European Monitoring Centre
for Drugs and Drug Addiction

TECHNICAL REPORT

Manual for carrying out facility surveys using the European Facility Survey Questionnaire (EFSQ)

March 2017

Contributors

Belgium	Jerome Antoine	jerome.antoine@wiv-isp.be
Czech Republic	Barbara Janikova	janikova.barbara@vlada.cz
Czech Republic	Katerina Skarupova	skarupovakat@gmail.com
Czech Republic	Viktor Mravcik	mravcik.viktor@vlada.cz
Finland	Airi Partanen	airi.partanen@thl.fi
Germany	Marcus-Sebastian Martens	marcus.martens@uni-hamburg.de
Greece	Ioulia Bafi	ibafi@ektepn.gr
Hungary	Agnes Port	port.agnes@nefi.hu
Poland	Artur Malczewski	artur.malczewski@kbpn.gov.pl
Spain	Patricia Santa Olalla Peralta	psantaolalla@msssi.es
EMCDDA	Alessandro Pirona	alessandro.pirona@emcdda.europa.eu
UNODC	Anja Busse	anja.busse@unodc.org

Contents

Purpose of the European Facility Survey Questionnaire

The European Facility Survey Questionnaire (EFSQ) is a data collection instrument for surveying facilities that provide addiction services.

The aim of the EFSQ is to collect information from facilities across addiction systems on their characteristics, client utilisation, personnel, quality management and the interventions provided, while also accounting for their diversity. This information on facilities within national or regional drug addiction systems is crucial for overall planning, assessing intervention needs and supporting investment decisions.

Traditionally, the terms ‘drug treatment’ and ‘drug treatment services’ have generally been used to refer to specialised clinical interventions with defined medical objectives. To reflect current inter-disciplinary approaches to addiction and the staged health and social needs of individuals afflicted by addictions, ‘addiction and treatment systems’ are understood and addressed within a wider framework and include services addressing, for example, the harms caused by addiction alongside clinical management. According to the Treatment Demand Indicator (TDI) Protocol 3.0 (European Monitoring Centre for Drugs and Drug Addiction, 2012), ‘drug treatment’ is defined as an activity, or activities, that directly targets people who have problems with 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, within the framework of recognised medical, psychological or social assistance practice.

Addiction and drug treatment facilities are facilities that provide services to licit and illicit substance users and, depending on the treatment system, may include clients seeking help for non-substance-use addictions (e.g. gambling).

The objectives and added value of facility surveys can be multiple:

- to determine the network of addiction facilities, their coverage, availability, accessibility and, possibly, affordability;
- to describe characteristics of the facilities and the interventions they provide;
- to complement information on the treatment system available from other sources;
- to track trends in coverage and characteristics when the EFSQ has been applied repeatedly;
- to identify gaps in service provision to increase the coverage, accessibility and quality of this provision.

The EFSQ was developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in collaboration with the national focal points of Reitox (the European information network on drugs and drug addiction), the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC).

Setting up a facility survey requires careful preparation to ensure high quality standards. This manual provides elementary recommendations and guidelines on how to perform a survey using the EFSQ. The table below provides an overview of the process.

Survey phases

Phase	Activities
Planning phase	Networking and building partnerships
	Identification of specific scope(s)
	Mapping of the network of facilities
Preparatory phase	Sampling design
	Preparation of the instrument
	Piloting the instrument
Data collection	Data collection
	Monitoring of data collection
Analysis and reporting	Data entry and management
	Data analysis and interpretation
	Reporting and feedback

Planning phase

Networking and building partnerships are important elements of the facility survey. It is important to ensure that the survey plans and objectives are in line with the main stakeholders' needs. Stakeholders are usually governmental agencies; local governments; resource planning structures; national, regional and/or local bodies responsible for drug policy and provision of drug treatment services; associations of drug treatment services; medical or other societies that comprise drug treatment professionals; health insurance companies and other bodies providing resources for drug treatment facilities; non-governmental organisations (NGOs) and their associations; etc. The bodies that could potentially be contacted include those that can use the results of the facility survey, those that will be involved in or could potentially be affected by the survey and those that may be able to help using their expertise or mandate.

All stakeholders should be involved at a very early stage and they should be allowed to provide comments on and ideas for the study so that these can be easily integrated into the study during the planning phase and shared responsibility and ownership can be built. Preparatory meetings to plan the survey may be required.

The EFSQ provides core variables that are the basis for information to be collected in a facility survey. However, there might be **specific objectives** and needs of facility surveys beyond the information that can be obtained from the EFSQ. These may reflect information needs on recent emerging trends or problems (e.g. an outbreak of drug-related infectious disease, new drugs or drug users on the market, or a new target group, such as migrants) and, thus, the facility survey may also serve as a tool for a rapid assessment of the situation, it may focus on specific gaps in the treatment system (e.g. the availability of harm-reduction interventions or aftercare for drug users) or it can provide systematic, in-depth structural information for the long-term monitoring of drug treatment services in general. Given the specific objectives, the EFSQ can be adapted and supplementary questions or sections of particular interest can be added to the core dataset. In addition, if needed, the survey can be conducted in the context of only a particular segment of a treatment system, e.g. harm-reduction programmes or opioid substitution therapy (OST).

In the **mapping phase**, a complete list of facilities (potentially) providing addiction services should be created. For this purpose, existing information can be found in national registers and databases, such as national TDIs, or from insurance companies, donors, public health

institutes, institutes for health information and statistics, research and monitoring bodies, etc. Key stakeholders and informants (e.g. national and regional drug coordinators, treatment providers) should be consulted. To avoid sampling bias, the mapping exercise should be as inclusive as possible and, unless justified by a specific purpose, should not be limited to one part or segment of the addiction or treatment system.

The purpose of the mapping phase is to establish a solid sampling frame: a database of all (potential) facilities and drug treatment service providers in the country or parts of the country. This is especially important when the network of addiction treatment facilities is not clearly defined (e.g. when generic providers can provide addiction-specific services, but it is unknown which of these providers actually do); in these cases, all generic service providers should be included in the list.

As part of the mapping exercise, the following formal sources of information about facilities could be consulted with regard to the list of services:

- the TDI register;
- the national focal point's list of facilities that provides data for the national annual drug report;
- the ministry of health;
- the ministry of social affairs (e.g. the register of social services);
- NGO umbrella network organisations;
- donors, health insurance companies;
- regional/local drug coordinators;
- health and social (or other) facilities that refer clients to addiction service providers.

If feasible, all types of facilities (outpatient and inpatient), regardless of their size, coverage or importance, should be included in the sample frame if they provide addiction services to drug users. See table 1 for a categorisation, according to the EMCDDA generic treatment system map, of generic facility types that provide services to drug users.

Types of facilities to be included in the facility survey:

- facilities providing health, social and educational services to drug users;
- detoxification units;
- drug-free treatment facilities;
- therapeutic communities;
- medically assisted treatment facilities;
- harm-reduction facilities and low-threshold agencies;
- counselling centres;
- social reintegration facilities;
- aftercare structures;
- generic types of facilities (general practitioners, general psychiatry providers, shelters, etc.) if they provide services to drug users (e.g. OST provision).

The EFSQ has not been designed specifically to collect information on facilities in prisons; however, the inclusion of facilities in custodial settings may be considered according to national/regional/local needs and following necessary adjustments to the questionnaire.

Table 1. Generic map of outpatient and inpatient drug treatment provider categories

Outpatient	Inpatient
Specialised drug treatment centres	Hospital-based residential drug treatment
Low-threshold agencies	Residential drug treatment (non-hospital based)
General primary healthcare units	Therapeutic communities
General mental healthcare units	Prisons
Other outpatient units	Other inpatient units

Preparatory phase

Sampling design

Sampling strategy

For most purposes and in the majority of contexts, it is recommended that a **census of facilities or exhaustive sampling** (the collection of data from all facilities) is performed.

However, other sampling strategies may also be reasonable in some situations, for example if:

- the survey has a special purpose, such as a focus on a specific topic or a specific segment of facilities (e.g. only therapeutic communities);
- the country-specific version of the EFSQ is being piloted among an opportunistic sample of facilities;
- the total number of facilities is too great;
- the facility survey aims to cover only some regions or geographical areas in the country;
- other reliable sources of structural data on drug treatment services exist and the EFSQ is being conducted to complement them.

If a sub-sample of facilities is required, random sampling strategies are preferred to ensure the representativeness of the sample and the generalisability of the results for the whole sampling frame of facilities.

The sampling strategy should be adjusted to the aims of the survey; for instance, the sample might be limited to certain types of facilities or regions.

Alternatively, a **stratified census** could be conducted using questionnaires tailored to different types of services. All facilities of a certain type could then be surveyed separately using questionnaires tailored specifically for each type of service. However, in this situation, all EFSQ core variables should be represented in the instrument(s).

Use of filters for generic services

For more generic types of services, a filter can be used before data collection using a specified set of inclusion criteria. The basic criterion is the **provision of interventions for**

addictive behaviours, with a particular focus on facilities providing services to individuals experiencing problems with illicit substances such as drug treatment (see page 4 for the definition of 'drug treatment').

Other possible inclusion criteria:

- facilities that have provided services to at least X drug users in the previous year;
- facilities for which substance users are the primary target group;
- facilities at which a drug treatment specialist is a member of the facility team;
- facilities that are funded from a specific addiction/drug policy budget;
- facilities that have a specific licence for drug treatment services.

Facilities that do not fulfil the inclusion criteria should be excluded from the sample frame or the sample before data collection.

National example from the Czech Republic

In the 2014 Czech Republic facility survey, a filter was applied before data collection to include/exclude certain facilities from the sample. The filter used the following algorithm:

1. The first question asked whether or not the facility provided addiction treatment or counselling.

- If NOT, the facility was excluded.
- If YES, the following three questions were asked:

1. Do problem drug users and/or addicts represent a majority of facility clients?
2. Does the facility have a quality certificate for addiction treatment (i.e. as part of a system of national quality standards in addiction services)?
3. Is the facility contracted by health insurance for addiction treatment?

- If the answer to any of the above three questions was YES, the facility was included.
- If the answers to all of the above three questions were NO, the facility was excluded.

The exhaustive sampling frame (or census of facilities; see the 'Sampling strategy' section at page 6) is crucial but, if in some cases and for various reasons it cannot be created, the sample could be constructed using snowball or chain-referral sampling techniques, where each surveyed facility is asked to provide contact details for other facilities that meet the inclusion criteria.

Sampling unit, or how to apply the EFSQ

In the EFSQ and in this manual, the sampling unit of addiction treatment facilities is referred to as a 'unit', although some countries may use different terms, such as 'facility', 'programme', 'centre', or 'service'. Services provided by the unit to its clients are called 'interventions' or 'services' in the EFSQ.

Definition of a unit

A unit is the smallest independent (in terms of management) stand-alone unit that has defined its team and team leader, its procedures, rules and portfolio of services and interventions, target group(s), and that provides at least one service that can be classified as one of the main modalities of services specified in Q3 of the EFSQ.

Each unit should complete the questionnaire just once. If the facility provides services classified as more than one main modality (service type) in Q3 and if different service types are predominantly provided by separate units, the EFSQ should be completed by each of these units separately. If the facility is a single unit that provides more than one type/modality

of service, then it should select the predominant modality in Q3. However, **a unit should never fill out the questionnaire more than once**.

Preparation and piloting the instrument

Structure and content of the European Facility Survey Questionnaire

The EFSQ consists of five sections: administrative characteristics (section A), client utilisation (section B), staffing and quality management (Section C), core interventions (Section D) and glossary of terms used in the questionnaire (Section E). You can find a downloadable version of the EFSQ on the EMCDDA website (www.emcdda.europa.eu).

Section A — Administrative information

The purpose of this section is to gather administrative information about the treatment unit and its main characteristics. The unit is characterised by the modality, or type, of services that it provides (outpatient/inpatient and sub-categories), its contact details and its affiliation with larger organisations or institutions. If the 'parent organisation' or 'facility' runs several units that meet the criteria for the target unit (e.g. outpatient unit and residential unit), each distinct unit should fill out the EFSQ.

Section B — Target population and client information

The purpose of this section is to provide a general description of the populations for which the unit provides services. The section begins with questions about the number of clients served by the unit. It then focuses on the types of patients with special needs the unit provides services to. Although the sample of facilities is likely to be constructed as a census, so that it includes all facilities meeting the inclusion criteria in a country, information about the clients in the questionnaire is *not* constructed as a one-day census of clients (i.e. a description of the clients who contacted the facility in a given day during the survey), since this information is unlikely to be compatible with the systems used for obtaining client information, such as TDI registers. (However, if the country does not have a monitoring system in place to record the number and characteristics of clients, a one-day census of clients in the sampled facilities can be considered.)

Section C — Staffing and quality management

The purpose of this section is to obtain comprehensive information on the number andprofessional diversity of the professionals who staff the unit. This section is also geared towards assessing the overall stability of positions in the unit, in terms of the number of staff members who are employed by the unit and the number of volunteers. Information obtained from this section will allow 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 the unit.

Adjusting the European Facility Survey Questionnaire to country-specific purposes

The first step in the survey utilisation is the translation of the EFSQ into the national language(s). The use of accurate local terms corresponding with the terms in the EFSQ master version is particularly important. Back-translation of the questionnaire should help to

maintain the validity of the instrument and the comparability across languages. ‘Back-translation’ means that the initial translation of the instrument into the national language is then translated back into the language of the original instrument (into English in the case of the EFSQ), the versions are then compared and differences are identified and resolved. National experts may assist with the translation (preferably those who are not familiar with the original version of the instrument). Even very good translations often need to be further adjusted to ensure that all the questions are clear and consistent.

The country-specific version of the EFSQ may include specific questions, and the existing EFSQ questions can be (in rather exceptional cases) adjusted to national/regional/local situations. However, to ensure comparability and consistency, any adaptations of existing EFSQ questions should be made with caution to ensure that the meaning of the original questions is not altered. The country-specific version of the EFSQ should be designed with the aim of reducing bias due to non-response, question refusal or misinterpretation of questions.

Before the implementation of a survey, the country-specific version of the questionnaire should be pre-tested. The purpose of the pre-test is to check the clarity of questions and comprehensibility of the translated text, to assess whether the adaptation accurately reflects local conditions, and to assess the appropriateness of the layout and format of the questionnaire.

The pre-testing phase may include the following:

- An expert review of the questionnaire by the target group, namely professionals from addiction treatment facilities.
- Interviews or focus groups with the target group. These can be performed as cognitive interviews that simulate the interview and may involve thinking out loud, paraphrasing the questions and discussing the way in which the answer was obtained. The following issues should be reviewed during the interviews and/or focus groups: the general impression of the questions, the clarity of the wording used, the understanding and interpretation of the questions, the appropriateness and clarity of the response categories, the ordering of the questions in the questionnaire, the sensitivity of the questions and the interpretation of the terms used. Alternative wording can be proposed and discussed.

The pilot phase is the last phase of the questionnaire adaptation (after corrections based on the results of the interviews and/or focus groups) and should be conducted under similar conditions to those used for the final survey. This is particularly important in the case of adjustments to the layout of the questionnaire or if an online-based version of the questionnaire will be used. In this latter case, the final online version of the instruments should also be pre-tested.

Tips for the design of the final version of the questionnaire:

- Particularly long questionnaires may result in low response rates and a low quality of data, especially if data are collected through self-administration without an interviewer (e.g. online).
- The questionnaire should start with an introduction to the survey and with an explanation of its purpose and objectives.
- Instructions and explanations should be added to questions when necessary.
- The questions of main interest should be asked first.
- The most sensitive questions should not appear at the beginning.
- Each question should be formulated to ask for one piece of information only.
- Questions should be clear and unambiguous.
- Proposed answers (categories) should measure one dimension.
- If one option must be selected, options need to be mutually exclusive.
- Open questions (apart from administrative-type information, e.g. address details) should be asked only in exceptional circumstances, since these may lead to low response rates, inadequate answers and, in general, may require additional effort during analysis.
- Country-specific adjustments in wording and/or the order of the questions may require corresponding changes in the instructions.
- The pre-testing of the questionnaire's feasibility is of utmost importance.

Data collection

In general, the questionnaire for the facility survey can be self-administered or administered by interviewers. **The EFSQ has been designed for self-administration.**

Self-administered data collection is usually less expensive. Either a pen-and-paper or an online version of the self-administered questionnaire might be more appealing to respondents, as they may wish to complete the questionnaire gradually rather than in one session.

On the other hand, interviewer-administered surveys allow the clarification of questions and the use of additional techniques and tools (show-cards or other additional materials), and the questions can be arranged in (alternative) sequences and asked only if applicable. They also allow better control over the completeness of responses. When interviewers are used, they must be properly trained in how to use the questionnaire. Interviewer training aims to minimise the differences between interviewers to prevent information (measurement) bias. Training should include an overview of the study, including its objectives and the procedures involved (recruitment, inclusion/exclusion criteria), a review of all the questions, monitoring, logistics and administrative issues. Interviewers should understand all of the terms used.

An electronic questionnaire format (e.g. an online version) may be used (i.e. a computer-assisted questionnaire). Electronic questionnaires offer the advantage of automatically displaying inconsistent or incomplete responses and reducing data-entry errors. They can filter and/or adapt questions according to the answers provided. They can also provide additional support such as pictures, graphs or links to web pages. Customisation of the questionnaire based on information known about the facility is also possible with electronic questionnaires.

In specific situations, telephone interviews can be used to collect data for the whole questionnaire or to specify, check or correct answers gathered using other methods.

The facility survey can be combined with maintaining or expanding facility registries. If the information structure is based on the EFSQ, the registries can become a source for data collection and reporting if the information collected is updated regularly. Simultaneously, facility surveys can also be used for the (regular) updating of registers.

Online data collection

To facilitate the surveying of facilities, a web-based version of the EFSQ is available at the EMCDDA website (www.emcdda.europa.eu). The web-based EFSQ has been developed for use with the free, open-source online survey package LimeSurvey (https://www.limesurvey.org). The web-based EFSQ 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 at the EMCDDA website. Also available for download on the EMCDDA website is a manual that outlines the simple steps involved in carrying out a survey with the web-based EFSQ using LimeSurvey.

Before data collection, invitation letters can be posted or emailed to all sampled facilities. The invitation can be supported by a letter from official authorities or representatives of network organisations. It should be accompanied by information about the survey, instructions on how to complete the questionnaire online or frequently asked questions. In addition, a paper questionnaire can be sent with the invitation letter, for those who opt for pen-and-paper data collection. It may also help to guide the data gathering in the facility before the completion of the online questionnaire. Web-based support for facilities completing the questionnaire online can also be provided. Incentives (e.g. financial compensation) can be offered if resources are available, which can increase the response rate. The facility's (or unit's) information could be included in a national map of facilities (see the 'Map of Aid' on page 14), which could be perceived as an incentive to participate in the survey.

The response rate can be monitored continuously or periodically. Reminders and thank you letters should be (repeatedly) sent during the data collection phase to encourage participation. Finally, those who do not reply or respond can be reminded by telephone.

Investigators should be ready to answer a range of questions from participating facilities, their management and staff members. Answers to frequently asked questions should be drafted and published according to the national context and design of the facility survey.

Possible frequently asked questions:

- Q: Should a particular type of facility participate in a survey? A: Depends on the national organisation for addiction treatment facilities, sampling design, selection criteria, etc.
- Q: The facility provided treatment to only five substance users last year, should it participate? A: Depends on the national selection criteria, but in general YES.
- Q: Is it mandatory to complete the survey? A: Depends on the national context, but in general NO.
- Q: Our facility consists of more than one unit. Should we complete the questionnaire for each unit? A: YES, each unit providing services to drug users should complete the questionnaire.
- Q: Our facility provides more than one type of service. Should we complete the questionnaire for each type of service? A: If you have more than one unit providing services to drug users, then complete the questionnaire for each unit. However, DON´T complete more than one questionnaire for one unit.
- Q: Our facility did not provide any substance abuse or addiction treatment last year. Should we complete the questionnaire anyway? A: Depends on the national selection criteria, but in general NO.
- Q: Is alcohol, tobacco, gambling or eating disorder treatment covered by the facility survey? A: Depends on the national context and focus of the facility survey, but in general YES.
- Q: Are our responses considered confidential? A: Depends on the national context and focus of the survey, but in general YES.

Analysis and reporting

Data entry and management

The design of the database and the data entry process can affect the overall quality of the data.

In online surveys, data are entered by the respondents. Online tools allow the application of data quality assurance tools during data collection (filters, controls of values, automatic sums, etc.).

When data are collected using paper questionnaires, responses have to be entered into the database either (semi-)automatically using scanners or manually. If manual data entry is used, it is recommended to double-enter the data and to check and correct inconsistencies.

Various software tools are available for data entry and analysis purposes. Free tools such as Epiinfo (http://wwwn.cdc.gov/epiinfo/) can be used, which also allows the use of electronic entry forms.

Tips for data entry and management:

- A code book with a description of each variable, variable labels, values and value labels should be created.
- Each variable should contain just one single item of information.
- Responses have to be coded in a consistent way with the questionnaire.
- Checks for reliability and consistency need to be performed (with regard to implausible and extreme values, time sequences, contradictory answers, etc.).
- Rules for coding of question refusal and missing data should be established.
- Administrative information (place, date, code of facility, code of questionnaire, etc.) should be recorded.
- Data entry staff should be experienced and/or trained.
- If data are entered from paper questionnaires, double data entry should be carried out at least for parts of the questionnaires to verify the quality of data entry.

Analysis and reporting of results

Analytical approaches in general are not covered by these guidelines. This section aims simply to remind users that the presentation and interpretation of results should take into account the role of chance and possible bias, and that they should discuss the internal and external validity of results. Sampling design and possible selection bias should also be discussed.

Facility surveys may complement and triangulate data from TDIs and other treatment registers, to assess/improve the coverage of TDIs and other registers and/or to provide contact and other information on facilities for the public and professionals, available, for example, as an online tool. Data from the facility survey might also be used for reporting to the EMCDDA (using Structured questionnaires, Standard tables and Workbooks) or to international organisations such as the UNODC or the WHO.

The analysis and interpretation of results should integrate the feedback from the facilities that participated in the survey. The results of the survey should be discussed with appointed facility stakeholders and the interpretation of the results should be agreed with these stakeholders. Aggregated data can be used by the facilities as a benchmarking tool, allowing them to compare their own situation with the ‘average’ situation in the same type of facility.

Finally, a dissemination strategy must be developed for reporting the agreed and interpreted results to decision-makers and stakeholders (e.g. annual national publications/conferences). It should also include feedback to facilities that participated in a survey.

Tips for reporting:

- Feedback to the participating facilities is crucial.
- Inform decision-makers and stakeholders about the results.
- When available, trends should be presented.
- Gaps in the treatment system should be identified (types of facilities, geographical areas, etc.).
- A list or map of facilities with contact information and structured summary information on type of facility and interventions offered could be published.
- Consider scientific publication (i.e. an article in a peer-reviewed journal).

Examples of country-specific web pages providing contacts and structured details on treatment opportunities

Bulgaria: http://www.nfp-drugs.bg/en/map.php

Sofia

STATE PSEICHIATRIC HOSPITAL FOR DRUGS AND ALCOHOL DEPENDENCE TREATMENT

ADDRESS

1303 Sofia, 117 "Pirotska" Str.

HEAD OF WARD

Dr. Sonia Toteva

SHORT DESCRIPTION

Applying methadone treatment in methadone substitution and maintenance program. Treatment process is based on the "treatment phases" method, structured and described by Moolchan – Hoffman. In the basis of this treatment approach is the concept that opiate dependence patients need long-term treatment.

SPECIALIZATION

Addictions- alcohol and other addictions

BASIC PRINCIPLES

Voluntary treatment, confidentiality, respect to human dignity, both patients' and therapists' dignity

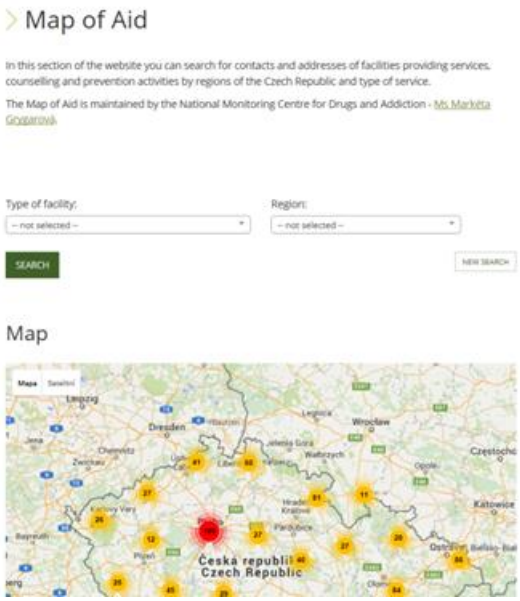
BASIC TREATMENT APPROACH AND METHODS

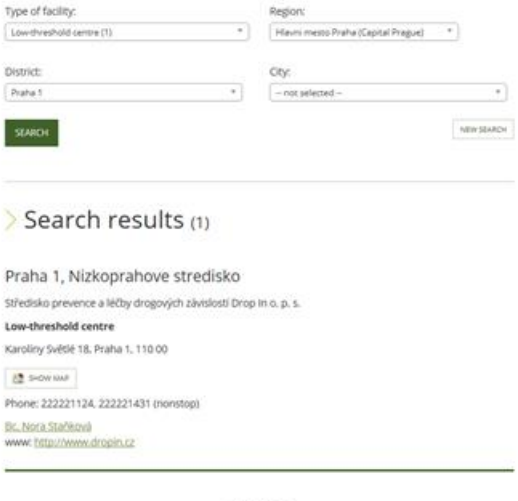
Screening, ambulatory detoxification, personal psychotherapy and counseling, Methadone maintenance treatment program, program named "Home hospital"

PROGRAMS

- Ambulatory treatment for drug addicts
- Ambulatory treatment for alcohol dependents
- Ambulatory treatment for overcoming nicotine dependence

Czech Republic: http://www.drogy-info.cz/en/map-of-aid/





Legal and ethical considerations

A facility survey does not directly address individual clients so, in principle, it is not required to undergo review by ethical committees or boards.

However, national laws and regulations may apply. For example, data for individual facilities/units should not be published; rather, aggregated results for a group of facilities should be published, so that individual facilities are not identifiable.

Another issue is the use of the results of the facility survey by authorities for benchmarking or funding schemes. Problems related to the reliability of the results and information bias might arise, since facilities could tend to report the data systematically in their favour. Facility data should never be handed over to third parties without written consent from the facility.

Resources

European Monitoring Centre for Drugs and Drug Addiction (2012), *Treatment demand indicator (TDI) standard protocol 3.0: Guidelines for reporting data on people entering drug treatment in European countries*, EMCDDA Manuals, EMCDDA, Lisbon.

European Monitoring Centre for Drugs and Drug Addiction (2013), *DRID Guidance Module: Methods of bio-behavioural surveys on HIV and viral hepatitis in people who inject drugs — a short overview*, EMCDDA, Lisbon.

MEASURE Evaluation Project (2001), *Sampling manual for facility surveys for population, maternal health, child health and STD programs in developing countries*, MEASURE Evaluation Manual Series, No 3, Carolina Population Center, University of North Carolina, Chapel Hill, NC.

Substance Abuse and Mental Health Services Administration (2014), *National Survey of Substance Abuse Treatment Services (N-SSATS): 2013. Data on substance abuse treatment facilities*, BHSIS Series S-73, HHS Publication No (SMA) 14-489, Substance Abuse and Mental Health Services Administration, Rockville, MD.

Substance Abuse and Mental Health Services Administration (2016), *Attachment B7: N-SSATS cover letter; on-line questionnaire access instructions; and frequently asked questions sheet*, Substance Abuse and Mental Health Services Administration, Rockville, MD.

Survey Research Center (2010), *Guidelines for best practice in cross-cultural surveys*, Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, MI.

World Health Organization (2003), *Health Facility Survey: Tool to evaluate the quality of care delivered to sick children attending outpatient facilities (using the Integrated Management of Childhood Illness clinical guidelines as best practices)*, Department of Child and Adolescent Health and Development, WHO, Geneva.