

The N-SSATS Report

January 28, 2010

Similarities and Differences in Opioid Treatment Programs that Provide Methadone Maintenance or Buprenorphine Maintenance

In Brief

- A total of 1,132 substance abuse treatment facilities (or 8 percent of all substance abuse treatment facilities) operated an Opioid Treatment Program (OTP) in 2008, a percentage that has remained constant since 2002
- Of OTPs that provided methadone maintenance and/or buprenorphine maintenance services, 52.4 percent served only clients in the maintenance program and 47.6 percent served clients in the maintenance program as well as other substance abuse clients
- Facilities with OTPs that served clients in addition to those in the maintenance program also offered a greater variety of treatment types and services than those that served only the maintenance client

In 2008, an estimated 282,000 persons aged 12 or older were dependent on or abused heroin and an estimated 1,716,000 persons aged 12 or older were dependent on or abused pain relievers¹ in the past year.² Opiate withdrawal, while generally not life threatening, can be extremely uncomfortable and may include agitation, muscle aches, insomnia, abdominal cramping, diarrhea, vomiting, etc. These symptoms usually start within a few hours of last usage and generally subside after about a week, but may last for months in some individuals.³ Additionally, craving for the drug may persist for years after drug cessation. Because of these symptoms and craving, relapse is common.

Treatment for opioid addiction may include medications to help prevent relapse. Two medications are currently approved for the treatment of opioid addiction: methadone and buprenorphine.

In order for a substance abuse treatment facility to use these opioid drugs in treatment, it must be certified as an Opioid Treatment Program (OTP).⁴ 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.⁵

The National Survey of Substance Abuse Treatment Services (N-SSATS) asks OTPs about their services. This report includes information about OTPs that responded to 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 N-SSATS.⁶ Of these, 1,132 facilities (or 8 percent) operated an OTP. The percentage of OTPs has remained constant at approximately 8 percent each year since 2002.⁷ Of the 1,132 OTPs, 1,056 indicated that they operated a maintenance program.⁸ Of those that operated a maintenance program, 553 indicated that all of their clients were in the maintenance program. The remaining 503 facilities had clients in the maintenance program as well as other clients receiving other forms of substance abuse treatment. These additional clients may or may not be opioid abusers. This report will discuss similarities and differences between these two types of facilities. For this report, facilities where all clients in the facility are in the maintenance program will be considered “OTP Only” facilities; the remainder will be termed “OTP Mixed” facilities.

Type of Program Offered

Methadone or buprenorphine may be used for maintenance or detoxification in the treatment of opioid addiction. OTP Only facilities were more likely than OTP Mixed facilities to offer methadone maintenance (and not offer buprenorphine maintenance) (72.3 vs. 53.1 percent) and less likely to offer both methadone maintenance and buprenorphine maintenance (27.7 vs. 44.7 percent). Just 2.2 percent (11 facilities) in the OTP Mixed group offered buprenorphine maintenance without also offering methadone maintenance.

OTPs also may use methadone to detoxify clients from other opiates. However, OTP Only facilities were less likely than OTP Mixed facilities to offer either methadone detoxification or buprenorphine detoxification (58.2 vs. 75.9 percent).

While methadone was used in all of the maintenance OTPs, other pharmacotherapies (for either opioid addiction or other medical issues) were less likely to be used in OTP Only facilities than in OTP Mixed facilities (Table 1).

Facility Operation and Location

OTP Only facilities were more likely than their counterparts to be operated by a private organization (92.9 vs. 83.3 percent). However, OTP Only facilities were more likely to be operated by private for-profit organizations (60.0 percent) than private non-profit organizations (32.9 percent), while OTP Mixed facilities were equally likely to be operated by private for-profit (41.7 percent) or private non-profit organizations (41.6 percent). Relatively few OTPs were operated by public entities (7.1 vs. 16.7 percent for OTP Only and OTP Mixed facilities, respectively).

There were no differences between the two types of OTP facilities based on urbanization levels.⁹ The vast majority of OTP Only and OTP Mixed facilities were located within a metropolitan area, either within a large central metropolitan area (44.8 vs. 43.5 percent), a large fringe metropolitan area (15.6 vs. 16.9 percent), or a small metropolitan area (31.1 vs. 34.2 percent). Very few facilities with OTPs were located in a non-metropolitan area with a city

Table 1. OTP Only and OTP Mixed Facilities that Use Specific Pharmacotherapies: 2008

Pharmacotherapy	Percent of OTP Only Facilities	Percent of OTP Mixed Facilities
Methadone	100.0	100.0
Buprenorphine (Subutex® or Suboxone®)	30.6	57.1
Antabuse®	11.5	30.8
Naltrexone	4.8	28.3
Campral®	6.0	25.4
Nicotine Replacement	8.4	29.1
Medications for Psychiatric Disorders	13.3	41.5

Note: Facilities with an OTP where all clients in the facility are in the maintenance program are considered “OTP Only” facilities; the remainder are termed “OTP Mixed” facilities.
Source: 2008 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

(4.7 vs. 2.4 percent, for OTP Only and OTP Mixed facilities, respectively) or a non-metropolitan area without a city (3.3 vs. 2.2 percent, for OTP Only and OTP Mixed facilities, respectively).

Primary Focus and Type of Treatment

OTP Only facilities were more likely than OTP Mixed facilities to have a primary focus on substance abuse treatment (95.3 vs. 79.9 percent) and less likely to have a focus centered on a mix of substance abuse and mental health treatment with neither primary (4.2 vs. 16.3 percent).

Substance abuse treatment facilities may offer outpatient treatment, residential treatment, hospital inpatient treatment, or any combination of these types of treatment.¹⁰ Almost all (98.7 percent) OTP Only facilities were outpatient-only facilities and all but two facilities (that were residential only) had an outpatient component. OTP Mixed facilities had a greater variety of treatment types available. However, while about four fifths (79.7 percent) of OTP Mixed facilities were outpatient-only facilities, most (93.7 percent) did have an outpatient component to them (Table 2).

Accreditation and Licensure

One requirement for certification as an OTP is that the facility obtains accreditation from an approved entity.¹¹ In addition to accreditation, an OTP may also be licensed by the State for the provision of substance abuse treatment. There were few differences between the licensing, certification, and accrediting agencies used

by either the OTP Only or OTP Mixed facilities. The entities used most frequently by both the OTP Only and OTP Mixed facilities, respectively, were the Commission on Accreditation of Rehabilitation Facilities (CARF) (66.3 vs. 69.3 percent), the State substance abuse agency (91.2 vs. 90.4 percent), and the State department of health (58.8 vs. 60.6 percent). One major difference was that OTP Only facilities were less likely than OTP Mixed facilities to be licensed, certified, or accredited by the State mental health department (18.4 vs. 31.1 percent).

Languages Other Than English

While many facilities with OTPs offered substance abuse treatment services in a language other than English, OTP Only facilities were less likely than OTP Mixed facilities to do so (50.6 vs. 64.0 percent). Of those that did offer treatment services in a language other than English, approximately 95 percent of both groups offered those services in Spanish.

Facilities were also asked if they provided substance abuse treatment services in sign language—such as American Sign Language, Signed English, or Cued Speech—for the hearing impaired. OTP Only facilities were less likely than OTP Mixed facilities to offer this service (18.9 vs. 32.8 percent).

Facility Payment Options and Funding

Facilities may accept a variety of payment types for providing substance abuse treatment services. Almost all OTPs accepted cash or self payment: 97.1 percent at OTP Only and 96.4 percent at OTP Mixed facilities. However, there were striking differences for other payment types (see Table 3). OTP Only facilities were less likely than OTP Mixed facilities to accept other types of client payments. They were also less likely to have sliding fee scales or offer free treatment to those who could not pay, to have accepted public funds, or to have arrangements or agreements with managed care organizations.

Table 2. Percent Distribution of OTP Only and OTP Mixed Facilities, by Type and Combinations of Treatment Offered: 2008

Type of Treatment	OTP Only Facilities	OTP Mixed Facilities
Total	100.0	100.0
Outpatient Only	98.7	79.7
Hospital Inpatient Only	0.0	2.8
Residential Only	0.4	3.0
Outpatient and Hospital Inpatient	0.9	4.6
Outpatient and Residential	0.0	6.2
Hospital Inpatient and Residential	0.0	0.6
Outpatient, Hospital Inpatient, and Residential	0.0	3.2

Note: Facilities with an OTP where all clients in the facility are in the maintenance program are considered “OTP Only” facilities; the remainder are termed “OTP Mixed” facilities. Percentages may not sum to total due to rounding.

Source: 2008 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Table 3. OTP Only and OTP Mixed Facilities, by Facility Payment Options and Funding: 2008

Facility Payment Options and Funding	Percent of OTP Only Facilities	Percent of OTP Mixed Facilities
Facility Payment Options		
Type of Payment or Insurance Accepted		
Cash or Self-payment	97.1	96.4
Private Health Insurance	33.1	61.6
Medicaid	55.1	71.0
Medicare	17.3	38.4
State-financed Health Insurance	22.0	44.3
Federal Military Insurance	10.8	24.5
Uses Sliding Fee Scale	39.4	65.5
Offers Free Treatment to Those Who Cannot Pay	21.9	42.9
Funding		
Receives Public Funds	37.9	58.9
Agreements or Contracts with Managed Care Organizations	33.1	52.5

Note: Facilities with an OTP where all clients in the facility are in the maintenance program are considered "OTP Only" facilities; the remainder are termed "OTP Mixed" facilities.
 Source: 2008 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Similar percentages of OTP Only and OTP Mixed facilities provided family counseling (59.2 vs. 63.5 percent) or marital/couples counseling (42.3 vs. 44.9 percent). However, while most OTPs provided group counseling, OTP Only facilities were less likely than OTP Mixed facilities to provide that type of counseling (77.2 vs. 91.5 percent).

Numbers of Clients

On the survey date of March 31, 2008, a total of 270,881 methadone or buprenorphine clients were enrolled in an OTP with a maintenance program. The vast majority of these clients were receiving methadone (98.5 percent). Of the methadone clients, 57.4 percent of them were receiving treatment in an OTP Only facility. Of the buprenorphine clients, 24.5 percent of them were receiving treatment in an OTP Only facility.

Services Offered

Many substance abuse treatment facilities offer services that aid in the recovery process by supporting the client or providing needed information in addition to "substance abuse treatment." For many of these services, there were few differences between the OTP Only and OTP Mixed facilities. However, for other services, the OTP Only facilities were less likely than the OTP Mixed facilities to provide these services (Table 4). Although services that directly support recovery from opioid addiction were found equally in both types of facility, services that support additional needs (i.e., mental health issues, transportation, etc.) were more likely to be found in OTP Mixed facilities than in OTP Only facilities.

Counseling and Therapeutic Approach

Counseling is an important part of substance abuse treatment. Almost all of the OTPs, either OTP Only (99.6 percent) or OTP Mixed facilities (99.4 percent), provided individual counseling to their clients. The most common types of therapeutic approach used "always or often" by both OTP Only and OTP Mixed facilities were substance abuse counseling (99.1 vs. 99.4 percent) and relapse prevention (86.1 vs. 89.8 percent). OTP Only facilities were less likely than OTP Mixed facilities to use "always or often" 12-step facilitation (25.6 vs. 41.4 percent), cognitive-behavioral therapy (37.0 vs. 56.1 percent), or motivational interviewing (36.5 vs. 50.0 percent).

Discussion

Understanding the differences (and similarities) in the types of facilities available for opioid treatment can help potential clients and those making referrals to treatment to make more informed decisions regarding treatment. In the case of OTPs, it appears that the greatest difference between these two types of facilities is that OTP Mixed facilities more often offer a richer array of services and more payment options than OTP Only facilities. Clients with multiple needs for support services—including opioid addiction—might be better served by those facilities with a wider selection of support and recovery services.

End Notes

- ¹ Heroin and pain relievers are opiates.
- ² Office of Applied Studies. (2009). *Results from the 2008 National Survey on Drug Use and Health: National findings* (NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ³ National Institute on Drug Abuse. (2009). *NIDA InfoFacts: Heroin*. Retrieved September 10, 2009, from www.nida.nih.gov/infofacts/heroin.html

⁴ Certification is the process by which the SAMHSA/CSAT Division of Pharmacologic Therapies (DPT) determines that a substance abuse treatment facility is qualified to provide opioid treatment under 42 CFR Part 8. To obtain SAMHSA certification, OTPs must successfully complete the accreditation process and meet other requirements enumerated in 42 CFR Part 8. Information about certification may be found at <http://www.dpt.samhsa.gov/regulations/certification.aspx>

- ⁵ Mann, A. (2004). Successful trial caps 25-year buprenorphine development effort. *NIDA Notes*, 19(3, NIH Publication No. 04-3478), 7-9.
- ⁶ In 2008, N-SSATS had a 94 percent response rate.
- ⁷ The 2002 N-SSATS was the first survey since the Center for Substance Abuse Treatment (CSAT) took over certification of OTPs in 2001. Formerly, OTPs were certified through the Food and Drug Administration (FDA).
- ⁸ The facility may operate a methadone maintenance program, a buprenorphine maintenance program, or both types of maintenance program. These facilities may also have offered a detoxification program. Those OTPs that did not operate a maintenance program operated a methadone and/or buprenorphine detoxification program.
- ⁹ 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. Facilities in Puerto Rico were not assigned an urbanization level; therefore, percentages do not sum to 100 percent.

Table 4. OTP Only and OTP Mixed Facilities that Provide Specific Services to their Clientele: 2008

Service	Percent of OTP Only Facilities	Percent of OTP Mixed Facilities
Assessment and Pre-treatment Services		
Screening for Substance Abuse	95.3	97.6
Comprehensive Substance Abuse Assessment or Diagnosis	88.4	93.8
Screening for Mental Health Disorders	39.1	63.8
Comprehensive Mental Health Assessment or Diagnosis	17.8	41.2
Testing		
Breathalyzer or Other Blood Alcohol Testing	67.2	85.6
Drug or Alcohol Urine Screening	99.3	99.0
Screening for Hepatitis B	62.7	64.5
Screening for Hepatitis C	63.8	68.0
HIV Testing	65.9	69.7
STD Testing	70.1	64.8
TB Screening	95.6	91.2
Transitional Services		
Discharge Planning	95.6	96.8
Aftercare/Continuing Care	77.9	77.9
Ancillary Services		
Case Management Services	81.5	86.6
Social Skills Development	65.3	70.6
Assistance with Obtaining Social Services	65.1	70.7
Employment Counseling or Training for Clients	46.1	44.3
HIV or AIDS Education, Counseling, or Support	86.4	82.7
Health Education Other than HIV/AIDS	74.5	77.5
Substance Abuse Education	95.8	98.2
Transportation Assistance to Treatment	23.0	36.7
Mental Health Services	28.1	53.3
Self-help Groups	32.9	53.4

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 Source: 2008 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

- ¹⁰ The types and combinations of treatment are: 1. Outpatient Only; 2. Hospital Inpatient Only; 3. Non-hospital Residential Only; 4. Combination of Outpatient and Hospital Inpatient; 5. Combination of Outpatient and Non-hospital Residential; 6. Combination of Hospital Inpatient and Non-hospital Residential; and 7. Combination of Outpatient, Hospital Inpatient, and Non-hospital Residential.
- ¹¹ Facilities may be licensed/accredited by more than one certifying agency. 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 on Accreditation of Healthcare Organizations [JCAHO]); and National Commission of Correctional Health Care. In addition to accreditation, OTPs may be licensed by their individual States to provide substance abuse treatment.

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

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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 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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