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## EXPLAINER

# Why Opioid Treatment Program Locations Matter

October 2025

## OTP Overview

**Methadone** is a highly effective Food and Drug Administration-approved treatment for opioid use disorder (OUD) and **chronic pain**. Patients taking methadone to manage pain can access the medication **from their local pharmacy**. Conversely, OUD patients can only access methadone through highly regulated specialty clinics known as opioid treatment programs (OTPs).

Traditionally, OTPs require patients to appear at the clinic up to six times per week, where they consume their methadone doses under **clinical supervision**. “Dosing hours” are typically limited, requiring patients to schedule their lives around clinic visits. Although some patients earn the privilege of “**take-home doses**,” clinic and state policies often exceed federal eligibility guidance and lock patients into frequent clinic visits. While OTPs offer structure that some patients appreciate, they are inflexible and not always patient-centered.

Although methadone treatment decreases illicit drug use, **overdose risk**, and **criminal activity**, it is woefully underutilized. This is largely due to the restrictive regulatory environment that discourages competition, thereby limiting access to this lifesaving medication.

## Geographic Distribution of OTPs

As of October 2025, the Substance Abuse and Mental Health Services Administration directory listed **2,124 OTPs** operating in the United States. However, there are stark differences in geographic distribution across the country—for example, Wyoming has no OTPs at all. But since states differ in population and size, the number of OTPs per state is not the best way to measure access. Finding accurate ways to assess the availability of OTPs is important because traveling long distances to reach an OTP is associated with **poorer treatment adherence and retention**.

## OTP Availability by Population

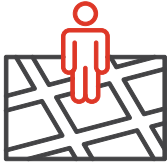
Evaluating the number of OTPs relative to the number of people who live in a state is one way to assess availability differences accurately. As of 2019, Rhode Island had the **most OTPs per 100,000 residents** and Wyoming the fewest. Although this measure gives a general idea of OTP availability in a state, it does not provide much information about the ease of OTP access for a state’s population.

## OTP Availability by ZIP Code Tabulation Area

Evaluating OTP availability by state masks differences in availability within each state. Using a smaller unit of area gives a better understanding of accessibility. Similar to zone improvement plan (ZIP) codes, **ZIP Code Tabulation Areas** (ZCTAs) are regions designated by the U.S. Census Bureau that can provide a more granular assessment of OTP availability. A **study using 2019 data** found significant variation in the number of ZCTAs within a state that have an OTP. Nationally, Rhode Island had the highest percentage of ZCTAs with an OTP (**25.3 percent**) and Wyoming the fewest (**0 percent**). However, because population density and land area can vary between ZCTAs, they also provide an incomplete picture of OTP accessibility.



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In general, OTPs are less accessible in less densely populated areas than in more urban areas. This is reflected in studies that show significantly increased travel time to an OTP as population density decreases.

## Contact us

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## OTP Availability by Travel Time and Distance

The burden of traveling to an OTP is an important consideration when discussing the accessibility of methadone treatment. A [study using data from 2005 to 2009](#) found that 60 percent of patients using methadone traveled less than 10 miles to an OTP. However, 26 percent of patients traveled more than 15 miles, 6 percent traveled 50 to 200 miles, and 8 percent crossed a state border for treatment. Although there are [more than twice as many OTPs](#) operating in the United States now compared to the year 2000, data from 2019 found that more than 2.9 million adults live [more than two hours](#) from an OTP by car.

Many studies assess travel time based on driving a personal vehicle to an OTP. However, this assumes that most OTP patients have [consistent access](#) to a personal vehicle—an [assumption](#) that may not [reflect reality](#). For this reason, considering travel time using public transportation is also important. A [2024 study](#) conducted in Connecticut that evaluated travel time to an OTP using public transportation (including walking and waiting time) found that [26 percent](#) of study participants would have to travel more than 180 minutes to access an OTP. Among those who could access an OTP in less than 180 minutes, the average one-way travel time was [45.6 minutes](#), with 70 percent of that time spent walking or waiting.

## Other Access Trends and Challenges

OTP locations are associated with measures of rurality. In general, OTPs are [less accessible](#) in less densely populated areas than in more [urban areas](#). This is reflected in [studies](#) that show significantly [increased travel time](#) to an OTP as [population density decreases](#). OTPs are also more likely to be [located](#) in ZIP codes with a higher proportion of non-white residents and lower median household incomes. Similarly, there is [evidence](#) that median travel times to an OTP differ by race and socioeconomic status. Insurance status may increase access burdens because [Medicaid](#) and [private insurers](#) often refuse to cover methadone treatment at an OTP. There is also evidence that accessibility [may contribute](#) to lower rates of methadone use among Medicare beneficiaries with OUD.

Another consideration is that even though opioid use occurs everywhere, some regions experience higher rates of [OUD](#) and [fatal](#) or [nonfatal overdose](#). These factors interact with geography and affect where OTPs are most needed.

## Conclusion

Despite [methadone's benefits](#) as a medication for OUD, patients cite the burdens and challenges of visiting an OTP as reasons for wanting to [discontinue treatment](#). The geographic distribution of OTPs contributes to this challenge for many patients, although making methadone treatment less burdensome will require a focus on access difficulties as part of a holistic approach to reform. Starting at the state level by [addressing policies](#) that impede the opening of new OTPs or utilizing novel access strategies, such as [mobile OTP units](#), is one step toward improving access. Methadone is a crucial piece of the OUD treatment toolbox, and geography should not be a barrier to accessing it.