

# **Senate Bill 558- Roger Hoff Written Testimony.pdf**

Uploaded by: Roger Hoff

Position: FAV



## **SENATE BILL 558- RECOVERY RESIDENCE GRANT PROGRAM FAVORABLE**

### ***Background:***

Living In Recovery (LIR) has been serving Howard County since 2011, operating as a National Association of Recovery Residences (NARR) Level II (Monitored) recovery residence for men and women seeking recovery from alcohol and/or drug addiction. LIR currently operates three full-time residences with a total of 17 beds. The organization started as a 100% volunteer-run nonprofit, and it now has a group of dedicated volunteers and a small paid staff managing a \$360,000 annual budget. Only 40% of the budget is supported through rent paid by residents, while the balance comes from various fundraising activities.

LIR does not provide substance abuse treatment. Residents have already completed treatment or are currently enrolled in outpatient treatment services. Residents must remain free of drugs and alcohol and maintain an active recovery program. All residents are subject to random urinalysis and breathalyzer testing.

Since its inception, LIR has supported over 350 residents, 65% of whom have remained clean and sober while in our program. Recovery housing has proved to be a key component in the continuum of care for those with a substance use disorder (SUD) who are attempting to reclaim their lives. LIR provides recovery support, structure, and accountability in a safe, drug and alcohol-free environment, which is an essential part of restoring their life and again becoming a participating member of the community.

### ***Funding Need:***

In 2019, Senator Guy Guzzone championed \$75,000.00 via the SB191 bond bill for Living in Recovery. In 2022, an additional \$250,00 was funded through the Maryland Consolidated Capital Bond Loan (MCCBL). These funds were specifically identified for expansion through the creation of more beds. LIR is seeking funds to support our expansion efforts by having the internal resources to support the growth and expansion of our program. We believe it is critical to maintain the highest level of care, continued service, and support that residents and their families have come to rely on while at LIR. LIR is seeking operational funding to add staff and allow for expansion.

### ***Benefits to Individuals:***

LIR is a state-certified recovery residence in Howard County, MD. The certifying entity for the Maryland Department of Health Behavioral Health Administration is the Maryland Certification of Recovery Residences (MCORR). Having this certification allows residents, families, and other



stakeholders to know that LIR is operating at the highest standards. Being a MCOORR Certified Recovery Residence provides access to additional funds for individuals and their families for rent and personal care needs. Currently, we are limited to offering this to 17 individuals. With increased capacity, LIR would have the opportunity to offer safe and affordable recovery housing to more people seeking help. The nation continues to experience the highest overdose numbers in history. As we emerge from COVID, there is an urgent need for housing as so many people are seeking help for alcohol, drug, and mental health related concerns.

***Benefits to the State:***

Recovery residences help stop the cycle of addiction-rehab-relapse and increase the chance for sustained recovery. It is part of the recovery continuum that is specifically designed to address a recovering person's need for a safe and healthy living environment while supplying the requisite recovery and peer support. Additionally, it's critical that people new in recovery develop accountability and a network of supportive peers.

On average, LIR residents live in one of our recovery residences for 7 to 9 months. Then, they transition to independent sober living with employment. At least 65% of all LIR residents are clean and sober and employed when they transition to independent living .

We know that individuals who go through drug/alcohol rehabilitation treatment programs followed by residing in recovery housing are more likely to achieve long-term sobriety. Our statistics indicate that residents departing LIR have a very high rate of sustainable recovery, which reduces their dependency on state resources. Ultimately, the positive impact is not limited to residents but extends to family, friends, employers, co-workers, and the community in general that no longer needs to hospitalize, arrest, or incarcerate them. As a result, residents can develop resilient family relationships and positively contribute to the community.

Living in Recovery is expertly poised to support Marylanders and their families by providing clean, comprehensive, safe, structured, and affordable sober living.

We respectfully request the Committee give the bill a favorable vote. Thank you.

Roger Hoff

**SB558\_EVOLVE\_FAV.pdf**

Uploaded by: Therese Hessler

Position: FAV



**Senate Bill 558 - Recovery Residence Grant Program – Establishment**

Senate Finance Committee

February 28, 2023

**TESTIMONY IN SUPPORT**

Evolve Life Centers program provides a wide range of clinically intensive treatment services, including, Partial Hospitalization, Intensive Outpatient, Outpatient, Mental Health, Medium Intensity Residential Treatment, Low Intensity Residential Treatment, Recovery Housing and DUI Education through our 12 plus locations throughout Pasadena and the surrounding area in Anne Arundel County, MD.

The establishment of the Recovery Residence Grant Program within the Maryland Department of Health would be a significant step towards supporting recovery residences and promoting access to recovery resources for individuals struggling with substance use disorders. At Evolve Life Centers, we understand the critical importance of recovery residences in providing safe and supportive environments for individuals in early recovery. These residences can provide critical support for individuals in recovery and can help to bridge the gap between traditional treatment and long-term recovery. However, many of these residences face financial challenges that can limit their ability to provide necessary services and support.

The Recovery Residence Grant Program proposed by SB558 would help to address these financial challenges by providing competitive grants to recovery residences to support their operations, services, and programs. The program would be a vital resource for recovery residences across the state, enabling them to continue providing critical support to individuals in recovery.

The bill also requires the Department to establish certain procedures related to the administration of the program, including criteria for determining grant recipients, reporting requirements, and program evaluation. This ensures that the program is administered in a transparent and accountable manner, with a focus on outcomes and impact. On top of all this, the \$500,000 annual budget allocation would make a significant difference in the lives of individuals in recovery and would help to promote access to recovery resources across Maryland.

**For these reasons, Evolve Life Centers politely asks for a favorable report on SB558.**

**For more information call or email:**

Therese M. Hessler | 301-503-2576 | [therese@ashlargr.com](mailto:therese@ashlargr.com)

# **SB 558 - Support - MPS WPS.pdf**

Uploaded by: Thomas Tompsett

Position: FAV

February 26, 2023

The Honorable Melony Griffith  
Finance Committee  
3 East - Miller Senate Office Building  
Annapolis, MD 21401

RE: Support – Senate Bill 558: Recovery Residence Grant Program – Establishment

Dear Chair Griffith and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support Senate Bill 558: Recovery Residence Grant Program – Establishment (SB 558). Recovery residence grant programs can be effective in helping individuals with substance use disorders (SUD) maintain their sobriety and transition back into society. These programs can provide a safe and supportive living environment for individuals in recovery, as well as access to resources such as counseling, job training, and other services.

Research has shown that recovery residences that offer a structured and supportive environment can effectively promote long-term recovery from SUDs. For example, a study published in the Journal of Psychoactive Drugs found that individuals who lived in a recovery residence for at least six months had significantly better outcomes than those who did not. Additionally, some recovery residence grant programs may have specific criteria or requirements for participation, such as a commitment to attending support group meetings or obtaining employment. These requirements can help reinforce positive behaviors and provide a sense of accountability, which can also contribute to the program's effectiveness.

However, the effectiveness of these programs can vary depending on several factors, including the program's quality, the level of support provided, and the individual's level of commitment to their recovery, which arguably all comes down to proper funding. SB 558 attempts to set a threshold level of financing for these residences. Therefore, MPS/WPS ask this committee for a favorable report on SB 558. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Maryland Psychiatric Society and the Washington Psychiatric Society  
Legislative Action Committee

# **SB 558\_Maryland Coalition of Families\_Fav with Ame**

Uploaded by: Ann Geddes

Position: FWA





## **SB 558 – Recovery Residence Grant Program – Establishment**

**Committee: Senate Finance**

**Date: February 28, 2023**

**POSITION: Support with Amendment**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling challenge.

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MCF submits this testimony in support of SB 558 with amendment.

Recovery residences are an important part of the continuum of care for people in early recovery. They deliver peer support and structured living, and greatly increase an individual's odds of successfully recovering from a substance use disorder.

Research shows that, compared to returning home immediately after residential treatment, living in a recovery residence brings about higher abstinence rates, greater rates of employment and lower rates of criminal recidivism.

There is a dire need for quality recovery residences. We've heard far too many stories about residences that are fly-by-night operations. They lack sufficient oversight and they fail to follow best practices. In one instance, we learned of the owner of a recovery residence who was selling opioids to his residents. He was convicted of his crime.

In order to offer quality programs, recovery residences need sufficient funds. HB 558 would provide needed dollars for recovery residences to stay financially afloat while delivering high-quality services that follow best practices. Therefore we support the establishment of a grant program.

We believe, however, that the requirements for accessing grant dollars should be stipulated in regulation, not in statute.

Therefore we urge a favorable report on HB 558 with amendment.

**Contact: Ann Geddes**  
**Director of Public Policy**  
**The Maryland Coalition of Families**  
**8950 State Route 108, Suite 223**  
**Columbia, Maryland 21045**  
**Phone: 443-926-3396**  
**[ageddes@mdcoalition.org](mailto:ageddes@mdcoalition.org)**

**SB 558 Testimony 2-28-2023.pdf**

Uploaded by: Barbara Allen

Position: FWA



8325 Fall Chill Court  
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office 410.480.2334

[jamesplaceinc.org](http://jamesplaceinc.org)

committed to bringing support to those battling addiction

**Senate Finance Committee  
February 28, 2023**

**Senate Bill 558  
Recovery Residence Grant Program – Establishment  
Support**

James' Place Inc. supports Senate Bill 558 with amendments. Housing is a basic human need. We exist because of the deaths of four family members to substance use disorders. Therefore we invest by providing scholarships for those leaving treatment or incarceration and moving into recovery houses. We provide these investments in Maryland and Virginia predominately.

Being closely tied into recovery housing across jurisdictions and state lines, we understand and support the need to offer more than what can be financially sustained by relying on rental income only. These are not merely boarding houses – these are homes of recovery where the cost of operations, services and programs (non-clinical) extend beyond the bare minimum of a roof overhead.

With this in mind James' Place Inc. supports the grant program while requesting removal on Page 3 - lines 1 through 27. These items should remain outside the bill itself.

The Fiscal Note brings up a couple of points:

- While reducing the MDH staffing recommendation from three to one person is valid for this grant program, the overall program of certification for recovery houses in Maryland is grossly under managed and perhaps under functioning.
- Working with recovery house programs in SAMSHA Region 3 (Delaware, Maryland, Pennsylvania, Virginia, District of Columbia) plus West Virginia, Maryland's recovery housing certification program is embarrassing. Oversight of existing certified houses is poor; responsiveness to inquiries for support by existing houses is poor; clarification of existing regulations is poor.
- Overall, the Department should follow through with enhancing, refining and update it's current program for the certification of recovery housing (non-clinical).

James' Place Inc. remains committed to collaborating as desired towards the improvement of Maryland's program for recovery housing.

***James' Place Inc. is a 501(c)3 non-profit organization.***



[shatterthestigma.com](http://shatterthestigma.com)

bringing truths, facts and a voice to the debilitating disease of addiction

# **NCADD-MD - 2023 SB 558 FWA - Recovery Residence Fu**

Uploaded by: Nancy Rosen-Cohen

Position: FWA



**Senate Finance Committee  
February 28, 2023**

**Senate Bill 558  
Recovery Residence Grant Program – Establishment  
Support**

NCADD-Maryland supports Senate Bill 558 with amendments. Housing is a basic human need. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “Recovery housing is an intervention that is specifically designed to address the recovering person’s need for a safe and healthy living environment while supplying the requisite recovery and peer supports.”

It is because Maryland recognized the crucial role housing plays in people’s lives, the Maryland Department of Health Behavioral Health Administration adopted recovery residence standards established by the National Alliance for Recovery Residences (NARR). Maryland utilizes their matrix of four levels of support to certify recovery residences. This bill will, in part, create a fund for recovery residences certified at Level II to assist with operating costs.

As the bill specifies that to be eligible to apply for funds, a recovery residence must be certified at Level II. The requirements that follow in the bill go beyond what the NARR standards require and create a level that does not exist in within these levels that Maryland has adopted. NCADD-Maryland also does not believe some of those eligibility requirements are appropriate for publicly funded recovery residences. We therefore ask that the eligibility requirements beyond the Level II certification be deleted.

Amendment No. 1

On page 2, strike lines 7 through 27 in their entirety.

With this amendment, we urge a favorable report. NCADD-Maryland stands ready to work with the Department on ensuring recovery residences and all recovery support services are effective and appropriately funded.

*The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.*

# **SB 558\_Recovery Residence Grant Program\_BHSB\_FAVwi**

Uploaded by: Stacey Jefferson

Position: FWA



February 28, 2023

**Senate Finance Committee**  
**TESTIMONY IN SUPPORT with Amendments**  
*SB 558- Recovery Residence Grant Program- Establishment*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 78,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

**Behavioral Health System Baltimore supports SB 558- Recovery Residence Grant Program- Establishment with amendments.** This bill establishes a Recovery Residence Grant Program in the Maryland Department of Health (MDH) to award competitive grants to recovery residences to support operations, services and programs.

A recovery residence is a service that provides alcohol-free and illicit drug-free housing to individuals with substance-related disorders or addictive disorders or co-occurring mental health and substance-related disorders. They are viewed as a viable and cost-effective alternative to established recovery-oriented systems of care. BHSB supports SB 558 because this will provide critical funding for recovery residences in Maryland. These homes are a good alternative as they provide safe and healthy environments that support residents in their recovery.

Currently certified recovery homes are credentialed by the Behavioral Health Administration. The various levels of recovery residences have specific requirements they must meet for certification. It is important that the conditions outlined in the bill align with the existing requirements. As such, **BHSB urges the Senate Finance Committee to support SB 558 with the following proposed amendments:**  
**On page 3, strike lines 7 through 27 in their entirety**

- Lines 5 & 6 state an eligible entity must “BE CERTIFIED AS A LEVEL II RECOVERY RESIDENCE BY THE CREDENTIALING ENTITY”
- The credentialing entity is the Behavioral Health Administration of the MD Department of Health. Here’s the page with info on the levels of RRs:  
<https://health.maryland.gov/bha/Pages/Recovery-Residences.aspx>.

**On page 4, strike lines 8 and 9**

- The credentialing entity is the Behavioral Health Administration of the MD Department of Health, so they don’t need to consult with themselves.

Contact:

Stacey Jefferson

Director, Policy, and Stakeholder Engagement

[Stacey.jefferson@bhsbaltimore.org](mailto:Stacey.jefferson@bhsbaltimore.org) /443-813-9231



**12 - SB 558 - FIN - MDH - LOSWA.pdf**

Uploaded by: State of Maryland (MD)

Position: FWA



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 28, 2023

The Honorable Melony Griffith  
Chair, Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401-1991

### **RE: SB 558 – Recovery Residence Grant Program - Establishment – Letter of Support with Amendments**

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for Senate Bill (SB) 558 - Recovery Residence Grant Program - Establishment. SB 558 establishes the Recovery Residence Grant Program within MDH to award grants to recovery residences to support operations, services, and programs. In addition, the bill requires the annual budget bill to include \$500,000 for the grant program.

A recovery residence is a service that provides alcohol-free and illicit drug-free housing to individuals with substance-related disorders. These residences are critical to providing safe, recovery oriented housing for individuals seeking care. MDH appreciates the General Assembly's interest in establishing a grant program for these residences and expects that the grant program will increase the number of certified recovery residences in the State.

In establishing this grant program, MDH respectfully requests the committee's flexibility in the amount of funds appropriated for the program. MDH will work closely with the Maryland Department of Budget and Management to determine a sufficient level of funding to meet the intent of this legislation.

MDH met with the bill sponsors to discuss this bill and appreciates the sponsors' willingness to discuss MDH's amendments. MDH respectfully requests the consideration of the following amendments:

1. MDH recommends the removal of the requirement for recovery residences to provide demonstrated evidence of a resident abstinence rate of 50% for the residence to be eligible to receive grant funds. Rather, MDH recommends recovery residences, as a condition of receipt of grant funding, to collect certain data elements, outcomes/performance measures established by MDH in consultation with recovery residence providers and recovery capital (REC CAP) subject matter experts. The Behavioral Health Administration (BHA) is currently piloting REC CAP with several recovery residences to track client and system level recovery outcomes.<sup>1,2</sup>

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<sup>1</sup> Best, D., Edwards, M., Mama-Rudd, A., Cano, I., & Lehman, J. (2016). Measuring an individual's recovery barriers and strengths. *Addiction Professional*; Cleveland, 14(4), 26, 28–31.

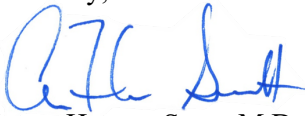
White, W. & Cloud, W. (2008). Recovery capital: A primer for additional professionals. *Counselor*, 9, 22-27.

<sup>2</sup> Laudet, A. B., & White, W. L. (2008). Recovery Capital as Prospective Predictor of Sustained Recovery, Life satisfaction and Stress among former poly-substance users. *Substance Use & Misuse*, 43(1), 27–54

2. MDH recommends that the minimum requirement of individuals served be removed. Recovery housing itself is not time-limited; individuals are generally entitled to remain in the recovery residence as long as necessary, provided that they meet the requirements to stay. Additionally, the requirement to serve 10 individuals per day per residence would limit the pool of eligible applicants to existing certified residences with a 10-bed capacity. Recovery residences without a sprinkler system are limited to no more than six individuals, therefore would be excluded from accessing funding. Additionally, this would require many recovery residence providers to expand capacity at an existing certified recovery residence, which may be cost prohibitive.
3. MDH recommends that the requirement for an eligible recovery residence to be operating as a certified recovery residence provider for a period of five (5) years be changed to a period of two (2) years. MDH supports the intent of the bill; however, MDH notes that certification of recovery residences started in 2017, so established residences certified since 2018 would be excluded from accessing the grant funding.
4. MDH recommends the grant program be expanded to include Levels 1 - 4 recovery residences, as certified by BHA and defined by the National Alliance for Recovery Residences.
5. In addition to cost for operations, services, and programs, MDH recommends the grant supports capital costs for renovations to expand bed capacity, install fire suppression systems, or to comply with the American with Disability Act.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov) or (410) 260-3190.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.  
Secretary

**AMENDMENTS TO SENATE BILL 558**

(First Reading File Bill)

**Amendment 1:**

On page 3, line 23, strike beginning with “Demonstrate” through “years” in line 25, and insert: COLLECT AND REPORT TO THE DEPARTMENT CERTAIN DATA ELEMENTS, OUTCOME MEASURES, AND PERFORMANCE MEASURES ESTABLISHED BY THE MARYLAND DEPARTMENT OF HEALTH IN CONSULTATION WITH RECOVERY RESIDENCE PROVIDERS AND RECOVERY CAPITAL SUBJECT MATTER EXPERTS; AND

**Amendment 2:**

On page 3, line 14, strike beginning with “Serve” through “year” in line 16, inclusive.

**Amendment 3:**

On page 3, line 9, strike “5” and replace with “2”.

**Amendment 4:**

On page page 3, line 5, strike beginning with “Be” through “entity” and insert: BE CERTIFIED BY THE DEPARTMENT’S DESIGNATED CREDENTIALING ENTITY AS A LEVEL 1-4 RECOVERY RESIDENCE IN ACCORDANCE WITH THE NATIONAL ALLIANCE FOR RECOVERY RESIDENCES STANDARDS;

**Amendment 5:**

On page 2, line 25 after “programs” insert: INCLUDING CAPITAL COSTS FOR RENOVATIONS TO EXPAND BED CAPACITY, INSTALL FIRE SPRINKLER SUPPRESSION SYSTEMS, OR TO COMPLY WITH THE AMERICANS WITH DISABILITIES ACT.

# **Recovery Residences SB 558 Information MDDCSAM MAT**

Uploaded by: Joseph Adams, MD

Position: INFO



*MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.*

**SB 558 Recovery Residence Grant Program - Establishment**  
Senate Finance Committee Feb 28, 2023

**LETTER OF INFORMATION**

On behalf of both **The Maryland Association for the Treatment of Opioid Dependence** as well as the Maryland-DC Society of Addiction Medicine.

Both of our organizations strongly support the idea of greater funding, and grants, to recovery residences and to recovery services generally.

**However, we disagree with the "zero tolerance" requirement.** Discharging a resident for one or more episodes of drug use or a positive drug screen may be appropriate but should be an individualized determination with consideration of harms to the milieu vs. potential harms to the individual, which could be catastrophic. Other interventions may be available. This kind of rigid, potentially harmful requirement should not be in statute, and probably not in regulation either.

We feel that some other aspects of the bill should be in regulation rather than in statute.

Our main concern is the need for an amendment that pertains to residents and prospective residents with moderate to severe opioid use disorder (OUD): That **a grantee must NOT limit access to MOUD in any way for those who choose medication treatment (in consultation with a healthcare provider) - not by capping the dose, mandating a taper, limiting the number of "MAT beds," or by prohibiting access outright.** If a documented, good-faith reasonable accommodation to the resident or prospective resident is not possible and is reported and described proactively, the credentialing agency could grant an exception, but not on the basis of a perceived effect on the milieu.

Limiting access to medications for OUD (MOUD) in any way, contrary to a person's wishes, violates the most basic standard of care for OUD and amounts to discrimination based on stigma. It also potentially violates federal law (1). It is our impression that most Recovery Residences in Maryland do not meet this basic standard of care.

**Surprisingly, the state's MCORR program (Maryland Certification of Recovery Residences) grants certification regardless of whether residences discriminate in this way.**

The great majority of people with moderate to severe OUD benefit from methadone or buprenorphine unless they make a truly informed choice for injectable naltrexone, or for no medication. Methadone and buprenorphine are the "gold standard" OUD treatments, and the only treatments that reduce overdose deaths. They are the "first-line" treatments for OUD, confirmed by publications of the American Society of Addiction Medicine and by scores of clinical trials (2, 3, 4, 5, 6).

On the website of the National Institute of Drug Abuse (NIDA), the NIDA Director writes that "[MOUD] is considered the standard of care in the treatment of OUD whether or not it is accompanied by some form of behavioral therapy" (6). According to the National Academy of Science, Engineering and Medicine, "All studies of MOUD tapering and discontinuation demonstrate very high rates of relapse, although some patients may be able to successfully taper off without a return to use" (7).

In treatment settings, behavioral treatment without MOUD is ineffective for patients described above - whether outpatient or inpatient. Patients with ineffective long-term inpatient treatment for OUD commonly return to drug use when they transition to community living.

**Lack of access to MOUD is perhaps the greatest single barrier to recovery from OUD, and may also be the greatest barrier to making progress in reducing opioid overdose death rates.** Lack of access to MOUD is based on stigma and misunderstanding of our most effective life-saving treatment: MOUD. This is sometimes called 'medication stigma.'

Although randomized trials of the benefits of counseling as a supplement to MOUD are mixed, these services should be available and encouraged, but mandatory psychosocial services can be a barrier and should not be a condition of treatment with MOUD, according to the World Health Organization (8), the American Society of Addiction Medicine (9), the National Academy of Sciences, Engineering and Medicine (10) and the Substance Abuse and Mental Health Services Administration (11).

Stigma and misunderstanding of methadone and buprenorphine, which are themselves opioids, largely stems from conflating "addiction" with "physical dependence." Despite the widespread misunderstanding that the use of methadone or buprenorphine is "trading one addiction for another," "addiction" is the wrong word for these medications. The definition of "addiction" includes causing harm. There is a very important, but more limited role for long-acting injectable naltrexone, a non-opioid medication (3).

An annotated bibliography of some peer-reviewed publications indicating the scientific consensus on the primary role of MOUD (for most people with moderate to severe OUD who choose this treatment in conjunction with a healthcare provider) is at <https://www.stopstigma.org/research-articles/>

Respectfully,  
Joseph A. Adams, MD, FASAM, Addiction Medicine and Internal Medicine

#### REFERENCES:

1. LAC: Legal Action Center. 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. (posted in 2022) <https://www.lac.org/assets/files/Recovery-Home-MOUD-Info-Sheet-Feb-2022.pdf>
2. Wakeman SE, Lee J, Alvanzo AAH, eds. Pocket Addiction Medicine. Wilger's Kluwer Health, 2023. (a publication of the American Society of Addiction Medicine). (See pgs. 9-67 – 9-68). <https://www.vitalsource.com/products/pocket-addiction-medicine-sarah-e-wakeman-joshua-d-v9781975166397>

3. Long-Acting Injectable Naltrexone is Not a First-Line Treatment for Most Individuals with Opioid Use Disorder 2022, [https://www.stopstigma.org/ssn-policies-2/#Injectable\\_Naltrexone](https://www.stopstigma.org/ssn-policies-2/#Injectable_Naltrexone)
4. Allen B et al. Underutilization of medications to treat opioid use disorder: What role does stigma play? Substance Abuse, 40 (4) (2019), pp. 459-465. <https://pubmed.ncbi.nlm.nih.gov/31550201/>
5. Wakeman, Sarah E. et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder JAMA Netw Open. February 2020; 3(2).  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032> (free)  
Annotation: In a study of over 40,000 individuals with OUD, only treatment with buprenorphine or methadone reduced the risk of overdose and serious opioid-related acute care use, compared with no treatment, during 3 and 12 months of follow-up. Neither inpatient detoxification, residential services, intensive behavioral health, or naltrexone treatment resulted in a reduction in overdose deaths.
6. Five Areas Where “More Research” Isn’t Needed to Curb the Overdose Crisis. August 31, 2022 By Dr. Nora Volkow. accessed at <https://nida.nih.gov/about-nida/noras-blog/2022/08/five-areas-where-more-research-isnt-needed-to-curb-overdose-crisis> (free)
7. Medications for Opioid Use Disorder Save Lives. National Academies of Sciences, Engineering, and Medicine. 2019. Washington, DC: The National Academies Press. (see quoted text, pg. 40)  
accessed at <https://nap.nationalacademies.org/catalog/25310/medications-for-opioid-use-disorder-save-lives>
8. WHO Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. WHO Press, World Health Organization, Geneva, Switzerland. 2009, World Health Organization. 2009  
<https://www.who.int/publications/i/item/9789241547543> (free)  
Excerpt: "Treatment services should not deny effective medication if they are unable to provide psychosocial assistance, or if patients refuse it." (Pg. 19)
9. The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder, updated 2020. The American Society of Addiction Medicine. [www.asam.org/Quality-Science/quality/2020-national-practice-guideline](http://www.asam.org/Quality-Science/quality/2020-national-practice-guideline) (free)  
Excerpt: "A patient’s decision to decline psychosocial treatment or the absence of available psychosocial treatment should not preclude or delay pharmacological treatment of opioid use disorder with appropriate medication management." Pg. 37
10. IBID Medications for Opioid Use Disorder Save Lives. Excerpt: "It is generally accepted that the best outcomes are typically achieved through a combination of pharmacological and behavioral therapies, but there is evidence that some individuals may respond adequately to medications plus medical management alone (e.g., evaluation of medication safety and adherence, monitoring, or advice by the prescribing provider)." (pg. 48)
11. Federal Register, Notice of Proposed Rule Making: Medications for the Treatment of Opioid Use Disorder. A Proposed Rule by the Health and Human Services Department (Substance Abuse and Mental Health Services Administration) 12/16/2022. Excerpt: "Patient refusal of counseling shall not preclude them from receiving MOUD." pg. 77358 of the PDF document, middle column  
<https://www.govinfo.gov/content/pkg/FR-2022-12-16/pdf/2022-27193.pdf>