



Ohio **Recovery** Housing

www.OhioRecoveryHousing.org

Best Practice Guidance:

Medication-Assisted Treatment and Recovery Housing



This guidance was developed in part through a grant from the Ohio Department of Mental Health and Addiction Services.

Introduction

Medication Assisted Treatment (MAT) is not a new method for helping people with substance use disorders find recovery. However, recognizing MAT as a path to recovery has not always been widely supported by the recovery community and oftentimes people who used MAT were left without services and supports that they needed to build recovery capital and be successful in recovery. Emerging research on the benefits of MAT, a changing culture in the recovery field, and an understanding of fair housing and the rights of people with substance use disorders have recovery housing operators seeking more information about how they can successfully incorporate MAT into their quality programs.

Operators are seeking best practice guidance that allows them to:

- Ensure a safe environment that is free from alcohol and illicit drug use,
- Uphold the fair housing rights of their residents,
- Reduce stigma and provide support for all residents in recovery, and
- Provide high quality recovery planning and relapse prevention for individuals who use MAT as a part of their pathway to recovery

This best practice guide seeks to provide accurate information and best practice guidance. **This guide is not intended to replace the advice of legal counsel. All recovery housing operators should consult with an attorney concerning their program and any questions about land lord tenant law, fair housing rights, or other legal matters.**

MAT and Recovery

MAT has been demonstrated to be effective in assisting individuals with substance use disorders find and sustain recovery. Research has demonstrated that individuals who include MAT in their path to recovery can and do find long-term recovery. The most common MAT medications include methadone, buprenorphine, and naltrexone. As research advances, more medications and treatments will be emerging.

There are some MAT medications that are opioid based, such as Methadone and buprenorphine. These medications are fundamentally different from short-acting opioids such as heroin and prescription painkillers. MAT medications help people with substance use disorders manage the symptoms of withdrawal, allowing them to disengage from drug seeking and related behavior and more effectively participate in treatment or recovery services. There are also MAT medications that are not opioid-based, such as naltrexone, which does not result in physical dependence.

MAT not only consists of medication, but also treatment and connection to recovery supports. The medications normalize brain chemistry so people can focus on counseling, participate in behavioral interventions, and receive recovery support services necessary to enter and sustain recovery.

People in recovery who use MAT as appropriately prescribed can and do live in recovery. People who use MAT as prescribed and monitored for an appropriate dosage, do not experience euphoria, sedation, or other functional impairments, and do not meet diagnostic criteria for addiction, such as a loss of volitional control over drug use.

There is no specific length of time that a person can or should be using MAT medication. For some people, MAT could be indefinite. The decision of how long a person should be prescribed MAT is based on many individual, specific factors. Individuals in recovery using MAT should be working with their doctor to determine what medications are appropriate and how long they need to take them based on their recovery goals and recovery needs.

MAT and Recovery Housing

There are administrative and procedural best practices that quality recovery housing operators can implement to ensure that they are meeting the needs of individuals who use MAT, while also maintaining the integrity of their program, and ensuring the health and safety of all residents.

Medication Storage and Safe Handling

Recovery housing operators should have a medication storage policy to ensure that any medication is safely stored and handled appropriately.

Best practice strategies to ensure safe storage and handling of medication include:

- Provide residents with a locked cabinet to store medications and unlock the cabinet only when the resident needs to take their medication.
- Create a medication log that describes whose medication is in the cabinet, when medications are taken, and how much medication is in the cabinet. Observe as residents place their medication in the cabinet and observe as residents take out medication and take medication.
- Observe as residents count their medication to ensure medication does not go missing
- Have a plan in place in case medication does go missing
- Fully educate and inform all residents and staff of the medication policy
- Work with the resident to arrange for them to take their medication at an off-site location, if possible. Provide transportation and other resources to assist the individual in getting to the off-site location.

Managing Stigma

There are many paths to recovery. Some people use MAT and others may not. There is potential that residents who do not use MAT may see the use of MAT as a trigger and struggle in their recovery.

Best practice strategies to reduce stigma and help all residents in recovery include:

- If residents are concerned about being triggered by another resident's use of MAT, the house should discuss with them their fears and concerns as well as strategies for coping. Remind them that in recovery, there will be others around them who may use medications to assist with their addiction or other health conditions.
- Review plans for relapse prevention and encourage residents to be honest with feelings and needs.
- If residents who use MAT express feeling stigmatized or are experiencing a sense of push-back from other residents, staff should talk with them about their strategies for coping and work with them to find supportive resources (e.g. meetings, etc.).
- If a situation arises in the house where residents are feeling stigmatized or discriminated against for any reason, it is important to gather together and talk as a group. Peer support, respect, and mutual aid are core features of a healthy recovery environment.

Preventing and Addressing Relapse

Recovery housing is focused on preventing relapse and strengthening recovery for all residents. All recovery housing operators should have comprehensive plans for preventing and addressing relapse, including having doses of naloxone safely stored and ensuring staff, residents and volunteers are trained in its use.

In addition to the recovery planning and relapse prevention plans that recovery housing operators are already doing for all residents, best practice strategies for preventing and addressing relapse for people who use MAT include:

- Help residents develop life skills around working with a treatment provider and/or physician, and following advice of their treatment provider;



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- If an operator notices a resident is exhibiting inappropriate behavior that may be due to the medication, provide the resident with advice and support on how to discuss these issues with their treatment provider,
- Develop relationships with the treatment provider, so the operator can share information and be a part of the care team for the person in recovery. Work with the treatment provider to ensure all appropriate release of information policies are followed.
- Educate residents in the house, as well as staff and volunteers of the signs of MAT misuse and overdose. If a resident has experienced a relapse or seems to be experiencing adverse side effects from a medication, he or she should immediately obtain medical attention;

MAT and Fair Housing

Some recovery residences may have formal or informal policies that exclude individuals who are taking certain medications from participating in their program or residing in their residence. Some operators may also formally or informally request or require that residents only use a specific type of medication. People using MAT as prescribed are considered individuals with a disability, thus the fall under the protected classes of the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and the Fair Housing Act (FHA). Recovery housing operators are required to make reasonable accommodations for people who use MAT.

NARR and ORH value a full continuum of options in recovery housing so that people have choices and can live in an environment that helps them reach their recovery goals. The quality standards for NARR require that operators develop an understanding of and comply with all local, state and federal regulations. **It is highly recommended that a recovery residence contact a legal expert to determine which laws apply to their operation and what types of accommodations they are required to provide.**

Best Practices for Supporting Housing Choice

Clear Marketing and Communication

Ensure that all marketing materials clearly describe your recovery residence, what meetings are required, what resident expectations are, both financial and behavioral. During the application process, educate and inform potential residents about your medication policy. Clear marketing of your program will allow residents to choose the best option for them.

Understand other recovery housing options

Some recovery housing operators manage multiple properties and allow residents to choose which one is most appropriate for them based on their needs. Not all operators can do this. Recovery Housing operators should develop relationships with other recovery housing options in the community so residents can be informed of all of their options and make the best choice possible for the housing that will fully support their recovery.

Support increase in quality recovery housing options

There is currently a shortage of recovery housing options, especially for specific at risk populations such as people who identify LGBTQI, parents with children, and people who have co-occurring mental illness. By supporting an increase in recovery housing options in the community, recovery housing operators are increasing the likelihood that people in recovery can find the best recovery residence that meets their needs.

Resources

The resources below provide further information on the topic of Medication Assisted Treatment, Recovery, and Recovery Housing.

- Community Care Behavioral Health Organization (2013). Supporting Recovery from Opioid Addiction: Community Care Best Practice Guidelines for Buprenorphine and Suboxone. www.ccbh.com
- Kelch, B.P., & Piazza, N.J. (2011). Medication-assisted treatment: Overcoming individual resistance among members in groups whose membership consists of both users and nonusers of MAT: A clinical review. *Journal of Groups in Addiction & Recovery* (6), pp. 307-318.
- Legal Action Center (2009). Know Your Rights: Rights for Individuals on Medication-Assisted Treatment. HHS Publication No. (SMA) 09-4449. Rockville, MD: Center for Substance Abuse Treatment, SAMHSA.
- Legal Action Center (2016). Medication-Assisted Treatment for Opioid Addiction: Myths and Facts. www.lac.org
- Northwest Frontier Addiction Technology Transfer Center: Addiction Messenger. Part 2: Medication-Assisted Treatment: Helping Patients Succeed.
- SAMHSA Medication-Assisted Treatment: www.samhsa.gov/medication-assisted-treatment.
- SAMHSA Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends <http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>
- Substance Abuse and Mental Health Services Administration. Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide. HHS Publication No. (SMA) 14-4892R. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.
- The Betty Ford Institute Consensus Panel (2007). What is recovery? A working definition from the Betty Ford Institute. *Journal of Substance Abuse Treatment*, 33, pp. 221-228.
- White, W.L. (2009). Long-term strategies to reduce the stigma attached to addiction, treatment, and recovery within the City of Philadelphia (with particular reference to medication-assisted treatment/recovery). Philadelphia: Department of Behavioral Health and Mental Retardation Services; and (2012) Medication-assisted recovery from opioid addiction: Historical and contemporary perspectives *Journal of Addictive Diseases*, 31(3), 199-206.