

RECOVERY HOUSING BEST PRACTICES

# HOW TO IMPLEMENT MEDICATION-ASSISTED RECOVERY IN RESIDENTIAL SETTINGS

HELPFUL TIPS FROM THE FLETCHER GROUP

## WHY IT'S SO IMPORTANT

Fentanyl today is often mixed with drugs such as heroin, cocaine, marijuana, and methamphetamine. And because it's more dangerous than heroin and other opioids, the risk of overdose is greater than ever before. Indeed, the 50-fold increase in overdose deaths between 1999 and 2020 was largely driven by fentanyl and other synthetic opioids (SAMHSA, 2021).

Recent CDC data show that drug overdose death rates remain high across all populations, with rural communities continuing to experience substantial burden and, in some cases, rates comparable to or higher than urban areas (CDC, 2024).

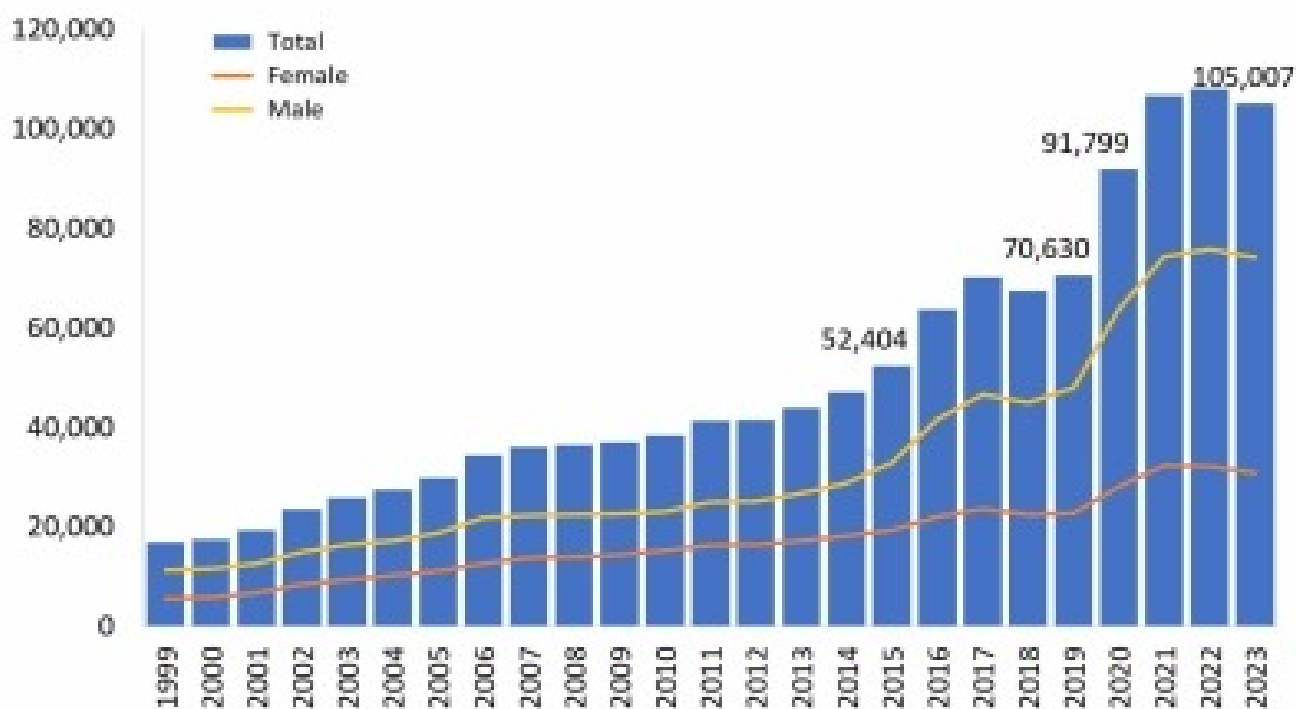
SAMHSA (2021) and expert healthcare professionals have found that Medication Assisted Recovery is one of the most important tools in expanding effective recovery supports and combating overdose deaths. This brochure is designed to help you understand why MAR is important and learn about best practices, policies and procedures for implementing MAR.

Even with significant decreases in overdose deaths, 73,000 people still lost their lives to overdoses in 2024 (CDC). That's the equivalent of an entire city disappearing in single year.

# TRENDS IN U.S. DRUG OVERDOSE DEATHS

Chart source: NIDA, 2024

## Figure 1. U.S. Overdose Deaths\* by Sex, 1999-2023



\*Includes deaths with underlying causes of unintentional drug poisoning (X40-X44), suicide drug poisoning (X60-X64), homicide drug

Overdoses steadily climbed from 1999 until the peak of overdose deaths (105,007) was reached in 2022. Earlier overdoses in this time period involved opioid painkillers, followed by waves of deaths from heroin and – more recently – illicit fentanyl. Deaths fell a little in 2023 and then plummeted 27% in 2024 (not reflected on Figure 1) to around 80,000. That was the largest one-year decline ever recorded.

New Centers for Disease Control and Prevention data reflects that an estimated 73,000 people died from overdoses in the 12-month period that ended August 2025, down about 21% from the 92,000 in the previous 12-month period. Despite welcomed decreases in deaths, tens of thousands of people continue to lose their lives to drug overdoses each year.

Addiction specialists report that patients have experienced more intense cravings as fentanyl and other highly potent synthetic opioids have entered the illicit drug supply. More intense cravings make abstinence more difficult, thereby increasing the risk for overdose and death.

These realities create significant challenges for recovery residences, especially for programs that have previously believed that medication is inappropriate for those in recovery. In the modern-day "fentanyl era," these challenges are important for recovery home operators and treatment program administrators to consider and address.

Medication Assisted Recovery is an important option to help people avoid overdose, overcome intense cravings, and fully participate in the sharing, caring and structured housing community embodied in the social recovery model.

# COMPLIANCE WITH FEDERAL LAW

The *Fair Housing Act (FHA)* makes it illegal to discriminate in housing and real estate transactions because of someone's disability. Included in that group are people involved in Medication Assisted Recovery.

In April 2022, the US Department of Justice issued Guidance on the Opioid Crisis that established that the *Americans with Disabilities Act* protects individuals who are taking, with a prescription, any of the medications approved by the FDA for Opioid Use Disorder.

The U.S. *Rehabilitation Act* offers similar protections if the recovery residence receives federal funds.

A useful resource on FHA and ADA protections for people with addictions is the HHS/SAMHSA brochure, titled, "Are You in Recovery from Alcohol or Drug Problems? Know Your Rights." See the resource section on the last page of this brochure for links to this and other useful online information.



"The MAR program at Kinard Manor Recovery was a blessing. It gave me the strength to keep pushing forward. The fact that I was able to participate in the MAR program saved me when I couldn't save myself."

—*Kinard Manor Recovery Resident*  
*Greenwood, South Carolina*

## *Reasonable Accommodation*

Per federal ADA requirements, residences must grant a "reasonable accommodation" for individuals receiving medications, provided the requested accommodation does not require major financial or administrative commitments that would be considered an "undue burden."

# PARTNERSHIPS

Recovery residences can establish formal or informal partnerships with healthcare providers offering a range of services, including medications to address opioid use and decrease the risks of overdose. Such partnerships do not detract from resident-driven peer support and mutual-aid interactions that build personal responsibility.

## *Potential Healthcare Partners*

**Federally Qualified Health Centers and Rural Health Clinics** can receive federal funds to screen and treat opioid addiction and other substance use disorders, as well as offer primary care services. They provide comprehensive health services on a sliding fee scale and help patients enroll in Medicaid or Medicare.

**Health Care for the Homeless Programs** receive federal funding to specifically serve individuals who have experienced homelessness or are at high risk of becoming homeless. These programs provide primary health care, preventive health and dental, addiction treatment and counseling, and mental health services.

**Methadone Clinics** also known as federally designated Opioid Treatment Programs (OTPs) offer a range of medications for addiction treatment. People who are extremely heavy opioid users are often good candidates for methadone. OTPs can allow up to 28 days (4 weeks) of take-home doses for clients who are stable and have work or parenting responsibilities.

**Specialized Office-based and Telemedicine Clinics** provide convenient access to medications for individuals with an addiction. Private, specialized providers often work in stand-alone clinics located in or near jails and emergency departments so they can more easily transition clients to services across these settings. In many states, they offer services in rural communities where there are few or no other options supporting Medication Assisted Recovery.



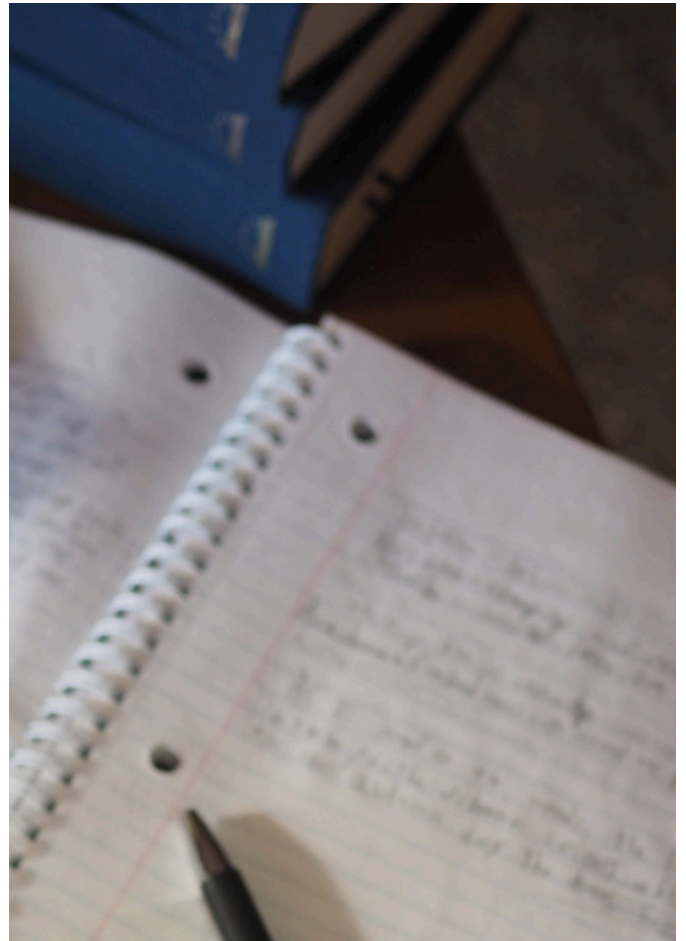
## *Help from the Fletcher Group*

The Fletcher Group can assist you in learning more about feasible options, weighing the pros and cons of local healthcare partners, and exploring local partnership options that best fit the needs of your organization and the people it serves. You can request our assistance by visiting <https://www.fletchergroup.org/contact/> or [clicking here](#).

# POLICIES FOR MANAGING MEDICATIONS

The following policies will ensure that a residence is following ADA requirements. State and local requirements vary. The Fletcher Group can assist with tailoring policies to your specific program and can provide sample procedures for NARR Recovery Housing levels.

- A resident's prescribed medications, including controlled substances prescribed for treatment of addiction, are the property of the resident.
- With support and oversight from appropriate staff, the resident will store their prescribed medications in a secure manner to prevent loss, theft, or diversion.
- The residents will log their use of medications daily under the supervision of staff who have received training from the Recovery House's health care partner/s and are prepared to accept responsibility for monitoring and safe storage of medications.
- Residents may arrange to take their medications at a partner health center, methadone clinic, or another off-site clinic or location as convenient and consistent with their treatment plans.
- Certain medications other than those used to treat opioid use disorder create a risk of being diverted to other residents. Recovery residences may prohibit on-site storage and use of medications with a high risk of being diverted and abused. The Fletcher Group recommends that residences seek guidance from clinical partners in reviewing and updating their list of prohibited medications every year.



## Resident Responsibility

If a resident fails to properly secure their on-site prescribed medications and/or fails to log their use, the program will directly address this behavior to facilitate the individual taking responsibility for their action.

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# OTHER STEPS

## *Providing education and Q/A opportunities for staff, residents and sponsors*

Admitting residents who use medications for opioid use disorder can create new challenges for recovery residence staff and sponsors, especially among those who have held a belief that medication is inappropriate for a person seeking to achieve recovery. Program leadership can meet these challenges effectively through frequent and direct two-way communication:

- Offer information about the new policies and procedures to all staff and sponsors, not just those whose duties are directly affected.
- Create opportunities for people to ask questions about MAR and the new policies in staff meetings and through one-on-one conversations.
- Bring in a trusted, local clinician to provide information and answer questions about medications for substance use disorders, how they work, and what to expect. Assist staff and sponsors in understanding how medications can help people who have been exposed to fentanyl avoid overdose and risk of death.
- Invite a representative from a healthcare partner to join staff meetings on a regular basis. They can answer questions and advise on best practices as an on-going resource for staff.



## *Supplementing 12-Step*

Traditional 12-Step programs often follow a philosophy of complete abstinence but may not prevent attendance by people on medications, though some groups may limit their meaningful participation in the meetings. Recovery residences can supplement 12-Step programs or update their curricula to better serve residents who elect to use medications. Curricula to consider include:

- The Hazelden Betty Ford Foundation integrates the 12-Steps with Medication Assisted Treatment in their curriculum, Comprehensive Opioid Response with the 12 Steps (COR-12).
- The SMART Recovery curriculum includes practical science-based tools and social supports proven to be effective in sustaining recovery and emphasizing self-empowerment. Non-clinical staff can facilitate the SMART Recovery curriculum.

# OTHER RESOURCES

Sample policies and procedures for integrating Medication-Assisted Recovery are available by visiting <https://www.fletchergroup.org/contact/>, calling 606-657-4462, or [clicking here](#).

Recovery residence staffing levels and program requirements for each level of staffing are described by the National Association of Recovery Residences:

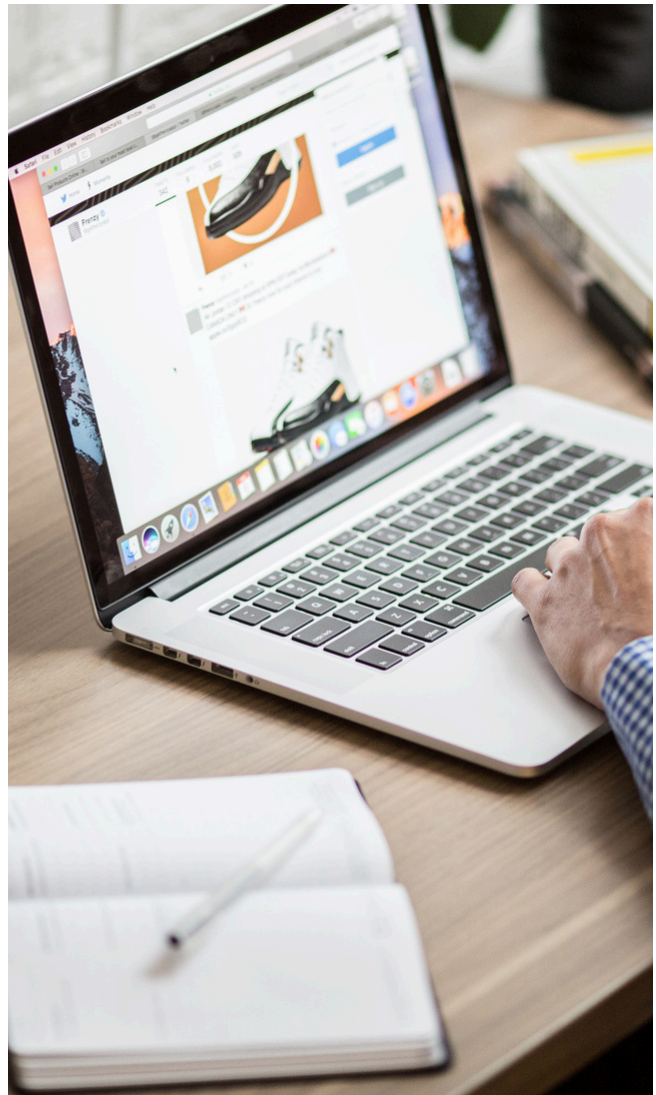
[NARR\\_levels\\_summary.pdf \(narronline.org\)](#).

More information about Comprehensive Opioid Response with the 12 Steps (COR-12) is available at the Hazelden Betty Ford Foundation website: [Comprehensive Opioid Response with the 12 Steps \(COR-12\) Training\\_\(hazeldenbettyford.org\)](#).

More information about the philosophy and curriculum for SMART Recovery, including links to online and in-person meetings, is available here: <https://www.smartrecovery.org/>

Substance Abuse and Mental Health Services Administration. (2021). TIP 63: Medications for Opioid Use Disorder. [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP21-02-01-002.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-02-01-002.pdf)

The HHS/SAMHSA brochure, "Are You in Recovery from Alcohol or Drug Problems? Know Your Rights" can be accessed at: <https://permanent.fdlp.gov/lps79711/phd1091.pdf>



As the Rural Communities Opioid Response Program (RCORP)-Rural Center of Excellence on SUD Recovery, the Fletcher Group, Inc. provides access to a wide range of resources on relevant topics. Inclusion in this document does not imply endorsement of, or agreement with, the contents by the Fletcher Group, Inc. or the Health Resources and Services Administration.