RECOVERY ALLIANCE Initiative

FACT SHEET

Housing And Medication For People With Opioid Use Disorder

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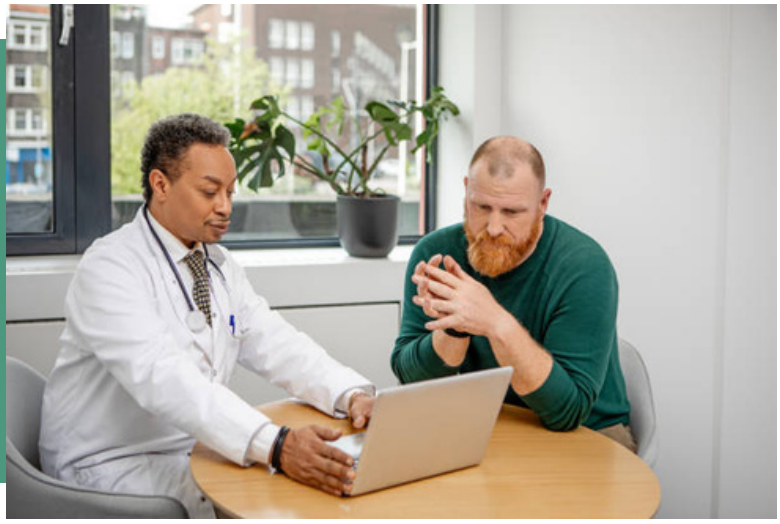


INTRODUCTION

Housing is a basic human need and living without housing has been shown to exacerbate symptoms of SUD (Doran et al., 2018). Housing plays an import role in a person's recovery, yet there are barriers to housing for people with a history of substance use. **Providing housing for people with substance use disorders is critical for their recovery.** Evidence indicates that recovery housing is associated with decreased substance use in residents, reduced likelihood of return to use, lower rates of incarceration, and increased employment.

OUD RESPONDS TO TREATMENT WITH MEDICATION

Substance use and overdose rates have increased dramatically over the past decade, and more than 75% of drug overdose deaths in 2021 involved an opioid. **Opioid use disorder (OUD) is now clearly recognized as a brain disease that responds well to treatment with medication**, such as methadone and buprenorphine, in combination with counseling or other behavior modification strategies. Just as a person with high blood pressure or diabetes takes medication to manage their condition, a person with OUD may take medication to help manage the condition. The success rate of treatment of OUD with medication is well over50%, whereas the success rate of treatment of OUD with just counseling or participation in12-step programs or abstinence-based programs is less than 15%. Medication-assisted treatment (MAT) has also been shown to markedly reduce criminal activity, risk of HIV infection, and overdose deaths among those receiving MAT.

MAT IS EVIDENCE BASED

MAT is evidence-based and is the recommended course of treatment for OUD. The American Academy of Addiction Psychiatry, American Medical Association, National Institute on Drug Abuse (NIDA), Substance Abuse and Mental Health Services Administration (SAMHSA),National Institute on Alcohol Abuse and Alcoholism, and Centers for Disease Control and Prevention all emphasize MAT as first line treatment for OUD.

FORTUNATELY, MAT WITH BUPRENORPHINE OR METHADONE IS NOW MUCH MORE WIDELY AVAILABLE THANIN RECENT YEARS, BUT IT COMES WITH SOME CHALLENGES:

STIGMA

There is more stigma against the treatment of opioid use disorder with medication than with counseling or other services. This often results in people treated with methadone or buprenorphine being refused housing.

DISCRIMINATION

Anti-discrimination laws – including the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and the Fair Housing Act (FHA) – make it illegal for most organizations to deny someone access to housing because they take MAT. However, there are still housing agencies in Durham that restrict or prohibit residents from taking MAT. The reasons are varied, but many are based on outdated beliefs and misinformation. The following pages explain some common misconceptions about MAT and housing

Myths vs Facts

MEDICATION FOR PEOPLE WITH OPIOID USE DISORDER

01

MYTH

Using medication-assisted treatment (MAT) is not considered true recovery.

FACT

SAMHSA and NIDA define recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”
The appropriate use of MAT, along with treatment to learn recovery skills and address the underlying factors that led to addiction, allow people to live in recovery.
MAT can make it possible for an individual with opioid use disorder (OUD) to hold down a steady job, take care of their children, pay their bills, and build a future for themselves and their families. MAT has also been shown to markedly reduce criminal activity, risk of HIV infection, and overdose deaths among those in MAT treatment.

02

MYTH

Abstinence-based programs are more effective than MAT.

FACT

MAT programs have at least a 50% success rate.
MAT addresses the cravings to use at a biological level, which is a benefit that 12-step programs and counseling alone cannot provide.
The drug naltrexone is much less effective than either methadone or buprenorphine in preventing overdose deaths, however, it is still more effective than no medication.

03

MYTH

Treating with buprenorphine or methadone simply replaces one opioid with another opioid and does not “treat” or remove the addiction to opioids

FACT

MAT provides a consistent protocol for treating OUD.
Methadone and buprenorphine downregulate opioid receptors and, in many cases, make it easier to eventually taper off the medicine if the patient is stable for over a year and the patient feels the benefits of tapering off outweigh the risks. The inability to fully taper off either of these medications is not considered a treatment failure. Patients with OUD can continue taking these medications to manage their condition in the same way that patients take medications to manage other chronic diseases, such as high blood pressure or diabetes.

Myths vs Facts

MEDICATION FOR PEOPLE WITH OPIOID USE DISORDER

04

MYTH

Providing medication-assisted treatment (MAT) on the premises of a housing facility requires medical care providers to be on site. Residents would only need to keep appointments with the buprenorphine prescriber or methadone clinic as they would need to with any other medication prescribed.

FACT

Residents would only need to keep appointments with the buprenorphine prescriber or methadone clinic as they would need to with any other medication prescribed. Residents should be encouraged to coordinate care with their provider and provide documentation to the housing agency.

05

MYTH

MAT is only a short-term treatment.

FACT

Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT. However, if a patient desires to stop medication, the provider can work with them to support the transition and help them taper off of it.

06

MYTH

The availability of buprenorphine in the personal possession of residents increases the likelihood of drug diversion - the illegal transfer or sale of the medication to another person.

FACT

Patients need their medication and diversion would jeopardize their treatment with the medical provider. When prescribed the appropriate dose and monitored, individuals on MAT are rarely willing to divert their medications because they would suffer withdrawal.
They would also jeopardize their relationship with their treatment provider. In housing settings and detention facilities, illicit drugs are much more commonly brought in by people not on MAT and sold to people not on MAT. If diversion is a concern, then steps can be taken to reduce the risk, such as pill counts or off-site administration, if consistent with the medical treatment plan agreed to by physician and patient.

Myths vs Facts

MEDICATION FOR PEOPLE WITH OPIOID USE DISORDER

07

MYTH

Allowing the use of buprenorphine or methadone by residents will increase the agency's legal liability if an overdose occurs or the drugs are diverted.

FACT

Allowing residents to use MAT would reduce liability as these medications have been proven to reduce overdoses and are considered the gold standard in treating opioid use disorder. If a housing provider does NOT allow the use of MAT, it would increase the agency's liability should an opiate overdose occur because MAT treatment is considered not only safe and effective but is the gold standard of care. From a liability perspective, denying MAT to an individual with opioid dependence would be similar to denying insulin to someone with Type I diabetes.

08

MYTH

Providing secure storage facilities for residents is cost prohibitive

FACT

A simple safe in a lockable room, cabinet or closet is the standard and these safes are inexpensive. Treatment providers and prescribers are often willing to cover this nominal cost.

09

MYTH

The use of medication-assisted treatment (MAT) by some residents may be a problem for residents who are not taking MAT.

FACT

Patients in residential programs who are not taking MAT have reported that they are not triggered by patients taking methadone or buprenorphine. If this is a concern, residents do not need to take the medications in front of other residents. Medications can be stored and taken in a discreet location. If the dose is correct, no one will be nodding out while taking MAT. Please contact the medical provider if that is observed, and the medical provider can discuss a dose reduction with the patient.

Myths vs Facts

MEDICATION FOR PEOPLE WITH OPIOID USE DISORDER

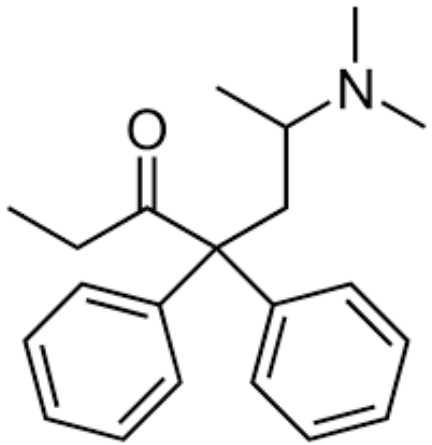
10

MYTH

Medication for opioid use disorder may interfere with the accuracy of urine test results.

FACT

Standard drug testing, whether in-house, instant read cups, or lab testing, now differentiates between methadone, buprenorphine, and other opiates. There is no crossover. A positive test for an opiate is a positive test for an opiate and is unaffected by the presence of methadone or buprenorphine.



11

MYTH

Transporting residents to MAT treatment facilities is cost prohibitive.

FACT

Providers can give take-homes or prescriptions with the patient in a controlled environment. There are also several low-cost transportation options available to patients taking MAT. Many providers are on the bus line for appointments. Some providers have access to funds through their local Managed Care Organization (MCO) to assist with transit costs. In addition, there are Durham County Department of Public Health programs, such as the CLC Peer Support Program, that can provide free transportation to treatment appointments and pharmacies to pick up medication.

12

MYTH

Abstinence-based and 12-step programs, such as Narcotics Anonymous (NA), do not allow members to take MAT.

FACT

While there may be some groups that do not welcome people taking MAT, or limit their leadership opportunities in the groups, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), have stated that any medication choice is between patient and their doctor. NA has made it clear that membership in its groups “comes with a desire to stop using, not abstinence” and that groups should remain welcoming to people taking MAT. It also notes that many members start out in NA using medication and then eventually progress to complete abstinence.

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