

Resources for the Prevention and Treatment of Substance Use
Disorders



Table of Contents

- Age-standardized DALYs, alcohol and drug use disorders, per 100 000
- Age-standardized death rates, alcohol and drug use disorders, per 100 000
- Beds for the treatment of substance use disorders, per 100 000
- Budget line for substance use disorder prevention
- Budget line for substance use disorder treatment
- Buprenorphine provision in clinical and community-based settings
- Buprenorphine used for detoxification or maintenance
- Buprenorphine used for the treatment of opioid dependence
- Buprenorphine/naloxone provision in clinical and community-based settings
- Buprenorphine/naloxone used for detoxification or maintenance
- Buprenorphine/naloxone used for the treatment of opioid dependence
- Clinical supervision of health care staff
- Commencement of treatment with opioid agonists
- Confidentiality of health records on substance use disorders protected by law
- Data on substance use disseminated in national annual reports
- Drug courts
- Epidemiological data collection system for substance use disorders
- Essential list of medicines
- Essential list of medicines, pharmacotherapy for substance use disorders
- Financing method for substance use disorder treatment
- Funding method for substance use disorder prevention
- Government benefits for alcohol use disorders, subsidy or disability pension
- Government benefits for drug use disorders, subsidy or disability pension
- Government benefits for persons with substance use disorders
- Government unit for substance use disorder prevention
- Government unit for substance use disorder treatment
- Groups and agencies for the prevention of substance use disorders
- Guidelines on the pharmacological treatment of substance use disorders
- Harm reduction programmes for IDUs
- Health professionals mostly involved in treatment of substance use disorders
- Legislative provision for compulsory treatment
- Legislative provision for treatment and rehabilitation of substance use disorders
- Length of stay for inpatient detoxification, days
- Length of stay for inpatient long-term residential treatment, days
- Length of stay for inpatient short-term treatment, days
- Methadone formulation used for the treatment of opioid dependence
- Methadone provision in clinical and community-based settings
- Methadone used for detoxification or maintenance

- Methadone used for the treatment of opioid dependence
- National survey on substance use among children and adolescents
- NGOs for alcohol use disorders
- NGOs for drug use disorders
- Open access services for substance use disorders
- Opioid agonist pharmacotherapy used for the treatment of opioid dependence (detoxification or maintenance)
- Opioid agonist pharmacotherapy used for the treatment of opioid dependence (maintenance)
- Pharmacotherapy used for the management of alcohol withdrawal
- Pharmacotherapy used for the management of benzodiazepine withdrawal
- Pharmacotherapy used for the management of cannabis withdrawal
- Point prevalence (%), alcohol use disorders, 15+ years
- Point prevalence (%), drug use disorders, 15+ years
- Policy documents on the pharmacological treatment of substance use disorders
- Prescription requirements for buprenorphine
- Prescription requirements for buprenorphine/naloxone
- Prescription requirements for methadone
- Prevention activities for substance use disorders, main focus
- Programmes diverting clients from the justice system towards treatment
- Programmes for the prevention of substance use disorders for special populations
- Psychoactive substance causing entry into treatment
- Screening and brief interventions for substance use and substance use disorders
- Sector for inpatient detoxification of alcohol use disorders
- Sector for inpatient detoxification of drug use disorders
- Sector for inpatient treatment of alcohol dependence
- Sector for inpatient treatment of drug dependence
- Sector for outpatient treatment of alcohol dependence
- Sector for outpatient treatment of drug dependence
- Sector for residential long-term rehabilitation of alcohol use disorders
- Sector for residential long-term rehabilitation of drug use disorders
- Sector for substitution maintenance therapy of opioid dependence
- Sector for the treatment of alcohol-induced psychoses and other alcohol-induced other psychiatric conditions
- Self-help groups for substance use disorders
- Service delivery data collection system for substance use disorders
- Specialized treatment services for drug use disorders and HIV/AIDS
- Specialized treatment services for substance use disorders and TB
- Standards of care for health professionals
- Standards of care for health professionals, human rights
- Standards of care for health professionals, maintenance
- Substance use policy at the national level

- Substance use policy at the national level, level of integration
- Supervision requirements for buprenorphine administration
- Supervision requirements for buprenorphine/naloxone administration
- Supervision requirements for methadone administration
- Timeframe of opioid agonist treatment
- Treatment setting for substance use disorders, most common
- Treatment slots for alcohol and drug use disorders, outpatient, per 10 000
- Treatment system for substance use disorders

Age-standardized DALYs, alcohol and drug use disorders, per 100 000

| | |
|--|---|
| Indicator ID | 2502 |
| Indicator name | Age-standardized DALYs, alcohol and drug use disorders, per 100 000 |
| Name abbreviated | Age-standardized DALYs, alcohol and drug use disorders |
| Data Type Representation | Rate |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | The WHO Global Burden of Disease (GBD) study measures the burden of disease using the disability-adjusted life year metric (DALY). The DALY metric was developed to assess the burden of disease consistently across diseases, risk factors and regions. A consistent and comparative description of the burden of diseases and injuries and the risk factors that cause them is important as it can inform health decision-making and health care planning. |
| Definition | Disability-adjusted life years (DALYs) is a time-based measure combining years of life lost (YLL) due to premature mortality and years of life lost due to time lived in states of less than full health (YLD). Therefore, DALYs for alcohol use disorders as well as for drug use disorders are defined and calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for incident cases of the health condition. One DALY can be thought of as one lost year of "healthy" life and the burden of disease as a measurement of the gap between the current health of a population and an ideal situation where everyone in the population lives into old age in full health. DALYS for alcohol use disorders and drug use disorders include age-weighting and time discounting. 3% discounting and non-uniform age weighting was used, resulting in less weight given to years lived at young and older ages. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | See Global Burden of Disease study, 2004. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | For more information on disability weights, discounting and age weighting of DALYs please access the following link: http://www.who.int/healthinfo/global_burden_disease/daly_disability_weight/en/index.htm |

Contact Person

NMH/MSD/MSB (msb@who.int)

Age-standardized death rates, alcohol and drug use disorders, per 100 000

| | |
|--|---|
| Indicator ID | 2500 |
| Indicator name | Age-standardized death rates, alcohol and drug use disorders, per 100 000 |
| Name abbreviated | Age-standardized death rates, alcohol and drug use disorders |
| Data Type Representation | Rate |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Age-standardized deaths rates for specific causes facilitate the assessment of the comparative importance of diseases, injuries and risk factors in causing premature death in different populations. Comparison of cause-specific mortality risks across countries is facilitated by the use of age-standardized death rates to adjust for differences in population age distributions. |
| Definition | The number of deaths from alcohol use disorders as well as from drug use disorders in the total population of the respective country; data are from the 2004 Global Burden of Disease study and are based on attributable fractions associated with major causes of death. Death rates for alcohol use disorders and for drug use disorders were age-standardized by applying age-specific death rates for the country to a global standard population. |
| Associated terms | |
| Preferred data sources | Vital registration with complete coverage and medical certification of cause of death |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | See Global Burden of Disease estimates, 2004. Calculation based on attributable fractions associated with major causes of death. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | Deaths per 100 000 population |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | For more information on the Global Burden of Disease study please access the following link: http://www.who.int/healthinfo/global_burden_disease/about/en/index.html |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Beds for the treatment of substance use disorders, per 100 000

| | |
|--|--|
| Indicator ID | 2539 |
| Indicator name | Beds for the treatment of substance use disorders, per 100 000 |
| Name abbreviated | Beds |
| Data Type Representation | Count |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | The number of beds for the treatment of alcohol and drug use disorders may provide information on the capacity of the health care system (i.e. inpatient care). The number of hospital beds is one of the metrics used for health care planning. |
| Definition | The total number of hospital beds at the national level which are available for the treatment of alcohol and drug use disorders, expressed per 100 000 population. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Budget line for substance use disorder prevention

| | |
|--|--|
| Indicator ID | 2568 |
| Indicator name | Budget line for substance use disorder prevention |
| Name abbreviated | Budget line for prevention |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | The existence of a budget line in the annual budget of the government which is reserved for the prevention of substance use disorders can provide financial means to develop, maintain and strengthen prevention activities and prevention services at the national level. |
| Definition | A regular source of funds available in the annual budget of the government which is allocated for actions directed towards the prevention and prevention services for substance use disorders. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Budget line for substance use disorder treatment

| | |
|--|--|
| Indicator ID | 2518 |
| Indicator name | Budget line for substance use disorder treatment |
| Name abbreviated | Budget line for treatment |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | The existence of a budget line in the annual budget of the government which is reserved for substance use disorder treatment can provide financial means to develop, maintain and strengthen treatment and treatment services at the national level. |
| Definition | A regular source of funds available in the annual budget of the government which is allocated for actions directed towards treatment and treatment services for substance use disorders. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Buprenorphine provision in clinical and community-based settings

| | |
|--|--|
| Indicator ID | 2553 |
| Indicator name | Buprenorphine provision in clinical and community-based settings |
| Name abbreviated | Buprenorphine provision |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | According to the national context of the country, a variety of clinical and community-based settings can be involved in the provision of agonist pharmacotherapy for the treatment of opioid dependence. |
| Definition | Provision of buprenorphine in clinical and community-based settings, i.e. provision of buprenorphine in (1) public general hospitals, (2) public mental health hospitals, (3) public drug treatment centers, (4) private treatment centers, (5) private practice, (6) primary health care, (7) community pharmacies or (8) prisons in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Buprenorphine used for detoxification or maintenance

| | |
|--|--|
| Indicator ID | 2549 |
| Indicator name | Buprenorphine used for detoxification or maintenance |
| Name abbreviated | Buprenorphine treatment purpose |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Opioid agonists such as buprenorphine are therapeutic drugs used for the management of opioid dependence. In clinical practice, they are used for opioid agonist maintenance therapy or withdrawal management. Buprenorphine has a strong evidence base for its use, and has been placed on the WHO model list of essential medicines. |
| Definition | The treatment purpose of using buprenorphine for the management of opioid dependence, i.e. buprenorphine is primarily used for maintenance and/or medical detoxification. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Buprenorphine used for the treatment of opioid dependence

| | |
|--|---|
| Indicator ID | 2548 |
| Indicator name | Buprenorphine used for the treatment of opioid dependence |
| Name abbreviated | Buprenorphine treatment |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Opioid agonists such as buprenorphine are therapeutic drugs used for the management of opioid dependence. In clinical practice, they are used for opioid agonist maintenance therapy or withdrawal. Buprenorphine has a strong evidence base for its use, and has been placed on the WHO model list of essential medicines. |
| Definition | Use of buprenorphine in clinical practice for the management of opioid dependence (detoxification or maintenance treatment). |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Buprenorphine/naloxone provision in clinical and community-based settings

| | |
|--|--|
| Indicator ID | 2554 |
| Indicator name | Buprenorphine/naloxone provision in clinical and community-based settings |
| Name abbreviated | Buprenorphine/naloxone provision |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | According to the national context of the country, a variety of clinical and community-based settings can be involved in the provision of opioid agonist pharmacotherapy for the treatment of opioid dependence. |
| Definition | Provision of buprenorphine/naloxone in clinical and community-based settings, i.e. provision of buprenorphine/naloxone in (1) public general hospitals, (2) public mental health hospitals, (3) public drug treatment centers, (4) private treatment centers, (5) private practice, (6) primary health care, (7) community pharmacies or (8) prisons in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Buprenorphine/naloxone used for detoxification or maintenance

| | |
|--|--|
| Indicator ID | 2551 |
| Indicator name | Buprenorphine/naloxone used for detoxification or maintenance |
| Name abbreviated | Buprenorphine/naloxone treatment purpose |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Buprenorphine/naloxone formulation is a therapeutic drug used for the management of opioid dependence. In clinical practice, it is used for opioid agonist maintenance therapy or withdrawal management. |
| Definition | The treatment purpose of using buprenorphine/naloxone for the management of opioid dependence, i.e. buprenorphine/naloxone is primarily used for maintenance and/or medical detoxification. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Buprenorphine/naloxone used for the treatment of opioid dependence

| | |
|--|--|
| Indicator ID | 2550 |
| Indicator name | Buprenorphine/naloxone used for the treatment of opioid dependence |
| Name abbreviated | Buprenorphine/naloxone treatment |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Buprenorphine/naloxone formulation is a therapeutic drug used for the management of opioid dependence. In clinical practice, it is used for opioid agonist maintenance therapy or withdrawal management. |
| Definition | Use of buprenorphine/naloxone in clinical practice for the management of opioid dependence (detoxification or maintenance treatment). |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Clinical supervision of health care staff

| | |
|--|---|
| Indicator ID | 2575 |
| Indicator name | Clinical supervision of health care staff |
| Name abbreviated | Clinical supervision |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The existence of a system of clinical supervision of (1) doctors, (2) psychologists, (3) nurses and (4) social workers who work with patients having substance use disorders. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Commencement of treatment with opioid agonists

| | |
|--|---|
| Indicator ID | 2561 |
| Indicator name | Commencement of treatment with opioid agonists |
| Name abbreviated | Commencement of treatment |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The type of treatment service in the country (i.e. inpatient or outpatient treatment service) in which opioid agonist pharmacotherapy (i.e. methadone, buprenorphine or buprenorphine/naloxone) is primarily commenced. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Confidentiality of health records on substance use disorders protected by law

| | |
|--|---|
| Indicator ID | 2516 |
| Indicator name | Confidentiality of health records on substance use disorders protected by law |
| Name abbreviated | Confidentiality of health records |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | Existence of a national law ensuring that personal health records of people in treatment for alcohol and use drug disorders are treated in a confidential manner, i.e. personal health records are not shared with third persons who are not authorized to view this information. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Data on substance use disseminated in national annual reports

| | |
|--|--|
| Indicator ID | 2507 |
| Indicator name | Data on substance use disseminated in national annual reports |
| Name abbreviated | Annual reports |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Dissemination of information is an important final step of health monitoring and surveillance, sharing the information with the public and allowing relevant stakeholders to act on the knowledge gained. |
| Definition | Data on alcohol and drugs are disseminated in national annual reports. An annual national report is referring to a written report issued on a yearly basis by the government including information and data on psychoactive substance use, health or social services utilization, availability of resources for substance use disorders, economic aspects or any other important information which is related to psychoactive substance use. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Drug courts

| | |
|--|---|
| Indicator ID | 2514 |
| Indicator name | Drug courts |
| Name abbreviated | Drug courts |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Drug courts are specific courts in the justice system dealing with (usually non-violent) drug offenders. Contrary to the traditional justice system case processing, drug courts provide a specific programme for drug use disorders to their clients involving substance use disorder treatment and other social services. |
| Definition | The existence of courts in the country, dealing specifically with (non-violent) drug offenders. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Epidemiological data collection system for substance use disorders

| | |
|--|--|
| Indicator ID | 2504 |
| Indicator name | Epidemiological data collection system for substance use disorders |
| Name abbreviated | Epidemiological data collection system |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Health information systems comprising epidemiological or service-based records generate health information which can facilitate evidence-based decision making at the national level. |
| Definition | Existence of an epidemiological data collection system for substance use disorders in the country. An epidemiological data collection system refers to an organized epidemiological surveillance/monitoring system and/or data repository incorporating information of epidemiological studies and surveys collecting data on the prevalence of substance use and substance use disorders, patterns of substance use and other similar information of the health system. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Essential list of medicines

| | |
|--|---|
| Indicator ID | 2565 |
| Indicator name | Essential list of medicines |
| Name abbreviated | Essential list of medicines |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Essential medicines are those that satisfy the priority health care needs of the population. An officially approved list of essential drugs existing in the country can be adapted from the WHO Model List of Essential Medicines. |
| Definition | Existence of an officially approved list of essential medicines which the country has adopted. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | For more information on the WHO model lists of essential medicines please access the following link: http://www.who.int/medicines/publications/essentialmedicines/en/ |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Essential list of medicines, pharmacotherapy for substance use disorders

| | |
|--|---|
| Indicator ID | 2566 |
| Indicator name | Essential list of medicines, pharmacotherapy for substance use disorders |
| Name abbreviated | Essential list of medicines, pharmacotherapy |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | Inclusion of methadone, buprenorphine, naltrexone, naloxone, disulfiram, acamprosate or benzodiazepines in the officially approved list of essential medicines which the country has adopted. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | For more information on the WHO model lists of essential medicines please access the following link: http://www.who.int/medicines/publications/essentialmedicines/en/ |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Financing method for substance use disorder treatment

| | |
|--|--|
| Indicator ID | 2519 |
| Indicator name | Financing method for substance use disorder treatment |
| Name abbreviated | Financing method for treatment |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Health financing can be an important component of broader efforts to ensure social protection in health. |
| Definition | The most important financing method for the patient to pay for substance use disorder treatment and treatment services. The most important financing method refers to the specific funding method, i.e. (1) tax-based funding, (2) hypothecated taxes, (3) out-of-pocket payments, (4) social health insurance, (5) private insurance, (6) NGO-funding or financing by NGOs, (7) external grant or (8) any other financing method which results in the highest treatment coverage of the population at the national level. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Funding method for substance use disorder prevention

| | |
|--|---|
| Indicator ID | 2569 |
| Indicator name | Funding method for substance use disorder prevention |
| Name abbreviated | Funding method for prevention |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The most important funding method of the country (e.g. through money from the federal government, state government, local government, private donations, local groups, local foundations, NGOs, external grants, international organizations or any other institution) to finance prevention and prevention services for substance use disorders. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Government benefits for alcohol use disorders, subsidy or disability pension

| | |
|--|--|
| Indicator ID | 2521 |
| Indicator name | Government benefits for alcohol use disorders, subsidy or disability pension |
| Name abbreviated | Government benefits for alcohol use disorders |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Benefits may be provided by the government from public funds to persons with alcohol use disorders as alcohol use disorders can cause considerable impairment leading to functional limitations. Benefits can be provided in different formats and may include disability pensions or subsidies for food or housing. |
| Definition | Provision of government benefits in form of (1) subsidies for food or housing, or (2) in the form of a disability pension to persons with alcohol use disorders in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Government benefits for drug use disorders, subsidy or disability pension

| | |
|--|--|
| Indicator ID | 2522 |
| Indicator name | Government benefits for drug use disorders, subsidy or disability pension |
| Name abbreviated | Government benefits for drug use disorders |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Benefits may be provided by the government from public funds to persons with drug use disorders as drug use disorders can cause considerable impairment leading to functional limitations. Benefits can be provided in different formats and may include disability pensions or subsidies for food or housing. |
| Definition | Provision of government benefits in form of (1) subsidies for food or housing, or (2) in the form of a disability pension to persons with drug use disorders in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Government benefits for persons with substance use disorders

| | |
|--|--|
| Indicator ID | 2520 |
| Indicator name | Government benefits for persons with substance use disorders |
| Name abbreviated | Government benefits for substance use disorders |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Benefits may be provided by the government from public funds to persons with substance use disorders as substance use disorders can cause considerable impairment leading to functional limitations. Benefits can be provided in different formats and may include disability pensions or subsidies for food or housing. |
| Definition | Provision of government benefits to persons with substance use disorders in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Government unit for substance use disorder prevention

| | |
|--|--|
| Indicator ID | 2567 |
| Indicator name | Government unit for substance use disorder prevention |
| Name abbreviated | Government unit for prevention |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | Presence of a government unit or a governmental official in the country who is responsible for prevention and prevention services for substance use disorders at the national level. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Government unit for substance use disorder treatment

| | |
|--|---|
| Indicator ID | 2517 |
| Indicator name | Government unit for substance use disorder treatment |
| Name abbreviated | Government unit for treatment |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The presence of a government unit or a governmental official in the country who is responsible for treatment and treatment services for substance use disorders at the national level. In this context, treatment services are referring to both inpatient and outpatient treatment services. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Groups and agencies for the prevention of substance use disorders

| | |
|--|---|
| Indicator ID | 2582 |
| Indicator name | Groups and agencies for the prevention of substance use disorders |
| Name abbreviated | Groups and agencies |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Most countries have some activities to prevent substance use and related harms, but there is considerable variability as to which groups and agencies carry out prevention activities. |
| Definition | Groups and agencies such as religious groups, traditional healers, social workers, schools, community groups, employers, labour organizations, health care workers, law enforcement agencies or international organizations which are involved in the prevention of substance use disorders in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Guidelines on the pharmacological treatment of substance use disorders

| | |
|--|--|
| Indicator ID | 2511 |
| Indicator name | Guidelines on the pharmacological treatment of substance use disorders |
| Name abbreviated | Guidelines |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Clinical guidelines promote best practices and recommend common procedures for the diagnosis, management and treatment of different conditions. |
| Definition | Existence of a guideline on the pharmacological treatment of substance use disorders in the country. A guideline on the pharmacological treatment of substance use disorders refers to a document guiding decisions and criteria on diagnosis, management and treatment of persons with substance use disorders. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Harm reduction programmes for IDUs

| | |
|--|--|
| Indicator ID | 2573 |
| Indicator name | Harm reduction programmes for IDUs |
| Name abbreviated | Harm reduction programmes |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | Existence of harm reduction programmes for injecting drug users (IDUs) in the country such as needle exchange programmes in the community, needle exchange programmes in prisons, supervised injection facilities, outreach services, naloxone distribution, bleach distribution in the community or bleach distribution in prisons. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Health professionals mostly involved in treatment of substance use disorders

| | |
|--|---|
| Indicator ID | 2574 |
| Indicator name | Health professionals mostly involved in treatment of substance use disorders |
| Name abbreviated | Health professionals |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The group of health professionals who are mostly involved in the provision of treatment for alcohol and drug use disorders, i.e. the group of health professionals in the country who are responsible for the highest treatment coverage of the population in need. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Legislative provision for compulsory treatment

| | |
|--|---|
| Indicator ID | 2513 |
| Indicator name | Legislative provision for compulsory treatment |
| Name abbreviated | Compulsory treatment |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The existence of a special legislative provision for the compulsory treatment of persons with substance use disorders in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Legislative provision for treatment and rehabilitation of substance use disorders

| | |
|--|--|
| Indicator ID | 2512 |
| Indicator name | Legislative provision for treatment and rehabilitation of substance use disorders |
| Name abbreviated | Treatment and rehabilitation |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The presence of a legislative provision pertaining to treatment and rehabilitation for persons with substance use disorders in the country; e.g. in the form of a legislative provision for alcohol and/or drug treatment and rehabilitation in mental health legislation, social care legislation, or general health legislation. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Length of stay for inpatient detoxification, days

| | |
|--|---|
| Indicator ID | 2540 |
| Indicator name | Length of stay for inpatient detoxification, days |
| Name abbreviated | Inpatient detoxification |
| Data Type Representation | Count |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Average length of stay is one of the metrics used to assess system performance. |
| Definition | The average length of stay in an inpatient / residential service for alcohol and drug detoxification, expressed in number of days. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | Days |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Length of stay for inpatient long-term residential treatment, days

| | |
|--|---|
| Indicator ID | 2542 |
| Indicator name | Length of stay for inpatient long-term residential treatment, days |
| Name abbreviated | Inpatient long-term residential treatment |
| Data Type Representation | Count |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Average length of stay is one of the metrics used to assess system performance. |
| Definition | The average length of stay for long-term residential treatment of alcohol and drug use disorders, expressed in number of days. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | Days |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Length of stay for inpatient short-term treatment, days

| | |
|--|---|
| Indicator ID | 2541 |
| Indicator name | Length of stay for inpatient short-term treatment, days |
| Name abbreviated | Inpatient short-term treatment |
| Data Type Representation | Count |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Average length of stay is one of the metrics used to assess system performance. |
| Definition | The average length of stay in an inpatient / residential service for short-term treatment of alcohol and drug use disorders, expressed in number of days. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | Days |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Methadone formulation used for the treatment of opioid dependence

| | |
|--|--|
| Indicator ID | 2547 |
| Indicator name | Methadone formulation used for the treatment of opioid dependence |
| Name abbreviated | Methadone formulation |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Opioid agonists such as methadone are therapeutic drugs used for the management of opioid dependence. In clinical practice, they are used for opioid agonist maintenance therapy or withdrawal management. Methadone has a strong evidence base for its use, and has been placed on the WHO model list of essential medicines. |
| Definition | The formulation of methadone (i.e. in tablet form or as syrup) which is primarily dispensed for the treatment of opioid dependence. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Methadone provision in clinical and community-based settings

| | |
|--|---|
| Indicator ID | 2552 |
| Indicator name | Methadone provision in clinical and community-based settings |
| Name abbreviated | Methadone provision |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | According to the national context of the country, a variety of clinical and community-based settings can be involved in the provision of agonist pharmacotherapy for the treatment of opioid dependence. |
| Definition | Provision of methadone in clinical and community-based settings for the treatment of opioid dependence, i.e. provision of methadone in (1) public general hospitals, (2) public mental health hospitals, (3) public drug treatment centers, (4) private treatment centers, (5) private practice, (6) primary health care, (7) community pharmacies or (8) prisons in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Methadone used for detoxification or maintenance

| | |
|--|---|
| Indicator ID | 2546 |
| Indicator name | Methadone used for detoxification or maintenance |
| Name abbreviated | Methadone treatment purpose |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Opioid agonists such as methadone are therapeutic drugs used for the management of opioid dependence. In clinical practice, they are used for opioid agonist maintenance therapy or withdrawal. Methadone has a strong evidence base for its use, and has been placed on the WHO model list of essential medicines. |
| Definition | The treatment purpose of using methadone for the management of opioid dependence, i.e. methadone is primarily used for maintenance or medical detoxification. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Methadone used for the treatment of opioid dependence

| | |
|--|--|
| Indicator ID | 2545 |
| Indicator name | Methadone used for the treatment of opioid dependence |
| Name abbreviated | Methadone treatment |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Opioid agonists such as methadone are therapeutic drugs used for the management of opioid dependence. In clinical practice, they are used for opioid agonist maintenance therapy or withdrawal management. Methadone has a strong evidence base for its use, and has been placed on the WHO model list of essential medicines. |
| Definition | Use of methadone in clinical practice for the management of opioid dependence (detoxification or maintenance treatment). |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

National survey on substance use among children and adolescents

| | |
|--|--|
| Indicator ID | 2506 |
| Indicator name | National survey on substance use among children and adolescents |
| Name abbreviated | National survey |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | National surveys collecting information on substance use in a standardized manner can generate national representative data which can facilitate evidence-based decision making. Trends can be monitored at the national level if the same survey is carried out periodically among the same population in the future. |
| Definition | The existence of a survey to collect regularly information on psychoactive substance use among children and adolescents at the national level. This includes school-based and youth health surveys which include but are not limited to the collection of data on psychoactive substance use. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

NGOs for alcohol use disorders

| | |
|--|---|
| Indicator ID | 2579 |
| Indicator name | NGOs for alcohol use disorders |
| Name abbreviated | NGOs for alcohol use disorders |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | Existence of NGOs in the country working on alcohol use disorders in the area of (1) advocacy, (2) prevention, (3) treatment or (4) rehabilitation. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

NGOs for drug use disorders

| | |
|--|---|
| Indicator ID | 2580 |
| Indicator name | NGOs for drug use disorders |
| Name abbreviated | NGOs for drug use disorders |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | Existence of NGOs in the country working on drug use disorders in the area of (1) advocacy, (2) prevention, (3) treatment or (4) rehabilitation. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Open access services for substance use disorders

| | |
|--|--|
| Indicator ID | 2537 |
| Indicator name | Open access services for substance use disorders |
| Name abbreviated | Open access services |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Persons with substance use disorders can obtain free advice and information from open access services like telephone help lines or drop-in services. Some open access services provide information and advice on an anonymous basis, and are often the first contact point for persons seeking help and support. Clients using open access services may seek advice on their own alcohol/drug use or on the alcohol/drug use of a family member or friend. |
| Definition | The existence of open assess services for substance use disorders in the country such as (1) telephone help lines, (2) web-based interventions, (3) drop-in services or (4) community outreach and advice. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Opioid agonist pharmacotherapy used for the treatment of opioid dependence (detoxification or maintenance)

| | |
|--|--|
| Indicator ID | 2543 |
| Indicator name | Opioid agonist pharmacotherapy used for the treatment of opioid dependence (detoxification or maintenance) |
| Name abbreviated | Opioid agonist pharmacotherapy (detoxification or maintenance) |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Opioid agonists such as methadone or buprenorphine are therapeutic drugs used for the management of opioid dependence. In clinical practice, they are used for opioid agonist maintenance therapy or withdrawal. Methadone and buprenorphine have a strong evidence base for their use, and have been placed on the WHO model list of essential medicines. |
| Definition | Availability of opioid agonist pharmacotherapy (such as methadone, buprenorphine or buprenorphine/naloxone) for detoxification or maintenance treatment of opioid dependence. Opioid agonist pharmacotherapy is defined as the administration of thoroughly evaluated opioid agonists, by accredited professionals, in the framework of recognized medical practice to people with opioid dependence for achieving defined treatment aims. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Opioid agonist pharmacotherapy used for the treatment of opioid dependence (maintenance)

| | |
|--|---|
| Indicator ID | 2718 |
| Indicator name | Opioid agonist pharmacotherapy used for the treatment of opioid dependence (maintenance) |
| Name abbreviated | Opioid agonist pharmacotherapy (maintenance) |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Opioid agonists such as methadone or buprenorphine are therapeutic drugs used for the management of opioid dependence. In clinical practice, they are used for opioid agonist maintenance therapy or withdrawal management. Methadone and buprenorphine have a strong evidence base for their use, and have been placed on the WHO model list of essential medicines. |
| Definition | Availability of opioid agonist pharmacotherapy (such as with methadone, buprenorphine or buprenorphine/naloxone) for maintenance treatment of opioid dependence. Opioid agonist pharmacotherapy is defined as the administration of thoroughly evaluated opioid agonists, by accredited professionals, in the framework of recognized medical practice to people with opioid dependence for achieving defined treatment aims. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Pharmacotherapy used for the management of alcohol withdrawal

| | |
|--|---|
| Indicator ID | 2562 |
| Indicator name | Pharmacotherapy used for the management of alcohol withdrawal |
| Name abbreviated | Alcohol withdrawal |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The type of pharmacotherapy (i.e. using benzodiazepines, acamprosate, gabapentin, tiagabine, alcohol infusion, chlorpromazine or new antipsychotics) which is used by health professionals in clinical settings for the management of alcohol withdrawal. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Pharmacotherapy used for the management of benzodiazepine withdrawal

| | |
|--|--|
| Indicator ID | 2563 |
| Indicator name | Pharmacotherapy used for the management of benzodiazepine withdrawal |
| Name abbreviated | Benzodiazepine withdrawal |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The type of pharmacotherapy (i.e. gradual benzodiazepine reduction, carbamazepine or flumazenil) which is used by health professionals in clinical settings for the management of benzodiazepine withdrawal. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Pharmacotherapy used for the management of cannabis withdrawal

| | |
|--|--|
| Indicator ID | 2564 |
| Indicator name | Pharmacotherapy used for the management of cannabis withdrawal |
| Name abbreviated | Cannabis withdrawal |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The type of pharmacotherapy (i.e. using benzodiazepines, antipsychotics or neuroleptics) which is used by health professionals in clinical settings for the management of cannabis withdrawal. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Point prevalence (%), alcohol use disorders, 15+ years

| | |
|--|---|
| Indicator ID | 2497 |
| Indicator name | Point prevalence (%), alcohol use disorders, 15+ years |
| Name abbreviated | Prevalence of alcohol use disorders |
| Data Type Representation | Percent |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | The disease prevalence indicates how common a disorder is in a defined population. Disease prevalence can also provide information about the potential need for treatment. |
| Definition | The proportion of persons in the population 15+ years who have alcohol use disorders; data are from the 2004 Global Burden of Disease study. Alcohol use disorders included in the 2004 Global Burden of Disease analysis included alcohol dependence and the harmful use of alcohol. The definitions of dependence and harmful use that were used were the ICD-10 definitions. |
| Associated terms | |
| Preferred data sources | Specific population surveys |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | See Global Burden of Disease estimates, 2004. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | Sex |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | For more information on the Global Burden of Disease study please access the following link: http://www.who.int/healthinfo/global_burden_disease/about/en/index.html |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Point prevalence (%), drug use disorders, 15+ years

| | |
|--|---|
| Indicator ID | 2498 |
| Indicator name | Point prevalence (%), drug use disorders, 15+ years |
| Name abbreviated | Prevalence of drug use disorders |
| Data Type Representation | Percent |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | The disease prevalence indicates how common a disorder is in a defined population. Disease prevalence can provide information about the potential need for treatment. |
| Definition | The proportion of persons in the population 15+ years who have drug use disorders; data are from the 2004 Global Burden of Disease study. Drug use disorders included in the 2004 Global Burden of Disease analysis included opioid dependence and harmful use of opioids, and cocaine dependence and harmful use of cocaine. The definitions of dependence and harmful use that were used were the ICD-10 definitions. |
| Associated terms | |
| Preferred data sources | Specific population surveys |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | See Global Burden of Disease estimates, 2004. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | Sex |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | For more information on the Global Burden of Disease study please access the following link: http://www.who.int/healthinfo/global_burden_disease/about/en/index.html |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Policy documents on the pharmacological treatment of substance use disorders

| | |
|--|---|
| Indicator ID | 2510 |
| Indicator name | Policy documents on the pharmacological treatment of substance use disorders |
| Name abbreviated | Policy documents on pharmacological treatment |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | Existence of a policy document in the country outlining the policy on pharmacological treatment of substance use disorders. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Prescription requirements for buprenorphine

| | |
|--|---|
| Indicator ID | 2559 |
| Indicator name | Prescription requirements for buprenorphine |
| Name abbreviated | Buprenorphine prescription |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The authorization of different groups of doctors and other health professionals in the country (i.e. medical doctors with any specialization, doctors specialized in addiction medicine or non-doctors) to prescribe buprenorphine for the management of opioid dependence. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Prescription requirements for buprenorphine/naloxone

| | |
|--|--|
| Indicator ID | 2560 |
| Indicator name | Prescription requirements for buprenorphine/naloxone |
| Name abbreviated | Buprenorphine/naloxone prescription |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The authorization of different groups of doctors and other health professionals in the country (i.e. medical doctors with any specialization, doctors specialized in addiction medicine or non-doctors) to prescribe buprenorphine/naloxone for the management of opioid dependence. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Prescription requirements for methadone

| | |
|--|---|
| Indicator ID | 2558 |
| Indicator name | Prescription requirements for methadone |
| Name abbreviated | Methadone prescription |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The authorization of different groups of doctors and other health professionals in the country (i.e. medical doctors with any specialization, doctors specialized in addiction medicine or non-doctors) to prescribe methadone for the management of opioid dependence. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Prevention activities for substance use disorders, main focus

| | |
|--|---|
| Indicator ID | 2570 |
| Indicator name | Prevention activities for substance use disorders, main focus |
| Name abbreviated | Prevention activities |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Prevention activities and programmes carried out in countries differ in their focus and extent to which different psychoactive substances are addressed. Prevention activities implemented at the national level may focus on drug prevention or on alcohol prevention only, or may focus on both alcohol and drug prevention to the same extent. |
| Definition | The availability and focus of prevention activities for substance use disorders in the country, i.e. whether prevention activities at the national level address both alcohol and drug prevention, or address alcohol prevention or drug prevention only. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Programmes diverting clients from the justice system towards treatment

| | |
|--|---|
| Indicator ID | 2515 |
| Indicator name | Programmes diverting clients from the justice system towards treatment |
| Name abbreviated | Justice system programmes |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | Existence of programmes which encourage the use of treatment rather than punishment in response to people with drug use disorders who come into contact with the criminal justice system. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Programmes for the prevention of substance use disorders for special populations

| | |
|--|--|
| Indicator ID | 2571 |
| Indicator name | Programmes for the prevention of substance use disorders for special populations |
| Name abbreviated | Prevention programmes for special populations |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Certain population groups are more likely to use psychoactive substances and are more likely to develop substance-related problems. Substance use prevention programmes for special populations have the potential to tailor the content of the programme to the specific needs of the group. |
| Definition | Existence of programmes for the prevention of substance use disorders for special population groups such as for children and adolescents, children and families at risk, pregnant women, indigenous populations, minority groups, refugees, prisoners, people with HIV/AIDS or commercial sex workers. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Psychoactive substance causing entry into treatment

| | |
|--|--|
| Indicator ID | 2503 |
| Indicator name | Psychoactive substance causing entry into treatment |
| Name abbreviated | Psychoactive substance at treatment entry |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Psychoactive substance causing entry into treatment provides information about the need for treatment of disorders due to the use of different psychoactive substances. |
| Definition | Psychoactive substance at treatment entry indicates the main psychoactive substance (e.g. alcohol, cannabis, cocaine, amphetamine-type stimulants, inhalants, sedatives, hallucinogens, opioids or any other psychoactive substance) which is responsible for the majority of treatment entries in the population of the respective country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Screening and brief interventions for substance use and substance use disorders

| | |
|--|--|
| Indicator ID | 2572 |
| Indicator name | Screening and brief interventions for substance use and substance use disorders |
| Name abbreviated | Screening and brief interventions |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Screening and brief interventions for substance use in primary health care can be an efficient way to identify persons with hazardous and harmful drinking and illicit drug use, provide interventions, and/or refer these patients to specialized treatment services if indicated. Screening provides an opportunity to educate patients about substance use, it informs the diagnoses and its impact on the patient's conditions and allows the opportunity for practitioners to take timely interventions. Brief interventions provide the possibility of initial management for early stages of disorders and facilitate referral at later stages to specialized treatment services. |
| Definition | Implementation of screening and brief interventions for substance use and substance use disorders in primary health care. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Sector for inpatient detoxification of alcohol use disorders

| | |
|--|--|
| Indicator ID | 2523 |
| Indicator name | Sector for inpatient detoxification of alcohol use disorders |
| Name abbreviated | Alcohol detoxification, inpatient |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Countries differ in the extent to which different public or private sectors are involved in the provision of treatment for substance use disorders. |
| Definition | The most important sector (i.e. the public health sector, the law enforcement sector, the social care sector, the private sector, joint public/private ventures or NGOs) which is responsible for the highest treatment coverage of inpatient alcohol detoxification in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Sector for inpatient detoxification of drug use disorders

| | |
|--|---|
| Indicator ID | 2528 |
| Indicator name | Sector for inpatient detoxification of drug use disorders |
| Name abbreviated | Drug detoxification, inpatient |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Countries differ in the extent to which different public or private sectors are involved in the provision of treatment for substance use disorders. |
| Definition | The most important sector (i.e. the public health sector, the law enforcement sector, the social care sector, the private sector, joint public/private ventures or NGOs) which is responsible for the highest treatment coverage of inpatient drug detoxification in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Sector for inpatient treatment of alcohol dependence

| | |
|--|--|
| Indicator ID | 2524 |
| Indicator name | Sector for inpatient treatment of alcohol dependence |
| Name abbreviated | Alcohol dependence, inpatient |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Countries differ in the extent to which different public or private sectors are involved in the provision of treatment for substance use disorders. |
| Definition | The most important sector (i.e. the public health sector, the law enforcement sector, the social care sector, the private sector, joint public/private ventures or NGOs) which is responsible for the highest treatment coverage of inpatient alcohol dependence treatment in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Sector for inpatient treatment of drug dependence

| | |
|--|---|
| Indicator ID | 2529 |
| Indicator name | Sector for inpatient treatment of drug dependence |
| Name abbreviated | Drug dependence, inpatient |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Countries differ in the extent to which different public or private sectors are involved in the provision of treatment for substance use disorders. |
| Definition | The most important sector (i.e. the public health sector, the law enforcement sector, the social care sector, the private sector, joint public/private ventures or NGOs) which is responsible for the highest treatment coverage of inpatient drug dependence treatment in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Sector for outpatient treatment of alcohol dependence

| | |
|--|---|
| Indicator ID | 2525 |
| Indicator name | Sector for outpatient treatment of alcohol dependence |
| Name abbreviated | Alcohol dependence, outpatient |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Countries differ in the extent to which different public or private sectors are involved in the provision of treatment for substance use disorders. |
| Definition | The most important sector (i.e. the public health sector, the law enforcement sector, the social care sector, the private sector, joint public/private ventures or NGOs) which is responsible for the highest treatment coverage of outpatient alcohol dependence treatment in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Sector for outpatient treatment of drug dependence

| | |
|--|--|
| Indicator ID | 2530 |
| Indicator name | Sector for outpatient treatment of drug dependence |
| Name abbreviated | Drug dependence, outpatient |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Countries differ in the extent to which different public or private sectors are involved in the provision of treatment for substance use disorders. |
| Definition | The most important sector (i.e. the public health sector, the law enforcement sector, the social care sector, the private sector, joint public/private ventures or NGOs) which is responsible for the highest treatment coverage of outpatient drug dependence treatment in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Sector for residential long-term rehabilitation of alcohol use disorders

| | |
|--|---|
| Indicator ID | 2527 |
| Indicator name | Sector for residential long-term rehabilitation of alcohol use disorders |
| Name abbreviated | Alcohol long-term rehabilitation |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Countries differ in the extent to which different public or private sectors are involved in the provision of treatment for substance use disorders. |
| Definition | The most important sector (i.e. the public health sector, the law enforcement sector, the social care sector, the private sector, joint public/private ventures or NGOs) which is responsible for the highest treatment coverage of residential long-term rehabilitation of alcohol use disorders in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Sector for residential long-term rehabilitation of drug use disorders

| | |
|--|---|
| Indicator ID | 2532 |
| Indicator name | Sector for residential long-term rehabilitation of drug use disorders |
| Name abbreviated | Drug long-term rehabilitation |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Countries differ in the extent to which different public or private sectors are involved in the provision of treatment for substance use disorders. |
| Definition | The most important sector (i.e. the public health sector, the law enforcement sector, the social care sector, the private sector, joint public/private ventures or NGOs) which is responsible for the highest treatment coverage of residential long-term rehabilitation of drug use disorders the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Sector for substitution maintenance therapy of opioid dependence

| | |
|--|--|
| Indicator ID | 2531 |
| Indicator name | Sector for substitution maintenance therapy of opioid dependence |
| Name abbreviated | Substitution maintenance therapy |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Countries differ in the extent to which different public or private sectors are involved in the provision of treatment for substance use disorders. |
| Definition | The most important sector (i.e. the public health sector, the law enforcement sector, the social care sector, the private sector, joint public/private ventures or NGOs) which is responsible for the highest treatment coverage of substitution maintenance therapy of opioid dependence the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Sector for the treatment of alcohol-induced psychoses and other alcohol-induced other psychiatric conditions

| | |
|--|--|
| Indicator ID | 2526 |
| Indicator name | Sector for the treatment of alcohol-induced psychoses and other alcohol-induced other psychiatric conditions |
| Name abbreviated | Alcohol-induced psychoses |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Countries differ in the extent to which different public or private sectors are involved in the provision of treatment and treatment services for substance use disorders. |
| Definition | The most important sector (i.e. the public health sector, the law enforcement sector, the social care sector, the private sector, joint public/private ventures or NGOs) which is responsible for the highest treatment coverage of alcohol-induced psychoses and other alcohol-induced psychiatric conditions in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Self-help groups for substance use disorders

| | |
|--|---|
| Indicator ID | 2581 |
| Indicator name | Self-help groups for substance use disorders |
| Name abbreviated | Self-help groups |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The existence of self-help groups in the country such as (1) Alcoholics Anonymous, (2) Narcotics Anonymous, (3) Cocaine Anonymous or (4) Al-Anon/Alateen. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Service delivery data collection system for substance use disorders

| | |
|--|---|
| Indicator ID | 2505 |
| Indicator name | Service delivery data collection system for substance use disorders |
| Name abbreviated | Service delivery data collection system |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Health information systems comprising epidemiological or service-based records generate health information which can facilitate evidence-based decision making at the national level. |
| Definition | Existence of a service delivery data collection system for substance use disorders in the country. A service delivery data collection system refers to an organized data repository storing activity data on treatment services for substance use disorders such as information on admission and discharge data, number of outpatient contacts and other similar information. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Specialized treatment services for drug use disorders and HIV/AIDS

| | |
|--|---|
| Indicator ID | 2535 |
| Indicator name | Specialized treatment services for drug use disorders and HIV/AIDS |
| Name abbreviated | Drug use disorders and HIV/AIDS |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Persons with drug use disorders who have an infectious disease like HIV/AIDS or TB require special assistance, treatment and care. |
| Definition | The existence of specialized treatment services for persons with drug use disorders and HIV/AIDS (including injecting drug users). |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Specialized treatment services for substance use disorders and TB

| | |
|--|---|
| Indicator ID | 2536 |
| Indicator name | Specialized treatment services for substance use disorders and TB |
| Name abbreviated | Substance use disorders and TB |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Persons with drug use disorders who have an infectious disease like HIV/AIDS or TB require special assistance, treatment and care. |
| Definition | The existence of specialized treatment services for persons with drug use disorders and TB(including injecting drug users). |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Standards of care for health professionals

| | |
|--|---|
| Indicator ID | 2576 |
| Indicator name | Standards of care for health professionals |
| Name abbreviated | Standards of care |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The existence of medical standards of care for health professionals working with patients having substance use disorders. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Standards of care for health professionals, human rights

| | |
|--|--|
| Indicator ID | 2578 |
| Indicator name | Standards of care for health professionals, human rights |
| Name abbreviated | Standards of care and human rights |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The existence of medical standards of care (for health professionals working with patients having substance use disorders) which include the protection of patient's human rights. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Standards of care for health professionals, maintenance

| | |
|--|--|
| Indicator ID | 2577 |
| Indicator name | Standards of care for health professionals, maintenance |
| Name abbreviated | Standards of care and maintenance |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The requirement of health professionals (working with patients having substance use disorders) to maintain their medical standards of care through (1) proof of professional certifications, (2) in-service training, (3) clinical supervision of staff or (4) the use of clinical practical guidelines. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Substance use policy at the national level

| | |
|--|--|
| Indicator ID | 2508 |
| Indicator name | Substance use policy at the national level |
| Name abbreviated | Substance use policy |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The existence of a substance use policy in the country. A substance use policy refers to a written organized set of values, principles and objectives for reducing the burden attributable to substance use in the population. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Substance use policy at the national level, level of integration

| | |
|--|--|
| Indicator ID | 2509 |
| Indicator name | Substance use policy at the national level, level of integration |
| Name abbreviated | Substance use policy, level of integration |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The main focus and level of integration of the national substance use policy. In general, a substance use policy refers to a written organized set of values, principles and objectives for reducing the burden attributable to substance use and substance use disorders in the population. This indicator describes the main focus and nature of the national substance use policy, distinguishing between policies (1) referring to mental health, alcohol and drug use together, (2) substance use policies referring to both alcohol and drug use together, (3) substance use policies referring to alcohol use only, (4) substance use policies referring to drugs and drug use only, and (5) substance use policies referring to alcohol and drug use in two separate national policy documents. If the substance use policy refers to alcohol, it does not necessarily need to be an adopted written national policy on alcohol. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Supervision requirements for buprenorphine administration

| | |
|--|--|
| Indicator ID | 2556 |
| Indicator name | Supervision requirements for buprenorphine administration |
| Name abbreviated | Supervision of buprenorphine |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The requirements for buprenorphine supervision in the country, i.e. (1) all doses of buprenorphine taken by the patient need to be supervised; (2) all buprenorphine doses taken by the patient need to be supervised by a doctor. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Supervision requirements for buprenorphine/naloxone administration

| | |
|--|---|
| Indicator ID | 2557 |
| Indicator name | Supervision requirements for buprenorphine/naloxone administration |
| Name abbreviated | Supervision of buprenorphine/naloxone |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The requirements for buprenorphine/naloxone supervision in the country, i.e. (1) all doses of buprenorphine/naloxone taken by the patient need to be supervised; (2) all buprenorphine/naloxone doses taken by the patient need to be supervised by a doctor. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Supervision requirements for methadone administration

| | |
|--|--|
| Indicator ID | 2555 |
| Indicator name | Supervision requirements for methadone administration |
| Name abbreviated | Supervision of methadone |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The requirements for methadone supervision in the country, i.e. (1) all doses of methadone taken by the patient need to be supervised; (2) all methadone doses taken by the patient need to be supervised by a doctor. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Timeframe of opioid agonist treatment

| | |
|--|---|
| Indicator ID | 2544 |
| Indicator name | Timeframe of opioid agonist treatment |
| Name abbreviated | Timeframe of opioid agonist treatment |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Opioid agonists such as methadone or buprenorphine are therapeutic drugs used for the management of opioid dependence. In clinical practice, they are used for opioid agonist maintenance therapy or withdrawal management. Methadone and buprenorphine have a strong evidence base for its use, and have been placed on the WHO model list of essential medicines. |
| Definition | The duration of administration of opioid agonists for the management of opioid dependence. Opioid agonists can be administered as long as clinically indicated (i.e. open ended) or administered for a certain time period only (i.e. time limited). |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | Other sources of information: WHO (2009). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, World Health Organization. |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Treatment setting for substance use disorders, most common

| | |
|--|---|
| Indicator ID | 2534 |
| Indicator name | Treatment setting for substance use disorders, most common |
| Name abbreviated | Treatment setting |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | Different treatment settings for alcohol and drug use disorders exist in countries which have implications on the accessibility of the treatment services and the level of specialization offered to the patient. |
| Definition | The most commonly used treatment setting (i.e. specialized treatment services, general health care services, mental health care services or primary health care services) which is used primarily for the treatment of alcohol and drug use disorders in the country. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Treatment slots for alcohol and drug use disorders, outpatient, per 10 000

| | |
|--|--|
| Indicator ID | 2538 |
| Indicator name | Treatment slots for alcohol and drug use disorders, outpatient, per 10 000 |
| Name abbreviated | Treatment slots |
| Data Type Representation | Count |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | The number of outpatient treatment slots may provide information on the capacity of the health care system (i.e. outpatient care) to provide treatment for substance use disorders. Treatment slots are one of the metrics used for health care planning. |
| Definition | The total number of outpatient treatment slots (per 10 000 population) available per week for the treatment of alcohol and drug use disorders. Treatment slots refer to the number of patients who can be seen in the treatment system during at any given time. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |

Treatment system for substance use disorders

| | |
|--|--|
| Indicator ID | 2533 |
| Indicator name | Treatment system for substance use disorders |
| Name abbreviated | Treatment system |
| Data Type Representation | Categorical |
| Topic | Health systems resources |
| ISO Health Indicators Framework | |
| Rationale | |
| Definition | The treatment system for substance use disorders can be defined by linkages between different facilities and levels of specialized care, and by integration with other types of services such as mental health or general health care. The indicator assesses the organization of the treatment system for substance use disorders by distinguishing between (1) a specialized treatment system (delivering specialized treatment for substance use disorders only); (2) the integration of substance use disorder treatment with mental health care; (3) the integration of substance use disorder treatment with general health care; (4) or any other organizational structure of the treatment system for substance use disorders. |
| Associated terms | |
| Preferred data sources | |
| Other possible data sources | |
| Method of measurement | |
| Method of estimation | The national authorities of a given country respond to the WHO ATLAS survey on resources for the prevention and treatment of substance use disorders. |
| M&E Framework | |
| Method of estimation of global and regional aggregates | |
| Disaggregation | |
| Unit of Measure | |
| Unit Multiplier | |
| Expected frequency of data dissemination | Periodic |
| Expected frequency of data collection | Periodic |
| Limitations | |
| Links | |
| Comments | |
| Contact Person | NMH/MSD/MSB (msb@who.int) |