churches, enterprises, or public health structures that run more than one unit. If a parent organisation runs several units that meet the criteria for the target unit, each of those should fill out this survey.

Specialised outpatient treatment units comprise public or private, governmental or non-governmental units that specialise in and whose primary focus is the treatment of substance dependence on an outpatient basis.

The term '**low-threshold**' (outpatient) 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, and 'hard-to-reach' and high-risk groups among drug users and experimental users.

General mental healthcare and general (primary) healthcare units (outpatient) comprise public or private, governmental or non-governmental outpatient facilities that provide outpatient healthcare services to the general population, including drug users. Among a range of other health and mental health services, these providers also offer drug treatment. However, the primary focus of these facilities is not drug treatment provision. This category includes general practitioners (medical doctors in private practice).

Hospital-based residential treatment units (inpatient; including psychiatric hospital, inpatient medical detoxification unit) are specialist medical, psychiatric and/or psychosocial treatment services that address drug dependency, carried out in hospitals (often psychiatric hospitals or psychiatric wards in general hospitals).

(Non-hospital-based) residential treatment units (inpatient) are treatment environments in which drug-dependent individuals live together and follow a programme 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 programmes.

Therapeutic community units (inpatient) are typically drug-free environments in which drug-dependent individuals live together in an organised 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 units primarily focus on social reintegration services (housing, education and employment related services) and are dedicated to vulnerable groups.

Drug treatment is defined as an activity/activities that directly targets people who have problems with their drug use and aims to achieve defined objectives with regard to the alleviation and/or elimination of these problems, provided by experienced or accredited professionals, in the framework of recognised medical, psychological or social assistance practice (treatment demand indicator (TDI) protocol 3.0).

'Primary substance' is the substance that causes the most problems for the client, as defined according to the client's request and/or the professional's assessment. Inclusion criteria: the primary drug is the drug that leads to the most serious problems (health, mental, social problems, etc.) for the client; the primary substance is the main reason the client has entered treatment; the primary drug may include any drug misused by the client but not those used in accordance with a medical prescription. The following substances are excluded from the primary substance: tobacco and substances used for medical purposes under a prescription.

Opioid maintenance treatment is the administration of thoroughly evaluated opioid agonists by experienced or accredited professionals, in the framework of recognised medical practice, for achieving defined treatment aims. OMT in this context excludes short-term pharmacologically assisted management of withdrawal (detoxification).

Pharmacologically assisted management of withdrawal (**detoxification**) is a time-limited, medically supervised intervention with medications to resolve withdrawal symptoms of substance-related problems.

Case management involves: monitoring, tracking and providing support to a client, throughout the course of his/her treatment (and after) by assessing the needs of the client and the client's family, when appropriate; arranging, coordinating, monitoring, evaluating and

advocating for a package of multiple external health and social resources to meet the specific client's complex needs; and advocating with those external resources in order to enhance the continuity, accessibility, accountability, and efficiency of those resources.