

## **FREQUENTLY ASKED QUESTIONS**

The Licensing and Certification Branch is responsible for the licensing and certifying of adult, nonmedical alcohol and/or other drug (AOD) recovery or treatment facilities (programs) in the State of California.

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### **GENERAL QUESTIONS**

**I am looking for an alcohol and/or drug program. How do I locate one and how can I tell if it is licensed and/or certified?**

The Licensing and Certification Branch maintains a list, in county order, of [licensed and/or certified programs](#) (PDF).

In addition, the County Alcohol and Drug Administrator in your county has a list of programs that you can obtain by contacting your Alcohol and Drug Program County Office. [Locate your county's contact information.](#) (PDF)

**What kind of services will I expect to find in a licensed facility?**

Residential facilities provide non-medical services to individuals who are working to overcome their addiction to alcohol and/or other drugs. Services include education, group, or individual sessions; recovery or treatment planning; and detoxification services. In addition, a licensed facility may offer individualized services (e.g., vocational and employment search training, community volunteer opportunities, new skills training, peer support, social and recreational activities, and information about and referral to appropriate community services).

**Who do these facilities serve?**

Residential facilities licensed by DHCS serve adults 18 years of age and older. Adult facilities may also serve a limited number of adolescents (14 and older) on a waiver basis. Some facilities allow dependent children to reside with their parents. Licensed facilities are mandated to display their license, which indicates the treatment capacity and the population they are allowed to serve, in a public location.

### **Will DHCS recommend a facility or program?**

DHCS will not recommend a facility or program. DHCS assures that facilities meet mandated requirements through the licensing and certification process. DHCS recommends that individuals research programs or facilities that are being considered to find the one that best meets their needs. You may contact your County Alcohol and Drug Program Administrator for names and descriptions of programs in your county. You may also contact DHCS and request any information regarding complaints that have been filed against any particular licensed and/or certified program.

### **How does one pay for services?**

Payments for services are arranged by agreement between the resident and the facility. Some facilities receive federal and state funds through contracts with counties. Although costs may vary, any recovery or treatment service fee must be addressed in a written agreement at time of admission.

### **How do I get referrals or clients for my facility?**

There are several possible methods for getting referrals or clients. You can contact your County Alcohol and Drug Program Administrator and/or local organized alcohol and/or other drug groups such as Alcoholics Anonymous or Narcotics Anonymous. You may also advertise. DHCS does not make referrals to facilities.

### **How do I file a complaint about an AOD program?**

DHCS investigates complaints that deal with violations of the law, regulations, and/or certification standards, including facilities which are alleged to be operating without a license. You can file a complaint by calling (877) 685-8333, or by faxing a completed complaint form to (916) 445-5084. The complaint form can be attained by clicking this link to the [complaint form](#). You may also submit a complaint your written complaint to the following address:

Department of Health Care Services  
Complaints & Counselor Certification Branch, MS 2601  
PO Box 997413  
Sacramento, CA 95899-7413

You may also submit a complaint via email to [dhcslcbcomp@dhcs.ca.gov](mailto:dhcslcbcomp@dhcs.ca.gov)

### **How can I be assured that someone will investigate my complaint?**

DHCS will investigate all complaints that deal with a violation of an alcoholism or drug abuse treatment or recovery law, regulation, and/or certification standard. A program is evaluated according to Division 10.5 of the Health and Safety Code; CCR, Title 9; and/or the Alcohol and/or Other Drug Program Certification Standards, depending on its license or certification. Complaints can be made anonymously.

### **How does the State investigate situations involving unlicensed facilities?**

If DHCS receives a complaint in which a facility is alleged to be operating without a license, DHCS staff investigates the complaint. If DHCS finds that alcohol and/or drug services are being provided unlawfully, DHCS will notify the operator to cease operation. DHCS also has the authority to assess fines for noncompliance if unlicensed facilities fail to comply, and may ask for court assistance to order the closure of an unlicensed facility.

### **How can a completed/closed DHCS inspection report and/or complaint investigation report be requested on a facility?**

The Public Records Act provides the public access to certain information following the completion of on-site inspections. You may request a copy of any completed/closed inspection report or complaint investigation by submitting a written request to our website at <http://www.dhcs.ca.gov/formsandpubs/Pages/PublicRecordsAct.aspx> or at the following address:

Department of Health Care Services  
Legal Services  
ATTN: PRA Request  
PO Box 997413, MS 0012  
Sacramento, CA 95899-7413

Your request must provide the name and location of the facility and the year the report/investigation was completed.

### **How can I be assured that information about my participation in a licensed or certified AOD treatment or recovery program remains private?**

The federal government enacted regulations in the early 1970's to guarantee the confidentiality of information regarding an individual that is receiving alcohol and/or drug abuse prevention and treatment services. These regulations were enacted to encourage persons with alcohol and/or other drug problems to get help without incurring the risk of adding to their problems. The regulations (Code of Federal Regulations 42, Part 2) apply to any licensed and/or certified recovery/treatment program and all the personnel connected with that program.

In 1996, Congress also enacted Public Law 104-9 known as the Health Insurance Portability and Accountability Act (HIPAA). One of the provisions under HIPAA requires the federal Department of Health and Human Services to adopt national standards for electronic health care transactions, and privacy and security rules to protect individual's identifiable health information. DHCS, as well as California's licensed and certified AOD

programs are currently required to comply with stringent confidentiality rules under federal regulations. For more information on HIPAA, you may contact the DHCS - HIPAA Compliance Section by internet at

<http://www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/default.aspx>.

### **What is other important information related to alcohol and/or other drug recovery programs?**

Other relevant information can be found in the fact sheets via internet at the [Fact Sheets page](#).

## **FACILITY LICENSING**

### **What facilities (programs) must the Department of Health Care Services (DHCS) license?**

California Code of Regulations (CCR), Title 9, [Section 10501, defines a “facility”](#) as any building or group of buildings which is maintained and operated to provide on a residential basis, one or more of the following alcoholism or drug abuse recovery or treatment services: detoxification; individual, group or educational sessions; treatment or recovery planning.

### **What facilities do not require licensure by DHCS?**

- Facilities that provide a cooperative living arrangement (sometimes referred to as a sober living environment, transitional housing, or alcohol and drug free housing) for persons recovering from alcohol and/or other drug problems. It is important to note that while sober living environments or alcohol and drug free housing are not required to be licensed by DHCS, business permits or clearances may be required by the local cities or counties in which the houses are located. You may additional information regarding sober living homes at the following links:

<http://caarr.org/images/stories/sober-living/pdf/SLE-step-by-step-guide.pdf>

[Self-Run, Self-Supported Houses for More Effective Recovery from Alcohol and Drug Addiction](#)

- Facilities with licenses from other State departments (e.g., group homes licensed by the Department of Social Services; Chemical Dependency Recovery Hospitals licensed by the Department of Public Health).

### **What is the difference between a licensed and a certified facility?**

Any residential facility providing one or more of the following services to adults must be licensed by DHCS: detoxification; group, individual or educational sessions; and/or recovery or treatment planning. Nonresidential programs are not required to be licensed.

In addition to licensure, DHCS provides a voluntary certification process to identify programs which exceed a minimal level of service quality and are in substantial compliance with the Department's standards. Certification is available to both residential and nonresidential programs. Obtaining certification is considered advantageous in gaining the confidence of both potential residents and third party payers.

### **What is the process for licensing an alcohol and/or other drug (AOD) facility?**

Prospective applicants must first have a location where they plan to provide non-medical alcoholism or drug abuse recovery, treatment, or detoxification services.

The applicant must also complete an initial application, submit an approved fire clearance from the local fire authority and pay an applicable license fee. Incomplete applications will be returned to the applicant.

Finally, the applicant must pass a facility on-site inspection conducted by DHCS to determine compliance with all applicable laws and regulations. When it has been determined that the applicant is in compliance with all requirements, DHCS will issue a license valid for two years.

Further information regarding the requirements for AOD licensure and certification can be provided to you by the internet at <http://www.dhcs.ca.gov/provgovpart/Pages/SUD-ProvPartners.aspx>, by calling (916) 322-2911, or by writing to:

Department of Health Care Services  
Licensing & Certification Branch, MS 2600  
PO Box 997413  
Sacramento, CA 95899-7413

Application packets for AOD licensure and certification can also be accessed on the following DHCS web pages:

- [Initial Licensing Application](#)
- [Initial Certification Application](#)

If, after you have read the entire application packet, you determine that you would like technical assistance or training addressing certain elements of the application process, you may request assistance without charge to you from DHCS's consulting agency. The request may be made online at <http://www.aodpolicy.org/tcta.htm>. If you do not have internet access, you may contact the consulting agency via mail, phone, or fax, as follows

Alcohol and Other Drug Policy Institute  
1127 11th St. Ste. 214  
Sacramento, CA 95814  
Phone: 916-572-8171  
FAX: 916-583-7322  
[tcta@aodpolicy.org](mailto:tcta@aodpolicy.org)

Information regarding funding that may be available for establishing a facility can be obtained at the federal [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) website.

### **Can I get financial assistance to open an AOD facility?**

Funding sources can be located through the [DHCS Resource Center](#).

You may also get funding information from the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) website, or by calling (301) 443-4111

For nonprofit health care facilities, the Cal- Mortgage Loan Insurance program offers assistance in obtaining private financing for developing or expanding services. You may contact the California Office of Statewide Health Planning and Development, Cal-Mortgage Loan Insurance Division at (916) 324-9957, or write them at 300 Capitol Mall, Suite 1500, Sacramento, California 95814, or by e-mail at [cminsure@oshpd.state.ca.us](mailto:cminsure@oshpd.state.ca.us)

The California Association of Addiction Recovery Resources ([CAARR](#)) website can also provide useful information

### **What program areas are addressed by AOD licensure?**

The licensing application process includes a thorough review of the facility's program in the following areas: fire clearance, water supply clearance, plan of operation, total occupancy and treatment capacity determination, reporting requirements, personnel requirements, personnel records, admission agreements, health screening, resident records, personal rights, telephones, transportation, health-related services, food service, activities, building and grounds, indoor and outdoor activity space, storage space, fixtures, furniture, and equipment.

### **Will I need a zoning permit or local land use permit?**

All facilities and programs applying for outpatient certification are required to submit approval from the local agency authorized to provide a building use permit. A zoning permit request may be obtained by [clicking here](#).

Facilities that are only applying for licensure are not required to submit a zoning permit with the application; however, applicants must comply with all local zoning laws and ordinances for residential facilities.

### **What role do other government agencies play in the licensing process?**

DHCS is the sole licensing authority for residential non-medical alcoholism or drug abuse recovery or treatment facilities.

Local officials are involved in zoning of property for commercial or residential use and issuance of use permits and business licenses. Facilities providing services to six or fewer people are exempt from certain local land use, zoning ordinances (not exempt from DHCS licensure), and other restrictions, under the Health and Safety Code, beginning with Section

11834.20. The code states that such facilities cannot be subject to taxes, fees, use permits, or zoning requirements that other single family dwellings are not subject to.

Facilities utilizing central food service may also be subject to special permits issued through the local health department.

Local fire safety inspectors (or a representative from the State Fire Marshal's Office) conduct site visits in every facility applying for licensure to determine compliance with fire safety regulations. Although DHCS may issue a license without regard to a conditional use permit, no license can be issued without an appropriate fire safety clearance. A valid fire clearance must be maintained. The fire clearance for residential facilities may be obtained by [clicking here](#), while the outpatient fire clearance may be [accessed here](#).

The Federal Fair Housing Act of 1988 provides protection from discrimination for facilities serving persons recovering from problems related to the use of alcohol or other drugs.

## **FACILITY CERTIFICATION**

### **Are there facilities that provide alcohol and/or other drug treatment or recovery services that are licensed by other agencies?**

Programs that have an alcohol and/or other drug recovery/treatment service component and are seeking additional funds from DHCS may be required by their funding agency to obtain certification from DHCS.

The California Department of Social Services licenses group homes and oversee an array of programs offered by group homes that provide care, supervision, and services for children at risk. The alcohol and/or other drug recovery/treatment services provided by these homes may also be certified by DHCS.

The Department of Public Health licenses chemical dependency recovery hospitals that may also have DHCS-certified alcohol and/or other drug recovery/treatment services.

## **DRUG MEDI-CAL CERTIFICATION**

### **What is the difference between being certified for AOD program services and being certified for the Drug Medi-Cal (DMC) program for substance abuse treatment services?**

AOD certification indicates that a program exceeds a minimal level of service quality and that the program is in substantial compliance with DHCS's certification standards. A clinic that is DMC certified is authorized to provide services that have been approved by a physician as medically necessary to an individual who is otherwise Medi-Cal eligible.

## **How do I become DMC certified?**

Once DHCS determines that the provider's application is complete, an on-site review is scheduled to ensure that the clinic is in full compliance with federal and State Medicaid requirements. Once the requirements are met a certification may be issued.

For more information on the DMC application process and requirements, you may contact the Provider Enrollment Division at (800) 541-5555. The DMC application may be accessed on the internet by [clicking here](#).

## **How can I get reimbursed for my DMC services?**

If you have met the State requirements and are certified as a DMC clinic you are eligible to be reimbursed for your services. The services eligible for reimbursement through the DMC system are outpatient drug free, narcotic treatment, intensive outpatient, naltrexone, and residential services.

Reimbursement for DMC services **must be obtained** through a contract with the county. Information regarding the contract process can be obtained directly from the [County Alcohol and Drug Program Administrator](#) for the county in which the clinic will be located. Please contact your county administrator directly.

Since the DMC program is considered to be a covered entity under the Health Insurance Portability and Accountability Act (HIPAA), claims submitted by the DMC clinic must be HIPAA compliant. The HIPAA 837 Professional (837P) claim transaction is the required claim format for State reimbursement of DMC services provided to eligible patients.

For more information on HIPAA, you may contact the DHCS - HIPAA Compliance Section at (916) 327-3133, and for more information on DMC billing, you may contact the DHCS - Fiscal Management Accounting Branch at (916) 323- 2043.

## **COUNSELOR CERTIFICATION**

### **Do treatment counselors need to be certified?**

Yes; the Counselor Certification Regulations became effective on April 1, 2005, under California Code of Regulations (CCR), Title 9, Chapter 8, Commencing with Section 13000. Any individual providing one or more of the following services: intake, assessment of need for services, treatment or recovery planning, or individual or group counseling to participants, patients, or residents in an DHCS licensed or certified program are required by the State of California to be certified. To obtain certification, counselors must register with one of the certifying organizations approved by DHCS; from the date of registry, counselors have 5 years to become certified. Counselor certification information may be reviewed [here](#).

### **Can I register with more than one certifying organization?**

No; a counselor can only be registered with one certifying organization. The 5-year registration period commences when the counselor becomes registered for the first time with any of the certifying organizations approved by DHCS. If the counselor does not become certified by a certifying organization within 5 years of initial registration, the counselor's registration will be revoked and the counselor will be unable to register with any of the remaining certifying organizations. The counselor will not be permitted to provide counseling services to clients. If the counselor continues to provide counseling services to clients, the program (which employs the revoked counselor) will be cited by DHCS for noncompliance.

### **Who must apply for counselor certification?**

Counselor certification regulations will apply to all individuals providing counseling services (intake, assessment of need for services, treatment or recovery planning or individual or group counseling) in an alcohol or other drug (AOD) program licensed or certified by DHCS.

### **What are the requirements for counselor certification?**

Prior to certification as an AOD counselor, the certifying organization shall require the registrant to:

- Complete a total of 155 hours of classroom education and training:
  - Education on Technical Assistance Publication Series 21 (TAP 21), "Addiction Counseling Competencies, The Knowledge, Skills, and Attitudes of Professional Practice;"
  - Education on ethics, and communicable diseases (i.e., TB, HIV/AIDS);
  - Training on the provision of services to special populations such as aging; co-occurring disorders; disabilities; gay, lesbian, transgendered and cultural differences; and individuals on probation/parole; and
  - Training on the prevention of sexual harassment.
- Complete a specified minimum documented hours of supervised training and work experience providing counseling services in an AOD program.

### **How long will non-certified individuals have to register with a certifying organization?**

Within 6 months of the date of hire, all non-certified individuals providing counseling services in an AOD program shall be registered to obtain certification by one of the certifying organizations approved by DHCS.

### **How long will registrants have to comply with the certification requirements?**

Registrants shall complete certification as an AOD counselor within 5 years from date of initial registration with any of the certifying organizations; the 5-year period does not start

over if the counselor reregisters with another certifying organization. If counselor fails to comply with certification requirements the counselor will be revoked and unable to provide counseling services in any AOD program licensed or certified by DHCS.

**If I am currently registered or certified by a certifying organization not mentioned in the regulations, does this mean my registration or certification is not valid?**

Those individuals who are registered or certified with an organization that is not listed in the regulations, and or recognized by DHCS, must register with one of the listed certifying organizations in order to provide alcohol and drug counseling services in a DHCS licensed or certified facility. The certifying organization maintains the option to grant reciprocity if the education and experience meets the requirements of the counselor certification regulations.

**Is the counseling certificate I received from a state college recognized? If not, what do I do?**

The individual must register with one of the certifying organizations and provide an official diploma or written transcript verifying the successfully completion of an Associates, Bachelors, or Master's Degree. The certifying organization will determine what other requirements need to be fulfilled.

**I have a Bachelor of Arts Degree and/or Master of Science Degree in counseling; do I still have to become certified?**

Yes; all requirements of the counselor certification regulations must be met.

**Can local colleges also certify counselors?**

No; however, anyone may obtain the educational requirements at the college of their choice.

**Must certified counselors adhere to a code of conduct?**

Both registrants and certified AOD counselors shall sign a code of conduct with their certifying organization and/or employer.

**Will licensed professionals be required to be certified?**

Licensed professionals are not required to be certified; however, they shall be required to complete thirty-six (36) hours of continuing education every two (2) years. The continuing education classroom hours required for their license may be used to fulfill this requirement.

**Who is considered to be a licensed professional?**

Licensed professionals may include: LCSW, MFT, Licensed Psychologist, Physician, or registered intern, as specified in Section 13015.

### **Are Marriage and Family Therapists (MFT) exempt from counselor certification?**

Yes; as are other licensed professionals, including a licensed physician, psychologist, clinical social worker, and registered interns.

### **What are the continuing education requirements for certified counselors?**

Forty (40) hours of continuing education shall include TAP 21 curriculum, special populations (e.g., narcotic treatment, drinking driver), and other topics related to the AOD field.

### **Will I have to be fingerprinted in order to obtain certification?**

The Department is not requiring applicants to be fingerprinted unless they are applying for employment in a licensed, residential facility that has been granted an adolescent waiver by the Department. Certifying organizations may require fingerprints at their discretion, and counties may require fingerprints for counselors employed in facilities in which there is a county contract in effect.

### **If I have a criminal conviction, will I be disqualified from obtaining certification?**

There is nothing in the regulations to prevent someone with a criminal record from becoming a certified counselor; however, each DHCS approved certifying organization or employer may establish its own rules for accepting counselors with a criminal history, and may impose more stringent standards at their discretion.

### **How did DHCS select the counselor certifying organizations acknowledged in Section 13035?**

The organizations were chosen because they certified AOD counselors at the time of the development of the regulations. These counselor certifying organizations are known to provide quality services and their curriculum is based on the "Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice", TAP 21, published by the Substance Abuse and Mental Health Administration, United States Department of Health and Human Services, Reprinted 2002. The approved certifying organizations are also required to have an approved accreditation with the [National Commission for Certifying Agencies](#).

### **Who will investigate complaints against counselors?**

DHCS's Complaints & Counselor Certification Branch investigates complaints and or violations of the code of conduct of registered or certified AOD counselors who provide counseling services at programs licensed and or certified by DHCS. [Click here to submit complaint](#)

## **CERTIFIED COUNSELORS AND PROVIDER RESPONSIBILITY**

### **Do all of my employees have to be registered or certified?**

Any individual who is not a licensed professional and is providing one or more of the following services: intake, assessment of need for services, treatment or recovery planning, or individual or group counseling to participants, patients, or residents in an DHCS licensed or certified program are required by the State of California to be registered or certified. To obtain registration and/or certification, counselors must register with one of the certifying organizations recognized by DHCS; from the date of initial registry with any certifying organization, counselors have 5 years to become certified.

### **If a counselor does not become certified within 5 years of becoming registered, what is my responsibility as a provider?**

It is the responsibility of the provider to ensure that all counselors are either certified or registered to obtain certification. An AOD program licensed and/or certified by DHCS that allows less than 30% licensed professional and/or certified counselors will be cited by DHCS for noncompliance with Section 13010.

### **Can all of the counselors be registered only?**

No; at least 30% of staff providing counseling services in all AOD programs licensed and/or certified by DHCS must be licensed or certified. All other counseling staff can be registered pursuant to Section 13015.

### **Who is considered to be a licensed professional?**

Licensed professionals may include: LCSW, MFT, Licensed Psychologist, Physician, or registered intern, as specified in Section 13015.

### **What if my AOD program does not meet the 30% staffing requirement?**

Any AOD program licensed and/or certified by DHCS that allows less than 30% licensed professional and/or certified counselors will be cited by DHCS for noncompliance with Section 13010.

### **If a counselor violates the certifying organization's code of conduct, what is my responsibility as a provider?**

AOD programs licensed or certified by DHCS are required to report counselor misconduct to DHCS within 24 hours of the violation. If the program fails to do so, the program will be cited by DHCS for noncompliance with Section 13065.

Title 9, California Code of Regulations, Section 13065 states the following:

Within 24 hours of the time an alleged violation of the code of conduct specified in Section 13060 by a registrant or a certified AOD counselor becomes known to an AOD program, the program shall report it to the Department and to the registrant or counselor's certifying

organization. Such report may be made via automated or electronic means, such as email or fax.

## **NARCOTIC TREATMENT PROGRAMS**

### **What is Replacement Narcotic Therapy?**

RNT is the most widely known and well researched treatment for opiate dependency. The goals of therapy are to prevent abstinence syndrome (relapse), reduce narcotic cravings, and block the euphoric effects of illicit opiate use.

RNT is comprehensive treatment with synthetic opiates approved by the United States Food and Drug Administration for opiate-addicted patients. Authorized narcotic replacement medications are methadone and levo-alpha-acetylmethadol (LAAM). They are available to patients receiving treatment in a licensed Narcotic Treatment Program (NTP).

RNT has been shown to be the most successful treatment in helping individuals stop using heroin. It has been used for treating heroin addiction for over 30 years and is extremely effective when combined with counseling, medical services, and other necessary treatment to help the patient return to a life without addiction.

The use of methadone and LAAM in the treatment of opiate addiction has been shown to be effective for selected opiate-addicted patients. To receive these medications in a licensed NTP, all patients are required to participate in a comprehensive treatment program which includes a medical evaluation and screening for diseases that are disproportionately represented in the opiate-addicted population. Patients are evaluated and provided counseling for medical, alcohol, criminal, and psychological problems. Patients are also required to undergo regular urinalysis to ensure that illicit drugs are not being used during treatment.

### **What is Buprenorphine?**

In October 2000, the Food and Drug Administration (FDA) approved Buprenorphine as a medication for opiate dependency. Effective January 2005, the California Health and Safety Code established Buprenorphine as an approved medication to be used in Narcotic Treatment Programs. The Department of Alcohol and Drug Programs will not be regulating this medication; however, physicians must be certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and comply with the federal requirements.

### **Phases of a Replacement Narcotic Therapy**

There are two phases of RNT -- Detoxification and Maintenance:

- **Detoxification:** In this phase of treatment, patients are provided with gradually reduced doses of narcotic replacement medication to prevent withdrawal symptoms. Detoxification is generally short-term twenty-one (21) days or less although it can be long-term, up to 180 days. During detoxification treatment, a patient receives a replacement narcotic medication in decreasing dosages to ease

adverse physical and psychological effects caused by withdrawal from the long-term use of an opiate.

- **Maintenance:** This phase of treatment provides replacement narcotic medication to patients in sustained, stable, medically determined doses. The purpose is to reduce or eliminate chronic illicit opiate addiction, while the patient is provided a comprehensive range of additional treatment services. Once patients are stabilized on a satisfactory dosage, it is often possible to address their other chronic medical and psychiatric conditions. A patient's dose will be determined by the physician at the NTP where they are being treated.

### **Is Replacement Narcotic Therapy Effective?**

Maintenance treatment has been shown to decrease illicit drug use, assist in preventing the transmission of infectious and communicable disease among drug users, reduce infant mortality, increase employment and decrease criminal activity.

Over fifty percent of patients remaining in treatment for more than six months dramatically reduce illicit drug use.

### **What is Methadone?**

Methadone is a long-acting synthetic opiate, used primarily in the treatment of opiate addiction. Given to individuals addicted to illicit opiates, it suppresses withdrawal without producing a "high".

Methadone is the most widely known pharmacologic treatment for opiate dependence and is effective in reducing illicit opiate use and retaining patients in treatment. Ongoing methadone treatment also decreases the risk of contracting infectious and communicable disease among drug users, and is considered a cost-effective intervention.

### **What is LAAM?**

LAAM is an oral liquid narcotic replacement medication for the treatment of opiate addiction. LAAM prevents withdrawal symptoms for up to three days and blocks the "high" of street opiates. This is a maintenance medication that is taken three times per week.

### **Are The Medications Used for Replacement Narcotic Therapy Addictive?**

Like several other useful drugs, narcotic replacement medications produce physical dependence. However, the term "addiction" refers to behavior that is compulsive, out of control, and persists in spite of adverse consequences. If someone on NRT is not using illicit drugs and is using only the legal ones as prescribed, this therapy can be viewed as simply another medication.

### **Do The Medications Used for Replacement Narcotic Therapy Have Side Effects?**

When used as directed, methadone and LAAM are safe alternatives for treating opiate addiction. Aside from producing physical dependence, the medications used in NRT have

no known serious or prolonged side effects, even when taken daily for several years. They are longer acting than heroin, and are ingested orally rather than injected, which reduces cravings and renders the use of needles unnecessary.

### **Why Are Medications Used for Replacement Narcotic Therapy Helpful in the Treatment of Narcotic Addiction?**

Both methadone and LAAM are longer acting than heroin and other street narcotics. Each medication is effectively ingested orally. Methadone is generally administered only once daily and LAAM is administered every 48 to 72 hours.

None of the problems common with intravenous drug abuse are present with the oral administration of these medications. Rather than cycling from craving, to a “high” or euphoric state, to restlessness, and back to craving every few hours as with heroin use, the replacement narcotic treatment medications provide patients a much more stabilized life. This stability permits patients to participate in normal daily activities without the disruptive effects of an illicit drug-using lifestyle.

### **How Are Replacement Narcotic Therapy Services Funded?**

RNT services in California may be both privately paid and publicly funded. Federal, state, and local funds go to programs through county and direct provider contracts to assist with payment for services to patients who are unable to pay. Funding sources also include Medi-Cal, and third-party payers such as insurance companies.

### **Who Operates Narcotic Treatment Programs?**

The majority of California's NTPs are privately operated. The remaining NTPs are operated by local government agencies. Treatment aspects of each program are under the supervision of a medical director, who is a licensed medical doctor. Overall program operation is the responsibility of a designated program director.

### **What is DHCS's Role in Licensing and Regulating NTPs?**

NTPs are regulated and licensed by DHCS. DHCS is responsible for ensuring that patients who enroll in NTP programs receive therapeutic care and ensure the health and safety of each patient is upheld. Annual inspections are conducted by DHCS staff to monitor each NTP for compliance with the California Code of Regulations and other state and federal laws and regulations. DHCS works with Substance Abuse and Mental Health Services Administration (SAMSHA), Center for Substance Abuse Treatment (CSAT) and the federal Drug Enforcement Agency (DEA).

### **How Long Do Patients Stay on Narcotic Replacement Therapy?**

Patients stay on NRT as long as medically necessary to reduce or eliminate the craving to use illicit drugs. A medical decision to discontinue NRT should come directly from the treatment provider's physician after discussing options with the patient. Continuation of methadone maintenance is a necessary component of an effective treatment plan for the

patient, to be discontinued only after consultation with the treatment provider's medical staff. RNT should not be discontinued without the full cooperation of both the prescribing physician and the patient.

### **Is Narcotic Therapy Cost-Effective?**

At an average cost of \$11 to \$13 per day, methadone maintenance treatment in particular is clearly a cost-effective alternative to incarceration or hospitalization.

You may locate a licensed NTP in your area by [clicking here](#).