

The DASIS Report

December 6, 2002

Facilities Providing Methadone/LAAM Treatment to Clients with Opiate Addiction

In Brief

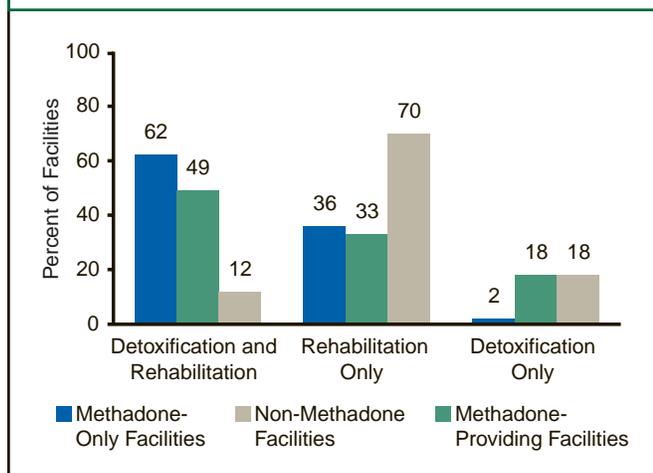
- Of 13,428 facilities surveyed in 2000, 1,215 (9 percent) reported that they dispensed methadone or LAAM
- Methadone facilities offered HIV testing, hepatitis testing, and testing for sexually transmitted diseases more than twice as frequently as non-methadone facilities
- The highest median number of clients was in methadone-only facilities owned by private non-profit organizations (252)

Opioid agonist medications are used to treat addiction to opiates, primarily heroin. Methadone is the most commonly used opioid agonist medication—97 percent of clients being treated with such medications receive methadone. The remaining 3 percent receive *levo-alpha-acetyl-methadol* (LAAM). Methadone is taken daily and LAAM three times a week.¹ This report looks at facilities providing methadone or LAAM treatment to clients with opiate addiction as reported to the National Survey of Substance Abuse Treatment Services (N-SSATS). N-SSATS is an annual survey of all facilities in the United States, both public and private, that provide substance abuse treatment.

Methadone Facilities

Of the 13,428 facilities responding to the 2000 N-SSATS, 1,215 (9 percent) reported that they dispensed methadone or LAAM (methadone facilities): 560 (4 percent) provided only methadone or LAAM treatment programs (methadone-only facilities) and 655 (5 percent) provided methadone or LAAM programs in addition to other substance abuse treatment programs (methadone-providing facilities). On the survey reference date, October 1, 2000,

Figure 1. Types of Treatment Offered by Methadone and Non-Methadone Facilities: 2000



Source: 2000 SAMHSA National Survey of Substance Abuse Treatment (N-SSATS).

a total of 1,000,896 clients were reported to be in treatment. Methadone facilities reported dispensing methadone to 172,502 clients (17 percent) and LAAM to 5,715 clients (1 percent).

Type of Care

Methadone-only facilities were almost all (98 percent) outpatient facilities (data not shown). Among methadone-providing facilities, 48 percent were outpatient, 13 percent were hospital inpatient, 12 percent were residential, and 28 percent were facilities providing at least two types of care (e.g., hospital inpatient and residential). Among facilities that did not dispense methadone or LAAM (non-methadone facilities), 66 percent were outpatient, 2 percent were hospital inpatient, 17 percent were residential, and 15 percent were facilities providing more than one type of care.

Type of Treatment

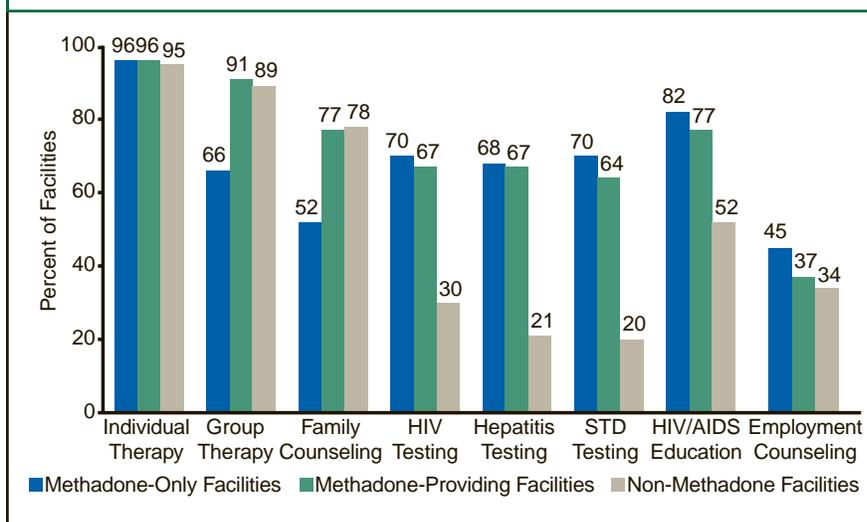
Most methadone-only facilities (62 percent) provided both detoxification and rehabilitation; 36 percent provided rehabilitation only, and 2 percent reported detoxification only (Figure 1). Among methadone-

providing facilities, 49 percent offered both detoxification and rehabilitation, 33 percent provided rehabilitation only, and 18 percent provided detoxification only. Among non-methadone facilities, 12 percent provided detoxification and rehabilitation, 70 percent provided rehabilitation only, and 18 percent provided detoxification only.

Services Provided

More than 95 percent of methadone and non-methadone facilities offered individual therapy (Figure 2). Approximately 66 percent of the methadone-only facilities offered group therapy while 52 percent offered family counseling. In methadone-providing facilities, 91 percent offered group therapy and 77 percent offered family counseling. For non-methadone facilities, 89 percent offered group therapy and 78 percent family counseling. Methadone-only and methadone-providing facilities offered HIV testing more than

Figure 2. Services Provided by Methadone and Non-Methadone Facilities: 2000



twice as frequently, and hepatitis testing, and testing for sexually transmitted diseases (STD) more than three times as frequently, as non-methadone facilities.

Special Population Served

Methadone-only facilities provided programs for dually diagnosed clients less frequently (39 percent) than methadone-providing and non-

methadone facilities (63 and 50 percent, respectively) (data not shown). Programs for persons with HIV/AIDS were reported more than twice as frequently at methadone-only facilities (46 percent) and methadone-providing facilities (43 percent) than at non-methadone facilities (19 percent). Programs for pregnant and postpartum women were offered more frequently at methadone-only facilities (42 percent) and methadone-providing facilities (32 percent) than at non-methadone facilities (19 percent).

Figure 3. Ownership of Methadone and Non-Methadone Facilities: 2000*

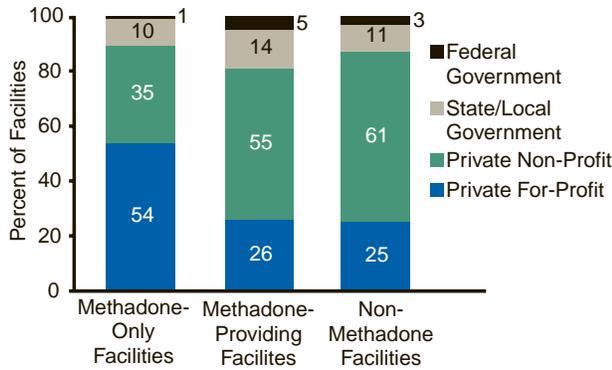


Table 1. Methadone and Non-Methadone Facilities, by Type of Payment Accepted: 2000

Payment	Percent		
	Methadone-Only	Methadone-Providing	Non-Methadone
Cash or self-payment	98	93	90
Medicaid	61	74	54
Medicare	26	56	38
Private Health Insurance	47	82	73
State-Financed Health Insurance	18	42	37
Federal Military Insurance	12	48	39

Ownership and Number of Clients

Most methadone facilities were owned or operated by private organizations. Private for-profit organizations owned or operated 54 percent of methadone-only facilities and 26 percent of methadone-providing facilities (Figure 3). Private non-profit organizations owned or operated 35 percent of methadone-only facilities and 55 percent of methadone-providing facilities.

On the survey reference day, the highest median number of clients was in methadone-only facilities owned by private non-profit organizations (252) and the second highest was in methadone-providing facilities (240) owned by the Federal government, followed by methadone-only facilities owned by local governments (220) and private for-profit organizations (181) (data not shown). Overall, methadone-only facilities had a higher median number of clients (200) than methadone-providing facilities (50) or non-methadone facilities (30).

Type of Payment Accepted

Cash or self-payment was accepted by almost all methadone-only facilities (98 percent) (Table 1). It was also the type of payment most frequently accepted by methadone-providing facilities (93 percent) and non-methadone facilities (90 percent). Medicaid was the second most frequently accepted type of payment at methadone facilities: 61 percent of methadone-only and 74 percent of methadone-providing facilities accepted Medicaid compared with 54 percent of non-methadone facilities. Less than half (47 percent) of methadone-only facilities accepted private insurance compared with 82 percent of methadone-providing and 73 percent of non-methadone facilities.

End Note

¹ Center for Substance Abuse Treatment. (1997). *A Guide to Substance Abuse Services for Primary Care Clinicians. Treatment Improvement Protocol (TIP) Series 24* (DHHS Publication No. (SMA) 97-3139). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Figure Note

* The percentage of tribal government-owned facilities is not shown because in 2000, tribal governments owned only 2 methadone facilities and only 168 (1 percent) non-methadone facilities.

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 RTI, Research Triangle Park, North Carolina.

Information and data for this report are based on data reported to N-SSATS for the survey reference date October 1, 2000.

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

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

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



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