

Opiod Use Disorder & Health Care: Recovery Residences

People who take medication for opiod use disorder (MOUD), like methadone or buprenorphine, often experience illegal barriers to healthcare.

Admission to Recovery Residences

(including recovery homes and sober living facilities)

People with opiod use disorder (OUD) are often denied admission to recovery residences because they take methadone or buprenorphine. Anti-discrimination laws – including the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and the Fair Housing Act (FHA) – make it illegal to deny someone access to a recovery residence because they take MOUD.

Signs of discrimination include:

- Residence has a policy not to admit people taking methadone or buprenorphine
- Residence limits the number of people in the facility who can take MOUD, e.g. having designated "MAT beds"
- Residence requires people to taper their dose of methadone or buprenorphine
- Residence only admits people who take under a certain dose of methadone or buprenorphine
- Residence otherwise restricts access to methadone or buprenorphine

For help, call the **Legal Action Center**: (212) 243-1313

Visit LAC's [MAT ADVOCACY TOOLKIT](#) for materials that can help you advocate!

You can also file a complaint with the **U.S. Department of Justice (DOJ)** at civilrights.justice.gov/report/

Recovery Residences Can Provide Access to MOUD

Recovery residences can provide access to MOUD and other prescription medications, and many do. The [National Alliance for Recovery Residences](#) emphasizes that MOUD is part of long-term recovery for many people and should be supported by recovery residences. Here are some ways residences may facilitate access to MOUD:

- Residents can go to their opiod treatment program (OTP) for methadone or their qualified practitioner for buprenorphine
- Residents with "take home" methadone doses may take their doses to the residence
- Residences may store MOUD on site the same way they do other controlled substances

Facts about MOUD

Methadone and buprenorphine are designed to treat symptoms of addiction without leading to illicit opiod use or euphoria. By stabilizing brain chemistry, relieving withdrawal, and stemming cravings, MOUD greatly reduces the risk of overdose, while providing space to work on other aspects of recovery. Evidence shows that tapering or discontinuing medication leads to very high rates of relapse, and that the "best results occur when a patient receives medication for as long as it provides a benefit." (SAMHSA, Treatment Improvement Protocol (TIP) 63, p.1-8).

For more information, visit [Medication for Opioid Use Disorder MYTHS & FACTS](#).

This document is informational and does not constitute legal advice.