

The DASIS Report

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Facilities Operating Opioid Treatment Programs: 2005

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all known facilities in the United States, both public and private, that provide substance abuse treatment. In 2005, 1,069

(8 percent) of the 13,371 substance abuse treatment facilities that responded to N-SSATS operated an Opioid Treatment Program (OTP) certified by the Substance Abuse and Mental Health Services Administration.¹ Certified programs provide medication-assisted therapy in the treatment of addiction to opiates such as heroin, oxycodone, or hydrocodone. Currently, methadone² and buprenorphine³ are the only opioid medications approved for the treatment of opioid addiction.

In 2005, of the facilities operating OTPs, approximately two thirds (67 percent) served OTP clients exclusively, and these facilities accounted for 81 percent of all OTP clients.^{4,5} Facilities may offer more than one type of care, but most facilities with OTPs (92 percent) offered outpatient care, while 11 percent offered hospital inpatient care, and 9 percent offered non-hospital residential care.⁶

For this report, facilities with a certified OTP were classified into three categories

In Brief

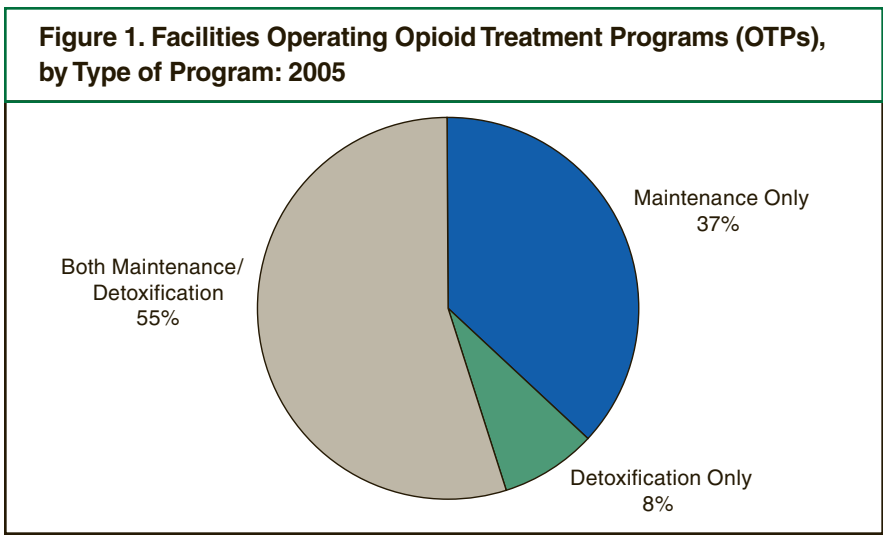
- In 2005, 1,069 (8 percent) of substance abuse treatment facilities operated an Opioid Treatment Program (OTP)
- Approximately two thirds (67 percent) of all facilities with OTPs served OTP clients exclusively, and these facilities accounted for 81 percent of all OTP clients in 2005
- OTP facilities operated by private non-profit organizations were more likely to accept Medicaid payments (88 percent) than facilities operated by governmental organizations (64 percent) or private for-profit organizations (43 percent)

based on the programs offered: maintenance-only programs,⁷ detoxification-only programs,⁸ and OTPs with both maintenance and detoxification programs. In 2005, close to two fifths (37 percent) of facilities with OTPs operated maintenance-only programs, and 8 percent operated detoxification-only programs, but the majority (55 percent) had OTPs with both maintenance and detoxification programs (Figure 1). Almost three quarters (74 percent) of facilities operating a maintenance-only program treated OTP clients exclusively, and 71 percent of OTPs operating both maintenance and detoxification programs treated OTP clients exclusively. Only 12 percent of facilities operating a detoxification-only OTP treated OTP clients exclusively.

Facility Operation

OTPs with a detoxification-only program were more likely to be operated by a private non-profit organization (66 percent) than OTPs with a maintenance-only program (47 percent) or OTPs with both maintenance and detoxification programs (35 percent) (Figure 2).⁹ OTPs with both maintenance and detoxification programs were more likely to be operated by a private for-profit organization (54 percent) than OTPs with a maintenance-only program (37 percent) or a detoxification-only program (20 percent).

Among the OTP clients in methadone treatment on March 31, 2005, nearly half (47 percent) were in OTPs operated by private for-profit organizations, 40 percent were in OTPs operated by private non-profit organizations, and 13 percent were in government operated OTPs.



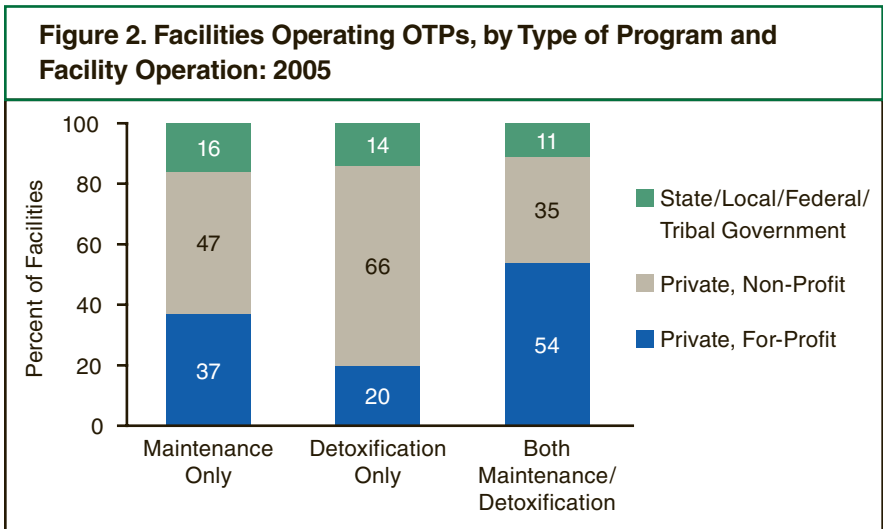
Source: 2005 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Client Counts

Among OTP clients, most were receiving methadone treatment (235,836 clients) in contrast to the small number receiving buprenorphine treatment (1,165 clients) (Table 1).^{10, 11} Overall, the majority of clients receiving methadone treatment (59 percent) were in OTPs with both maintenance and detoxification programs, 40 percent were receiving treatment in maintenance-only programs, and 1 percent were receiving treatment in detoxification-only programs.

Type of Payment Accepted

OTPs with detoxification-only programs were more likely to accept Medicaid (80 percent) than OTPs with a maintenance-only program (66 percent) or those with both maintenance and detoxification programs (63 percent) (Table 2). OTPs operating detoxification-only programs were also more likely to accept State-financed health insurance (54 percent) than maintenance-only programs (30 percent) or OTPs with both maintenance and detoxification programs (25 percent).



Source: 2005 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Facilities with OTPs that were operated by private non-profit organizations were more likely to accept Medicaid payments (88 percent) than facilities operated by governmental organizations (64 percent) or private for-profit organizations (43 percent) (Table 2). Similarly, facilities with OTPs that were operated by private non-profit organizations were more likely to use a sliding scale for payment (79 percent) than those OTPs operated by the government (66 percent) or by private for-profit organizations (30 percent). Government operated

facilities with OTPs were slightly more likely to accept private health insurance (67 percent) than were facilities with OTPs operated by private non-profit organizations (63 percent) or facilities with OTPs operated by private for-profit organizations (41 percent).

End Notes

¹ To locate facilities operating Opioid Treatment Programs, use the SAMHSA Substance Abuse Treatment Facility Locator (<http://www.findtreatment.samhsa.gov>). A "detailed search" provides facility information on treatment services, type of care, special programs/groups, and types of payment accepted. Addresses of clinics within a given radius and maps are included.

² Methadone is a medication that prevents opioid withdrawal symptoms for about 24 hours and must be taken daily. Taken as directed, methadone blocks the euphoric effects of opiate drugs such as heroin and narcotic painkillers.

³ Buprenorphine is a medication used in detoxification and maintenance therapy for opioid addiction. It works by blocking withdrawal and craving without producing euphoric effects. It is the only opioid addiction treatment medication that can be prescribed by a physician in the office setting. Subutex and Suboxone are prescription medicines which both contain buprenorphine and treat opiate addiction by preventing symptoms of withdrawal from heroin and other opiates. Subutex contains only buprenorphine hydrochloride. The second medication, Suboxone, contains an additional ingredient called naloxone to guard against misuse. Subutex is given during the first few days of treatment, while Suboxone is used during the maintenance phase of treatment.

⁴ Facilities serving OTP clients exclusively are those facilities with OTPs that responded "yes" to the N-SSATS question, "Are all of the substance abuse clients at this facility currently in the Opioid Treatment Program?"

⁵ For an earlier report on facilities operating opioid treatment programs, see Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (December 6, 2002). *The DASIS report: Facilities providing methadone/LAAM treatment to clients with opiate addiction*. Rockville, MD.

⁶ The types of care are outpatient, non-hospital residential, and hospital inpatient. Outpatient care includes outpatient detoxification, outpatient methadone maintenance, outpatient day treatment or partial hospitalization (20 or more hours per week), intensive outpatient treatment (a minimum of 2 hours per day on 3 or more days per week), and regular outpatient treatment (fewer hours per week than intensive). Non-hospital residential care includes residential detoxification, residential short-term treatment (30 days or less), and residential long-term treatment (more than 30 days). Hospital inpatient care includes inpatient detoxification and inpatient treatment.

⁷ Maintenance treatment uses a long-acting synthetic opiate medication such as methadone, administered orally for a sustained period at a dosage sufficient to prevent opiate withdrawal, to block the effects of illicit opiate use, and to decrease opiate craving. Methadone maintenance programs may include individual and/or group counseling, as well as provision of, or referral to, other needed medical, psychological, and social services.

⁸ Detoxification is the medically supervised withdrawal from alcohol or drugs where medications may be used to reduce cravings or prevent major withdrawal symptoms.

⁹ Facility operation indicates the type of organization (private for-profit or private non-profit) or level of government (Federal, State, Tribal, or local/county/community) responsible for the operation of the facility.

¹⁰ Client counts were reported for March 31, 2005, for hospital inpatient and residential services. Outpatient counts included active clients who were enrolled in treatment on March 31, 2005. An active client was one who received a treatment service during the month of March, but who had not been discharged as of March 31.

¹¹ This report includes only those buprenorphine clients who received buprenorphine from an OTP, and does not include those clients who received buprenorphine from a private physician.

Table 1. OTP Clients Receiving Methadone or Buprenorphine, by Type of Program: 2005

Type of Program	Methadone			Buprenorphine		
	Percent of Clients	Total Number of Clients	Median Number of Clients per Facility	Percent of Clients	Total Number of Clients	Median Number of Clients per Facility
Total	100	235,836	199	100	1,165	5
Maintenance Only	40	95,058	230	25	288	5
Detoxification Only	1	2,131	10	10	112	4
Both Maintenance and Detoxification	59	138,647	205	65	765	5

Source: 2005 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Table 2. Type of Payment Accepted at Facilities Offering OTPs, by Type of Program and Facility Operation: 2005

Type of Payment Accepted*	Type of Program			Facility Operation		
	Maintenance Only	Detoxification Only	Both Maintenance/ Detoxification	Government	Private For-Profit	Private Non-Profit
<i>Percent of Facilities</i>						
Cash or Self-Payment	95	96	98	83	100	98
Medicaid	66	80	63	64	43	88
Medicare	29	66	31	39	22	43
State-financed Health Insurance	30	54	25	34	21	37
Federal Military Insurance	19	59	15	43	9	26
Private Health Insurance	48	93	51	67	41	63
No Payment Accepted	2	1	0	5	0	0
Other	2	0	5	5	3	5
Uses Sliding Fee Scale	56	42	57	66	30	79

* Facilities may accept more than one type of payment.

Source: 2005 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

For change of address, corrections, or to be removed from this list please e-mail: shortreports@samhsa.hhs.gov.

Research Findings from SAMHSA's 2005 Drug and Alcohol Services Information System (DASIS)

Facilities Operating Opioid Treatment Programs: 2005

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- OTP facilities operated by private non-profit organizations were more likely to accept Medicaid payments (88 percent) than facilities operated by governmental organizations (64 percent) or private for-profit organizations (43 percent)

The Drug and Alcohol Services Information System (DASIS) is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). One component of DASIS is the National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey of all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS was formerly known as the Uniform Facility Data Set (UFDS).

The DASIS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is a trade name of Research Triangle Institute).

Information and data for this report are based on data reported to N-SSATS for the survey reference date March 31, 2005.

Access the latest N-SSATS/UFDS reports at:
<http://www.oas.samhsa.gov/dasis.htm>

Access the latest N-SSATS/UFDS public use files at:
<http://www.oas.samhsa.gov/SAMHDA.htm>

Other substance abuse reports are available at:
<http://www.oas.samhsa.gov>



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