

How to Start an Addiction Treatment Center in Oman

Working Business Plan Canvas (50-page equivalent, developed sequentially)

This document will be built step by step with your confirmation at each stage.

1. Executive Summary

1.1 Business Overview

The Addiction Treatment Center project aims to establish a **licensed, ethical, and medically supervised rehabilitation facility** in Oman that provides comprehensive treatment for substance abuse and behavioral addictions. The center will focus on **recovery, reintegration, and long-term relapse prevention**, aligned with Oman's healthcare regulations and cultural values.

The facility will offer a combination of **medical detoxification, psychological therapy, counseling, family support, and aftercare programs**, addressing both physical dependency and underlying mental health factors.

This project responds to a growing regional need for **confidential, professional, and locally accessible addiction treatment**, reducing reliance on costly overseas rehabilitation services.

1.2 Legal Structure & Compliance

The center will be established in Oman as either: - **LLC (Limited Liability Company)** – recommended due to medical liability, staffing, and regulatory requirements - **SPC** – only if ownership and risk exposure are minimal (less common for healthcare)

Registration and licensing will involve: - Sanad Center business registration - Ministry of Commerce, Industry & Investment Promotion (MOCIIP) - Ministry of Health (MOH) approval - Municipality approvals - Civil Defense & safety compliance

Indicative basic registration costs (excluding medical licensing): - LLC setup: **OMR 300 – 600**

1.3 Services Offered

- Medical detoxification (where permitted)
- Inpatient rehabilitation programs
- Outpatient treatment programs
- Individual & group therapy

- Psychiatric assessment
 - Family counseling
 - Relapse prevention & aftercare
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1.4 Target Market

- Adults struggling with substance dependency
 - Families seeking confidential treatment for relatives
 - Corporate referrals (employee assistance cases)
 - Medical referrals from clinics and hospitals
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1.5 Competitive Advantage

- Locally based, culturally sensitive care
 - Confidential and discreet operations
 - Multidisciplinary treatment approach
 - Reduced cost compared to overseas treatment
 - Long-term aftercare and monitoring
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1.6 Financial Snapshot (High-Level)

- **Estimated startup cost:** OMR 150,000 – 350,000
 - **Monthly operating cost:** OMR 25,000 – 60,000
 - **Average treatment program fee:** OMR 3,000 – 12,000 per patient
 - **Break-even horizon:** 24 – 36 months
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1.7 Vision & Mission

Vision:

To become a trusted national center of excellence for addiction recovery in Oman.

Mission:

To deliver ethical, evidence-based, and compassionate addiction treatment that restores lives, families, and communities.

2. Project Details – Treatment Model, Facility Design, Services & Staffing

2.1 Treatment Philosophy & Care Model

The Addiction Treatment Center will operate on an **evidence-based, multidisciplinary treatment model** integrating medical, psychological, and social interventions. Care delivery will be **patient-centered, confidential, and culturally sensitive**, aligned with Omani values and Ministry of Health (MOH) regulations.

Core principles: - Medical safety and clinical governance - Ethical, non-punitive treatment - Individualized recovery plans - Family involvement where appropriate - Long-term relapse prevention

Treatment approaches: - Medical assessment and stabilization - Cognitive Behavioral Therapy (CBT) - Motivational Interviewing (MI) - Group therapy and peer support - Family therapy - Aftercare and monitoring

2.2 Program Structure (Inpatient & Outpatient)

A. Inpatient Rehabilitation Program

- Duration: 21, 28, or 45 days
- 24/7 supervised care
- Structured daily schedule (therapy, counseling, activities)
- Suitable for moderate to severe addiction cases

Key components: - Medical supervision (as approved by MOH) - Individual therapy (2-3 sessions/week) - Group therapy (daily) - Psychoeducation sessions - Wellness activities (light exercise, mindfulness)

B. Outpatient Treatment Program

- Duration: 8–16 weeks
- Flexible scheduling (evenings/weekends)
- Suitable for mild cases or post-inpatient transition

Key components: - Weekly individual therapy - Group sessions - Family counseling - Relapse prevention planning

2.3 Facility Design & Functional Zoning

The facility will be designed to ensure **privacy, safety, and therapeutic effectiveness**, complying with MOH and Civil Defense standards.

Recommended facility size: 1,200 – 2,500 sqm

Functional Zones

1. Reception & Administration

2. Secure reception desk
3. Waiting area
4. Records & compliance office

5. Clinical & Therapy Areas

6. Medical consultation rooms
7. Psychology & counseling rooms
8. Group therapy halls

9. Inpatient Accommodation (if applicable)

10. Shared or private patient rooms
11. Nursing station
12. Medication storage (controlled access)

13. Wellness & Rehabilitation Areas

14. Activity rooms
15. Quiet rooms
16. Outdoor or recreation space

17. Support Areas

18. Pharmacy storage
19. Laundry
20. Kitchen & dining (if inpatient)
21. Staff rest areas

2.4 Medical & Operational Equipment

Clinical Equipment

- Patient monitoring equipment
- Emergency medical kits
- Secure medication cabinets
- Medical beds (inpatient)

Therapy & Operational Equipment

- Therapy furniture
 - Audio-visual tools for sessions
 - Secure patient record systems
 - CCTV (non-intrusive, compliance-based)
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2.5 Staffing Structure & Human Resources

Core Clinical Team

- 1. Medical Director / Psychiatrist**
 2. Clinical oversight
 3. Treatment protocol approval
 4. Regulatory compliance
 - 5. Clinical Psychologists (2-4)**
 6. Individual & group therapy
 7. Psychological assessments
 - 8. General Physician / Addiction Specialist**
 9. Medical assessments
 10. Detox supervision (if approved)
 - 11. Nurses (4-8, rotating shifts)**
 12. 24/7 patient care
 13. Medication administration
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Support & Administrative Team

- Center Manager
 - Case Managers / Counselors
 - Social Worker
 - Administrative & HR staff
 - Security & facility staff
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2.6 Indicative Monthly Salary Structure (OMR)

Role	Monthly Range (OMR)
Medical Director / Psychiatrist	3,000 – 5,000
Clinical Psychologist	1,200 – 2,000
Physician	1,800 – 3,000
Nurse	600 – 1,000
Counselor / Case Manager	700 – 1,200
Center Manager	1,200 – 2,000
Admin & Support	350 – 700

2.7 Staffing Ratios & Capacity Planning

- Recommended inpatient ratio: **1 staff : 4-6 patients**
- Initial capacity: 15–30 inpatients (scalable)
- Outpatient capacity: 80–150 active patients/month

3. SWOT Analysis – Healthcare & Regulatory Perspective

3.1 Strengths

1. High Unmet Local Demand

Limited availability of specialized, private addiction treatment facilities within Oman creates a strong demand for locally accessible care.

2. Multidisciplinary, Evidence-Based Model

Integration of medical, psychological, and social interventions improves treatment outcomes and credibility with regulators and referrers.

3. Culturally Sensitive & Confidential Care

Programs designed to respect Omani cultural norms and privacy expectations increase acceptance among patients and families.

4. Reduced Reliance on Overseas Treatment

Local availability lowers costs and logistical barriers for families who otherwise seek treatment abroad.

5. Scalable Service Mix

Ability to offer inpatient, outpatient, and aftercare services diversifies revenue and improves continuity of care.

3.2 Weaknesses

1. High Capital & Operating Costs

Healthcare facilities require significant upfront investment and ongoing payroll commitments.

2. Specialist Talent Dependency

Shortage of locally available addiction specialists may necessitate expatriate recruitment.

3. Complex Licensing & Compliance

MOH approvals, inspections, and renewals require time and strict adherence to standards.

4. Longer Break-Even Period

Compared to retail businesses, recovery timelines are longer due to ethical capacity limits and staffing ratios.

3.3 Opportunities

1. Government & Institutional Referrals

Potential referrals from hospitals, clinics, and corporate employee assistance programs.

2. Rising Awareness of Mental Health

Growing public recognition of addiction as a medical condition increases treatment-seeking behavior.

3. Aftercare & Relapse Prevention Programs

Long-term follow-up services create recurring revenue while improving outcomes.

4. Regional Patient Intake (Subject to Regulation)

Possibility to attract patients from neighboring countries seeking confidential care in Oman.

5. Training & Professional Development

Future expansion into training programs for counselors and healthcare professionals.

3.4 Threats

1. Regulatory Changes

Updates to healthcare laws or licensing requirements could affect operations.

2. Public Stigma

Social stigma around addiction may limit self-referrals, requiring discreet outreach.

3. Competition from Public Healthcare Facilities

Government-funded services may offer lower-cost alternatives.

4. Clinical & Legal Risk

Medical complications or ethical breaches could result in reputational and legal consequences.

3.5 Strategic Implications

- Strengths and opportunities support a focus on **quality, confidentiality, and referral partnerships**.
 - Weaknesses necessitate **strong governance, compliance systems, and financial buffers**.
 - Threats highlight the importance of **risk management, staff training, and ethical protocols**.
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4. Licensing, Regulatory Pathway & Compliance Framework (MOH Focus)

This section outlines the mandatory approvals, documentation, and compliance systems required to legally operate an Addiction Treatment Center in Oman.

4.1 Regulatory Authorities Involved

1. Ministry of Commerce, Industry & Investment Promotion (MOCIIP)

2. Commercial registration

3. Activity classification (medical/rehabilitation services)

4. Ministry of Health (MOH)

5. Core licensing authority for healthcare facilities

6. Approval of treatment scope, staffing, and clinical protocols

7. Municipality (Local Authority)

8. Land use approval

9. Building suitability & occupancy permits

10. Civil Defense & Ambulance Authority (CDAA)

11. Fire safety approval
 12. Emergency evacuation plans
 13. **Royal Oman Police (ROP) – where applicable**
 14. Controlled substances handling protocols
 15. Security and reporting compliance
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4.2 Step-by-Step Licensing Pathway

Step 1: Business Registration

- Register LLC through Sanad Center
- Select approved medical activity codes
- Obtain commercial registration certificate

Estimated timeline: 1–2 weeks

Step 2: Facility Identification & Lease Approval

- Secure property compliant with zoning regulations
- Obtain preliminary municipal approval for medical use
- Ensure building layout supports clinical zoning

Key requirement: Facility must be approved **before** MOH inspection

Step 3: Ministry of Health (MOH) Initial Approval

Submission of: - Facility layout drawings - Service scope & treatment model - Staffing plan with qualifications - Clinical governance framework - Infection control policies

Outcome: Conditional approval to proceed with fit-out

Step 4: Facility Fit-Out & Compliance Setup

- Construct therapy rooms, wards, nursing stations
- Install medical gas (if applicable)
- Implement patient safety systems
- Secure medication storage areas

All work must follow **MOH-approved drawings**

Step 5: Civil Defense Approval

- Fire alarm & suppression systems
- Emergency exits & signage
- Staff fire safety training

Outcome: Civil Defense clearance certificate

Step 6: MOH Final Inspection & Licensing

MOH inspection will verify: - Facility readiness - Equipment availability - Staff presence & licensing - Patient record systems - Emergency response protocols

Outcome: Official operating license

Estimated total licensing timeline: 3–6 months

4.3 Staffing Licensing & Credentialing

- All doctors must hold valid **MOH professional licenses**
- Psychologists and counselors require recognized qualifications
- Nurses must be registered with MOH
- Continuous professional development (CPD) records required

4.4 Clinical Governance Framework

To maintain compliance and quality, the center will implement:

- Medical Director oversight
- Standard Treatment Protocols (STPs)
- Incident reporting system
- Mortality & morbidity review (if applicable)
- Ethical review committee

4.5 Patient Rights, Ethics & Confidentiality

- Informed consent documentation
- Confidential patient records
- Data protection controls
- Clear grievance redressal process
- Non-discriminatory admission policies

4.6 Controlled Substances & Medication Management

- Secure medication storage with restricted access
 - Inventory tracking logs
 - Prescription authority limited to licensed physicians
 - Compliance with MOH & ROP regulations
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4.7 Risk Management & Insurance

- Professional indemnity insurance
 - Medical malpractice insurance
 - Public liability insurance
 - Facility & equipment insurance
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4.8 Compliance Maintenance & Renewals

- Annual MOH license renewal
 - Periodic inspections
 - Staff license renewals
 - Continuous policy updates
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5. Financial Projections – Startup Costs, Operating Expenses & 5-Year Forecast

All figures are indicative estimates in OMR and intentionally conservative.

Final numbers depend on facility size, licensing scope, staffing mix, and service approvals by MOH.

5.1 One-Time Capital Expenditure (CAPEX)

A. Business Registration & Licensing

Item	Estimated Cost (OMR)
Commercial Registration & Sanad Fees	300 – 600
MOH Licensing & Inspections	2,000 – 5,000
Municipality & Civil Defense Approvals	1,000 – 3,000
Legal & Documentation	1,000 – 2,500

Item	Estimated Cost (OMR)
Subtotal	4,300 – 11,100

B. Facility Acquisition & Fit-Out

Item	Estimated Cost (OMR)
Facility Lease (Advance + Deposit)	25,000 – 45,000
Interior Fit-Out & Renovation	40,000 – 90,000
Medical Gas & Safety Systems	10,000 – 25,000
Fire & Security Systems	6,000 – 15,000
Furniture & Fixtures	8,000 – 18,000
Subtotal	89,000 – 193,000

C. Medical & Operational Equipment

Item	Estimated Cost (OMR)
Medical Beds & Monitoring Equipment	12,000 – 25,000
Therapy & Counseling Equipment	6,000 – 12,000
IT Systems & EMR	8,000 – 15,000
Pharmacy & Medication Storage	5,000 – 10,000
Subtotal	31,000 – 62,000

◆ Total Estimated Startup Investment

- Low scenario: ~ OMR 150,000
 - High scenario: ~ OMR 350,000
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5.2 Monthly Operating Expenses (OPEX)

Expense Category	Monthly Cost (OMR)
Clinical Staff Salaries	18,000 – 32,000
Admin & Support Staff	4,000 – 7,000

Expense Category	Monthly Cost (OMR)
Facility Rent	6,000 – 12,000
Medical Supplies & Drugs	3,000 – 7,000
Utilities & Maintenance	2,000 – 4,000
Food & Housekeeping	2,500 – 4,500
Insurance & Compliance	1,000 – 2,000
IT, Records & Systems	800 – 1,500
Miscellaneous & Contingency	1,000 – 2,500
Total Monthly OPEX	25,000 – 60,000

5.3 Revenue Model & Assumptions

A. Inpatient Program Revenue

- Average capacity: 20 beds
- Average occupancy: 65% (Year 1)
- Average program fee: OMR 6,000 per patient
- Average length of stay: 28 days

Estimated monthly inpatient revenue: OMR 75,000 – 90,000

B. Outpatient & Aftercare Revenue

- Active outpatients/month: 60 – 100
- Average fee/package: OMR 800 – 1,500

Estimated monthly outpatient revenue: OMR 48,000 – 120,000

5.4 Total Monthly Revenue Projection

Scenario	Monthly Revenue (OMR)
Conservative	70,000 – 90,000
Expected	95,000 – 130,000
Optimistic	150,000+

5.5 Estimated Monthly Net Profit

Scenario	Revenue	OPEX	Net Result
Conservative	80,000	55,000	25,000
Expected	110,000	45,000	65,000
Optimistic	150,000	60,000	90,000

5.6 Break-Even Analysis

- Startup investment: OMR 150,000 – 350,000
- Average monthly net profit (expected): OMR 50,000 – 65,000

⌚ **Estimated break-even period: 24 – 36 months**

5.7 Five-Year Financial Forecast (Summary)

Year	Revenue (OMR)	Net Profit (OMR)
Year 1	900,000 – 1,200,000	180,000 – 300,000
Year 2	1,300,000 – 1,700,000	320,000 – 480,000
Year 3	1,800,000 – 2,200,000	520,000 – 720,000
Year 4	2,500,000 – 3,000,000	800,000 – 1,100,000
Year 5	3,500,000+	1,200,000+

Years 3–5 assume higher occupancy, program optimization, and expanded outpatient services.

6. Patient Journey, Ethics & Quality Assurance Framework

6.1 End-to-End Patient Journey

The Addiction Treatment Center will implement a **structured, transparent, and ethical patient journey**, ensuring safety, dignity, and continuity of care at every stage.

Stage 1: Initial Contact & Inquiry

- Confidential phone, WhatsApp, or referral inquiry
- High-level screening (non-diagnostic)
- Explanation of services, costs, and admission criteria

- Scheduling of formal assessment
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Stage 2: Clinical Assessment & Admission

- Comprehensive medical and psychological evaluation
 - Substance use history and risk assessment
 - Consent forms and patient rights briefing
 - Admission decision by Medical Director or delegated clinician
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Stage 3: Treatment Planning

- Individualized treatment plan (ITP)
 - Defined goals, therapy schedule, and review milestones
 - Family involvement plan (where appropriate)
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Stage 4: Active Treatment Phase

Inpatient Patients: - 24/7 supervised care - Medical monitoring (as approved) - Individual therapy sessions
- Daily group therapy - Psychoeducation & skill-building

Outpatient Patients: - Scheduled therapy sessions - Group programs - Relapse prevention planning

Stage 5: Discharge Planning

- Clinical readiness assessment
 - Discharge summary and recovery roadmap
 - Family briefing (with consent)
 - Transition to aftercare
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Stage 6: Aftercare & Follow-Up

- Outpatient follow-up sessions
 - Support group participation
 - Periodic check-ins
 - Relapse monitoring and early intervention
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6.2 Ethical Framework & Patient Rights

The center will strictly adhere to **ethical healthcare principles** and MOH patient rights regulations.

Core Ethical Commitments: - Voluntary treatment and informed consent - Confidentiality and data protection - Non-discrimination - Respect for dignity and privacy - Right to withdraw from treatment

Patient Rights Include: - Clear information on diagnosis and treatment - Access to personal medical records - Transparent billing and fees - Complaint and appeal mechanisms

6.3 Consent & Confidentiality Management

- Written informed consent prior to treatment
 - Separate consent for family involvement
 - Secure electronic and physical records
 - Access controls for sensitive information
 - Compliance with Oman data protection laws
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6.4 Quality Assurance (QA) Framework

To ensure consistent clinical excellence, the center will implement a **formal Quality Assurance system**.

QA Components: - Standard Operating Procedures (SOPs) - Treatment protocol audits - Staff performance reviews - Patient satisfaction surveys - Incident & near-miss reporting

6.5 Clinical Outcome Measurement

Key performance indicators (KPIs) will be tracked, including: - Treatment completion rates - Relapse rates (3, 6, 12 months) - Patient satisfaction scores - Readmission rates - Therapy attendance rates

6.6 Risk Management & Patient Safety

- Emergency response protocols
 - Suicide and self-harm prevention policies
 - Medication error prevention
 - Infection control measures
 - Continuous staff training
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6.7 Complaints, Feedback & Continuous Improvement

- Formal grievance redressal process
 - Anonymous feedback options
 - Review by ethics or quality committee
 - Corrective and preventive action plans (CAPA)
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7. Marketing, Referral Strategy & Community Engagement (Compliant & Discreet)

7.1 Guiding Principles for Healthcare Marketing

All marketing and outreach activities will strictly comply with **Ministry of Health (MOH) regulations**, ethical healthcare advertising standards, and cultural sensitivities in Oman.

Key principles: - No sensational, fear-based, or exploitative messaging - No guarantees of cure or unrealistic outcomes - Respect for patient privacy and confidentiality - Educational and awareness-driven communication

7.2 Brand Positioning & Public Identity

Positioning Statement:

A trusted, confidential, and medically supervised addiction treatment center focused on recovery, dignity, and long-term wellness.

Brand Characteristics: - Professional and clinical (not commercial) - Discreet and respectful - Compassionate and supportive - Evidence-based and ethical

Brand Touchpoints: - Minimalist website with educational content - Professional brochures for referrers - Discreet signage compliant with municipal rules

7.3 Referral-Based Growth Strategy (Primary Channel)

The center will prioritize **referral-led patient acquisition**, which is the most compliant and sustainable model for addiction treatment services.

A. Medical & Healthcare Referrals

- Hospitals and private clinics
- Psychiatrists and psychologists
- General practitioners

Actions: - Professional outreach meetings - Referral protocols and feedback loops - Clear admission and discharge communication

B. Corporate & Institutional Referrals

- Large employers and HR departments
- Employee Assistance Programs (EAPs)

- Insurance and occupational health providers

Actions: - Confidential corporate presentations - Memorandums of Understanding (MoUs) - Customized treatment pathways for employees

7.4 Digital Presence (Informational, Not Promotional)

Website Strategy

- Educational articles on addiction and recovery
- Clear explanation of services and admission process
- Secure contact and inquiry forms
- No patient testimonials or before/after claims

Search & Online Visibility

- Google Maps business listing (discreet)
 - SEO focused on educational keywords
 - No aggressive paid advertising
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7.5 Community & Family Engagement

- Educational workshops (with approvals)
 - Family counseling awareness sessions
 - Collaboration with NGOs and community groups
 - Participation in health awareness initiatives
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7.6 Reputation Management & Trust Building

- Strict confidentiality safeguards
 - Consistent clinical outcomes reporting (internally)
 - Ethical handling of feedback and complaints
 - Professional conduct across all staff interactions
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7.7 Growth Strategy (5-Year Outlook)

Phase	Focus	Outcome
Year 1	Medical referrals	Stable occupancy
Year 2	Corporate programs	Revenue diversification
Year 3	Aftercare expansion	Recurring engagement

Phase	Focus	Outcome
Year 4	Regional reputation	Increased referrals
Year 5	Specialized programs	Center of excellence

8. Final Conclusion & Readiness Assessment

8.1 Project Readiness Summary

This Addiction Treatment Center business plan demonstrates: - Full regulatory awareness and compliance - Ethical and patient-centered care delivery - Financial sustainability and scalability - Strong governance and quality assurance systems

8.2 Final Remarks

With disciplined execution, regulatory alignment, and a strong ethical foundation, this project has the potential to become a **national reference point for addiction recovery in Oman**, delivering meaningful social impact alongside long-term financial sustainability.

Business Plan Completed

This canvas now represents a **complete, professional business plan equivalent to a 45-50 page document**, suitable for: - MOH licensing submissions - Bank and institutional financing - Strategic partnerships - Operational execution

If required, this plan can next be: - Converted into a **bank-ready feasibility report** - Adapted into an **investor pitch deck** - Localized for a **specific governorate** - Expanded into **SOP manuals and policies**