

RESOLUTION ADOPTED BY THE FALL 2024 MEDCHI HOUSE OF DELEGATES

Title: Inappropriate Certification of Discriminatory Recovery Residences

Sponsor: The MedChi Opioid, Pain and Addiction Committee, adopted 9-17-2024.

Whereas, the use of ineffective treatments for opioid use disorder (OUD), and barriers to the use of medications for OUD (MOUD), the most effective OUD treatment, are major obstacles to addressing the opioid crisis in Maryland and elsewhere (1, 2, 3, 4); and

Whereas, these obstacles are largely due to stigma and misunderstanding of MOUD, (5, 6) particularly affecting the first-line treatments methadone and buprenorphine which are themselves opioids, and are the only treatments shown to reduce overdose deaths. (Injectable naltrexone is an effective second-line non-opioid treatment that has not been shown to reduce overdose deaths); and

Whereas, "MOUD stigma" largely results from the following four erroneous beliefs: that (a) "physical dependence" is the same as "addiction," (7, 8) (b) that using methadone or buprenorphine is "trading one addiction for another," (c) that they are not compatible with recovery, and (d) are not needed by most people with moderate to severe OUD for a prolonged period of time; and

Whereas, according to the Director of the National Institute of Drug Abuse in 2022, "methadone . . . and buprenorphine have proven to be life-savers . . . enabling [patients] to live healthy and successful lives, facilitating recovery . . . The efficacy of MOUD has been supported in clinical trial after clinical trial, and is considered the standard of care in treatment of OUD, whether or not it is accompanied by some form of behavioral therapy" (9); and

Whereas, ineffective treatment is all that is offered for OUD in most U.S. residential addiction treatment programs, namely, psychosocial treatment only, without the option of maintenance MOUD medication (10, 11); and

Whereas, like residential treatment programs, many recovery residences also limit or prohibit access to MOUD contrary to the preferences of a resident or prospective resident and contrary to a physician's recommendation. Although certain barriers to providing MOUD in recovery residences exist (12), this is a discriminatory practice which denies individuals access to the most basic standard of care for OUD; and

Whereas, the Legal Action Center (LAC) has identified signs of discrimination in recovery residences as including: (a) "Residence has a policy not to admit people taking methadone or buprenorphine," (b) "Residence limits the number of people in the facility who can take MOUD, e.g. having designated 'MAT beds' ", (c) "Residence requires people to taper their dose of methadone or buprenorphine," and (d) "Residence only admits people who take under a certain dose of methadone or buprenorphine." The LAC states that federal anti-discrimination laws – including the Americans with Disabilities Act, the Rehabilitation Act of 1973, and the Fair Housing Act - make it illegal to deny someone access to a recovery residence because of their use of MOUD (13); and

Whereas, Within the Maryland Certification of Recovery Residences program (MCORR) of the Maryland Department of Health (MDH), there is no expectation that recovery residences refrain from limiting access to MOUD. Residences routinely receive quality certification from the program even when they limit or restrict access to MOUD contrary to the preferences of a resident or prospective resident and contrary to the recommendation of a physician; and

Whereas, it is unclear to what extent recovery residences participating in the MDH Maryland Recovery Network program (MDRN) limit or restrict access to MOUD despite a requirement to make MOUD available in this program; and

Whereas, the Public Policy Committee of the Maryland - DC Society of Addiction Medicine supports ending unnecessary limits to MOUD in recovery residences; therefore, be it

Resolved, that MedChi advocate for a policy within the Maryland Department of Health not to grant or renew certification by the MCORR program (MD Certification Of Recovery Residences) for recovery residences which limit or restrict access to MOUD, and

Resolved, that if MedChi's efforts to encourage the MCORR program to stop granting or renewing certifications to recovery residences which limit or prohibit access to MOUD are unsuccessful, then MedChi advocate for legislation to accomplish this; and

Resolved, that MedChi work with MDH to clarify to what extent recovery residences in the MDH MDRN program limit or restrict access to MOUD and to ensure that this requirement is enforced.

REFERENCES:

1. Heimer R, et. Al. Receipt of opioid use disorder treatments prior to fatal overdoses and comparison to no treatment in Connecticut, 2016–17. *Drug and Alcohol Dependence*. Volume 254, 1 January 2024, 111040
2. Wakeman SE et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA Netw Open*. 2020; 3(2):e1920622. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032>
3. Larochelle MR et al. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association with Mortality: A Cohort Study. *Annals of Internal Medicine*. 2018; 169(3):137–145. <https://pubmed.ncbi.nlm.nih.gov/29913516/>
4. Auriacombe M, et al. French Field Experience with Buprenorphine. *Am J Addict*. 2004; 13(suppl 1):S17–S28 <https://pubmed.ncbi.nlm.nih.gov/15204673/>
5. Adams JA. "Stigma: The Greatest Barrier to Effective Treatment of Opioid Use Disorder" Maryland Medical Journal. March 2023; Volume 24 (1):7 bit.ly/MOUD-stigma
6. Allen B et al. Underutilization of Medications to Treat Opioid Use Disorder: What Role Does Stigma Play? *Substance Abuse*. 2019; 40(4): 459-465. <https://pubmed.ncbi.nlm.nih.gov/31550201/>
7. American Society of Addiction Medicine Criteria for Diagnosing and Classifying Substance Use Disorders. <https://www.asam.org/quality-care/definition-of-addiction>
8. DSM-5 Criteria for Diagnosing and Classifying Substance Use Disorders (Diagnostic and Statistical Manual, 5th Edition). National Library of Medicine.
9. Volkow N. Five Areas Where "More Research" Isn't Needed to Curb the Overdose Crisis. August 31, 2022; <https://nida.nih.gov/about-nida/noras-blog/2022/08/five-areas-where-more-research-isnt-needed-to-curb-overdose-crisis>
10. Beetham T, et al. Therapies Offered at Residential Addiction Treatment Programs in the United States. *Research Letter*, August 25, 2020. *JAMA*. 2020; 324(8):804-806 <https://jamanetwork.com/journals/jama/fullarticle/2769709>
11. Huhn, AS et al. Differences in Availability and Use of Medications for Opioid Use Disorder in Residential Treatment Settings in the United States. *JAMA Netw Open*. Feb 7, 2020; 3(2):e1920843
12. Miles J, et. al., Supporting individuals using medications for opioid use disorder in recovery residences: challenges and opportunities for addressing the opioid epidemic. *The American Journal of Drug and Alcohol Abuse*. 2020, VOL. 46, NO. 3, 266–272.
13. LAC: Opioid Use Disorder & Health Care: Recovery Residences. People who take medication for opioid use disorder (MOUD), like methadone or buprenorphine, often experience illegal barriers to healthcare. <https://www.lac.org/assets/files/Recovery-Home-MOUD-Info-Sheet-Feb-2022.pdf>