

# The N-SSATS Report

January 28, 2010

## Overview of Opioid Treatment Programs within the United States: 2008

### In Brief

- In 2008, a total of 1,132 (8 percent) of all substance abuse treatment facilities were certified as Opioid Treatment Programs (OTPs)
- Of the 1,132 OTPs, 1,044 (92 percent) offered outpatient treatment
- On March 31, 2008, there were 268,071 clients who received methadone and 4,280 clients who received buprenorphine in facilities with OTPs
- There were 654 (58 percent) facilities with OTPs that provided substance abuse treatment services in a language other than English, either by a staff counselor or through an on-call interpreter; 498 (44 percent of all OTPs) provided these services by a staff counselor in Spanish

Various therapies are used in the treatment of substance abuse. One type of therapy used in the treatment of heroin or other opiate (narcotic) addiction is medication-assisted opioid therapy with medications such as methadone<sup>1</sup> or buprenorphine.<sup>2</sup> In order for a facility to use medication-assisted opioid therapies,<sup>3</sup> it must be certified as an opioid treatment program (OTP) through the Center for Substance Abuse Treatment (CSAT) within the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition, individual physicians may take specialized training as authorized under the Drug Addiction Treatment Act of 2000 to prescribe buprenorphine addiction products in their practices.

Information about OTPs can be examined using data from the National Survey of Substance Abuse Treatment Services (N-SSATS). This report includes

information only about OTPs that responded to the 2008 N-SSATS; it does not include data from private physicians who prescribe buprenorphine. In 2008, a total of 13,688 substance abuse treatment facilities responded to the N-SSATS. Of these, 1,132 (8.3 percent of all substance abuse treatment facilities) were certified with CSAT as Opioid Treatment Programs.

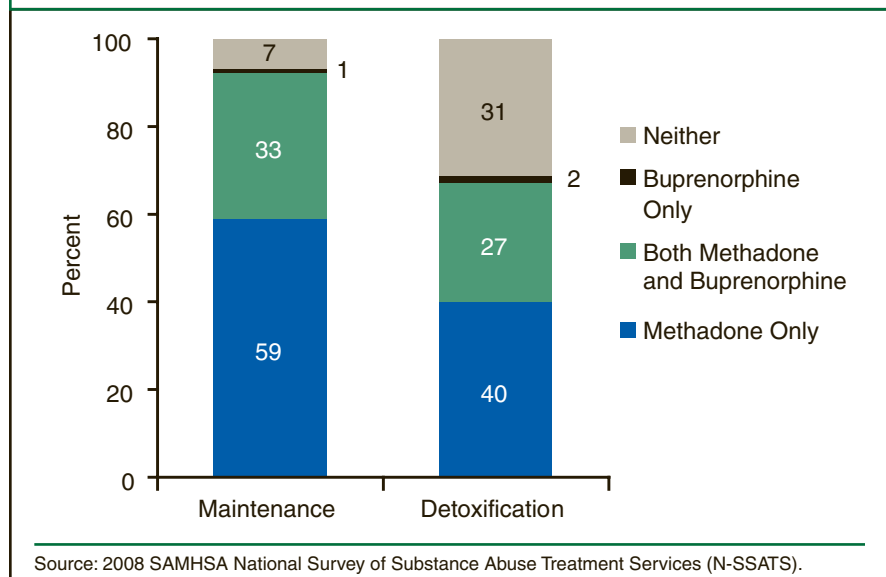
### Numbers of Facilities

Of the 1,132 OTPs, 93 percent offered a maintenance program, using methadone and/or buprenorphine. About two thirds (69 percent) of the OTPs offered a detoxification program that used methadone or buprenorphine to detoxify clients from other opiates (Figure 1). Of the 1,132 facilities with certified OTPs:

- 553 (49 percent) facilities had all of their clients in the methadone and/or buprenorphine maintenance program
- 503 (44 percent) had clients in addition to those in the maintenance program of the OTP (these clients may be in treatment for substances other than opiates)
- 76 (7 percent) did not offer a methadone or buprenorphine maintenance program, but had OTP clients in a methadone and/or buprenorphine detoxification program

Of the facilities with OTPs, 950 (84 percent) offered only outpatient care, 48 (4 percent) offered only hospital inpatient care, 30 (3 percent) offered only non-hospital residential care, 38 (3 percent) offered outpatient and hospital inpatient care, 35 (3 percent) offered outpatient and residential care, 10 (1 percent) offered residential and hospital inpatient care, and

**Figure 1. Facilities with Opioid Treatment Programs Offering Maintenance or Detoxification with Methadone and/or Buprenorphine in Their Medication-assisted Opioid Therapy: 2008**



21 (2 percent) offered all three types of care (outpatient, residential, and hospital inpatient care). Therefore, overall:

- 1,044 (92 percent) offered outpatient care
- 96 (8 percent) offered residential care
- 117 (10 percent) offered hospital inpatient care

### Facility Location and Operation

The vast majority of OTPs were located in metropolitan areas, with 507 (45 percent) in a large central metropolitan area, 186 (16 percent) in a large fringe metropolitan area, and 361 (32 percent) in a small metropolitan area.<sup>4</sup> Few were located in a non-metropolitan area (40 or 4 percent were located in a non-metropolitan area with a city and 31 or 3 percent were located in a non-metropolitan area without a city).

Most OTPs were privately operated (88 percent). OTPs were operated by the following entities:

- 558 (49 percent) were operated by private for-profit organizations
- 440 (39 percent) were operated by private non-profit organizations
- 52 (5 percent) were operated by local, county, or community governments
- 43 (4 percent) were operated by State governments
- 36 (3 percent) were operated by the Federal government, all by the Department of Veterans Affairs
- 3 (less than 1 percent) were operated by tribal governments

## Numbers of Clients Served by OTPs

On the survey date of March 31, 2008, the following numbers of clients received either methadone or buprenorphine dispensed by facilities that offered OTPs:

- 268,071 clients received methadone
- 4,280 clients received buprenorphine

Of these, 255,850 clients were in an outpatient methadone/buprenorphine maintenance program.

On March 31, 2008, OTPs were serving the following clients:

- 266,236 outpatient methadone clients
- 1,001 residential methadone clients
- 834 hospital inpatient methadone clients
- 3,955 outpatient buprenorphine clients
- 131 residential buprenorphine clients
- 194 hospital inpatient buprenorphine clients

## Accreditation/Licensure

One of the requirements to be certified as an OTP is that the facility be accredited by an approved accrediting agency.<sup>5</sup> A facility may also be licensed for the provision of substance abuse treatment. A facility may be licensed, certified, or accredited by more than one agency. Of the facilities with OTPs:

- 713 (65 percent) had accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF)
- 358 (33 percent) had accreditation or certification by the Joint Commission (formerly JCAHO)

- 73 (7 percent) had accreditation by the Council on Accreditation (COA)
- 38 (4 percent) had accreditation or certification by the National Commission for Quality Assurance (NCQA)
- 1,007 (91 percent) were licensed, certified, or accredited by the State substance abuse agency (SSA)
- 666 (61 percent) were licensed, certified, or accredited by the State department of health
- 104 (10 percent) were licensed by the hospital licensing authority

## Facility Payment Options and Funding

Substance abuse treatment facilities can accept various types of client payment or insurance for substance abuse treatment. Of the facilities with OTPs:

- 6 (1 percent) offered free treatment to all clients—no payments accepted
- 1,086 (97 percent) accepted cash or self-payment
- 549 (50 percent) accepted private health insurance
- 711 (64 percent) accepted Medicaid
- 333 (30 percent) accepted Medicare
- 362 (34 percent) accepted State-financed health insurance
- 201 (19 percent) accepted Federal military insurance
- 578 (51 percent) offered a sliding fee scale
- 378 (34 percent) offered free treatment for those clients who could not afford to pay

- 487 (45 percent) had agreements or contracts with managed care organizations for providing substance abuse treatment services

In addition to types of client payment, 526 (47 percent) facilities with OTPs received funding or grants from the Federal, State, or county or local governments to support their substance abuse programs. This funding did not include Medicare, Medicaid, or Federal military insurance.

## Languages Other than English

Not all people who need substance abuse treatment speak English. Therefore, some facilities offer substance abuse treatment services in a language other than English either by a staff counselor or through an on-call interpreter.

Of the facilities with OTPs, 654 (58 percent) provided substance abuse treatment services in a language other than English. Of those that provided these services:

- 343 (52 percent) provided these services by a staff counselor who speaks the language
- 129 (20 percent) used an on-call interpreter (in person or by phone) who was brought in when needed
- 182 (28 percent) used both a staff counselor and on-call interpreter

Of those that provided substance abuse treatment services in a language other than English by a staff counselor, 498 (95 percent (or 44 percent of all OTPs)) provided those services in Spanish.

Over one quarter (305 or 27 percent) of facilities with OTPs provided substance abuse treatment services in sign language—such as American Sign Language, Signed English, or Cued Speech—for the hearing impaired.

## Services Offered by OTPs

Substance abuse treatment facilities provide a variety of treatment and support services to their clientele. The numbers and percentages of facilities with OTPs that offered specific services follow:

### **Assessment and Pre-treatment Services**

- 1,088 (96 percent) offered screening for substance abuse
- 1,021 (91 percent) offered comprehensive substance abuse assessment or diagnosis
- 618 (57 percent) offered outreach to persons in the community who may need treatment
- 587 (54 percent) offered screening for mental health disorders
- 337 (31 percent) offered comprehensive mental health assessment or diagnosis
- 317 (29 percent) offered interim services for clients when immediate admission is not possible

### **Counseling**

- 1,124 (99 percent) offered individual counseling
- 959 (85 percent) offered group counseling
- 688 (61 percent) offered family counseling
- 479 (42 percent) offered marital/couples counseling

### **Testing**

- 1,119 (99 percent) offered drug or alcohol urine screening
- 1,057 (94 percent) offered TB screening
- 855 (77 percent) offered breathalyzer or other blood alcohol testing

- 771 (69 percent) offered HIV testing
- 760 (69 percent) offered STD testing
- 743 (67 percent) offered screening for Hepatitis C
- 714 (65 percent) offered screening for Hepatitis B

### **Transitional Services**

- 1,089 (96 percent) offered discharge planning
- 860 (78 percent) offered after-care/continuing care

### **Ancillary Services**

- 1,094 (97 percent) offered substance abuse education
- 950 (85 percent) offered HIV or AIDS education, counseling, or support
- 938 (84 percent) offered case management services
- 851 (76 percent) offered health education other than HIV/AIDS
- 766 (69 percent) offered assistance with obtaining social services such as Medicaid, WIC, SSI, SSDI
- 749 (67 percent) offered social skills development
- 644 (58 percent) offered assistance in locating housing for clients
- 556 (50 percent) offered early intervention for HIV
- 512 (46 percent) offered self-help groups such as AA, NA, Smart Recovery
- 488 (44 percent) offered employment counseling or training for clients
- 471 (43 percent) offered mentoring/peer support
- 470 (42 percent) offered mental health services

- 349 (32 percent) offered domestic violence—family or partner violence services for physical, sexual, and emotional abuse
- 348 (32 percent) offered transportation assistance to treatment
- 91 (8 percent) offered acupuncture
- 77 (7 percent) offered child care for clients' children
- 10 (1 percent) offered residential beds for clients' children

### **Pharmacotherapies**

- 1,132 (100 percent) offered methadone
- 495 (44 percent) offered any buprenorphine, Subutex<sup>®</sup>, and/or Suboxone<sup>®</sup>
- 484 (43 percent) offered buprenorphine—Suboxone<sup>®</sup>
- 347 (31 percent) offered medications for psychiatric disorders
- 249 (22 percent) offered nicotine replacement
- 243 (22 percent) offered Antabuse<sup>®</sup>
- 243 (22 percent) offered buprenorphine—Subutex<sup>®</sup>
- 197 (18 percent) offered naltrexone
- 192 (17 percent) offered Campral<sup>®</sup>

## Clinical/Therapeutic Approaches

A variety of clinical or therapeutic approaches are used by substance abuse treatment facilities. Each has its strengths, and certain approaches may work best for specific behavioral or addiction problems. The following lists the number and percentage of facilities with OTPs that indicated that they used the specific approach “always or often”:<sup>6</sup>

- Substance abuse counseling—1,119 (99 percent)
- Relapse prevention—990 (88 percent)
- Cognitive-behavioral therapy—520 (46 percent)
- Motivational interviewing—487 (43 percent)
- 12-step facilitation—412 (37 percent)
- Brief intervention—356 (32 percent)
- Contingency management/motivational incentives—308 (27 percent)
- Anger management—224 (20 percent)
- Trauma-related counseling—141 (13 percent)
- Rational emotive behavioral therapy (REBT)—102 (9 percent)
- Matrix model—90 (8 percent)
- Community reinforcement plus vouchers—46 (4 percent)

## Standard Operating Procedures

Many facilities have practices that aim to improve the activities and care offered to the client, and these are incorporated into the standard operating procedures of the facility. The numbers and percentages of facilities with OTPs that included these practices in their standard operating procedures are as follows:

- Periodic client satisfaction surveys conducted by the facility—1,111 (98 percent)
- Periodic drug testing of clients—1,108 (98 percent)
- Required continuing education for staff—1,107 (98 percent)

- Regularly scheduled case review with a supervisor—1,095 (97 percent)
- Periodic utilization review—1,022 (91 percent)
- Case review by an appointed quality review committee—913 (81 percent)
- Outcome follow-up after discharge—882 (78 percent)

## Discussion

Opioid Treatment Programs provide interventions that are designed to meet a range of needs of their clients as well as to provide medication-assisted therapy for opioid addiction through maintenance or detoxification. By understanding the many facets of care offered by these programs, persons seeking treatment and those professionals who provide referrals to treatment may make informed decisions about the range of services that would help promote and sustain recovery from opioid addiction. Policy makers and funders who are concerned with accessibility to appropriate services may also wish to examine whether or not current funding strategies and facility settings are adequate for the population in need of such therapeutic help.

## End Notes

<sup>1</sup> Methadone is a synthetic opioid used medically as an analgesic and in the treatment of narcotic addiction. It reduces withdrawal symptoms in people addicted to narcotics without causing the “high” associated with the drug addiction.

<sup>2</sup> Buprenorphine is used to treat opiate addiction/dependence by preventing symptoms of withdrawal from heroin and other opiates. It was approved by the FDA in October 2002. Trade names include Subutex® (buprenorphine hydrochloride) and Suboxone® (buprenorphine hydrochloride and naloxone hydrochloride).

<sup>3</sup> Methadone and buprenorphine are the only two opioid medications approved for the treatment of opioid addiction.

<sup>4</sup> U.S. counties and county equivalents were assigned to one of five urbanization levels according to the classification scheme developed by the National Center for Health Statistics (NCHS): 1. Large Central Metro—County in a Metropolitan Statistical Area (MSA) of 1 million or more population that contained all or part of the largest central city of the MSA; 2. Large Fringe Metro—County in a large MSA (1 million or more population) that did not contain any part of the largest central city of the MSA; 3. Small Metro—County in an MSA with less than 1 million population; 4. Non-Metro with City—County not in an MSA but with a city of 10,000 or more population; 5. Non-Metro without City—County not in a MSA and without a city of 10,000 or more population.

<sup>5</sup> The SAMHSA-approved Opioid Treatment Program Accrediting Bodies include the following: Commission on Accreditation of Rehabilitation Facilities (CARF); Council on Accreditation (COA); Division of Alcohol and Drug Abuse, State of Missouri Department of Mental Health; Division of Alcohol and Substance Abuse, Washington Department of Social and Health Services; Joint Commission (formerly the Joint Commission Accreditation of Healthcare Organizations [JCAHO]); and National Commission of Correctional Health Care.

<sup>6</sup> All clients admitted to a facility may not receive each approach offered by that facility.

## Suggested Citation

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## Findings from SAMHSA's 2008 National Survey of Substance Abuse Treatment Services (N-SSATS)

# Overview of Opioid Treatment Programs within the United States: 2008

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

N-SSATS collects three types of information from facilities: characteristics of individual facilities such as services offered and types of treatment provided, primary focus of the facility, and payment options; client count information such as counts of clients served by service type and number of beds designated for treatment; and general information such as licensure, certification, or accreditation and facility website availability. In 2008, N-SSATS had a response rate of 94.1 percent and collected information from 13,688 facilities from all 50 States, the District of Columbia, the Federated States of Micronesia, Guam, Palau, Puerto Rico, and the Virgin Islands. **Information and data for this report are based on data reported to N-SSATS for the survey reference date March 31, 2008.**

*The N-SSATS 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 the trade name of Research Triangle Institute). Information on the most recent N-SSATS is available in the following publication:

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2009). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2008. Data on Substance Abuse Treatment Facilities* (DASIS Series: S-49, DHHS Publication No. (SMA) 09-4451). Rockville MD: Author.

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