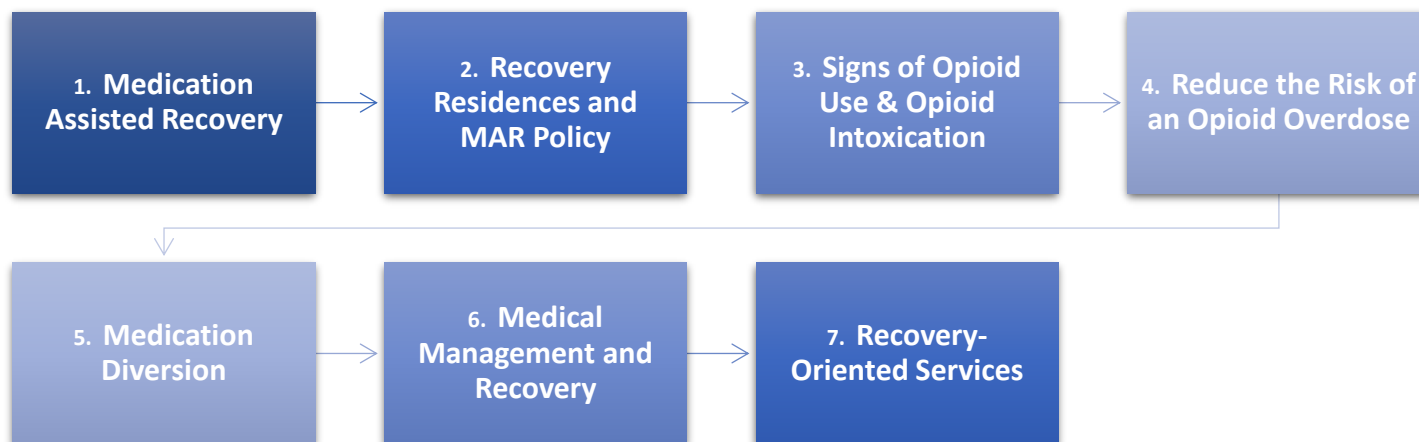


Guideline: Recovery Residences & Medication Assisted Recovery (MAR)

The purpose of this guideline is to increase safety in recovery residences that recognize multiple pathways to recovery that include all forms of Medication Assisted Recovery (MAR) for people with substance use disorders (SUD). Safe environments ensure that staff and residents living in a recovery residence are trained and follow overdose prevention, medication diversion, medication management and recovery-oriented policies and services.



1. Medication Assisted Recovery (MAR)

- MAR includes the use of evidence-based FDA approved medications (e.g., methadone, buprenorphine, naltrexone, disulfiram, acamprosate) by individuals with a substance use disorder (SUD) to support their recovery. IDHS/SUPR recognizes that individuals who identify in recovery and take medications to manage their SUD *are* in recovery.
- Recovery residences are an important part of the SUD continuum of care and play a pivotal role in helping residents with an opioid use disorder (OUD) and/or an alcohol use disorder (AUD) in need of MAR.
- Research shows that the use of FDA approved medications coupled with psycho-social and recovery-oriented services is an effective way to treat a SUD. These medications help stabilize brain functioning and relieve or decrease cravings and withdrawal symptoms, allowing residents to focus on their recovery process (<https://narronline.org/>).
- Recovery residences working with people with OUD and AUD should discuss and offer residents, directly or through referral options, access to these FDA approved medications for MAR. If a resident refuses this option, the recovery residence should follow harm reduction best practices and continue to offer the option of interventions and referrals for MAR.
- Effective MAR interventions for OUD or AUD are person-centered and based on the results of:
 - ✓ a medical screening to rule out medical problems associated with opioid or alcohol misuse or, if applicable, a physical examination following federal regulations;
 - ✓ applicable laboratory tests; and
 - ✓ patient involvement.
- OUD and AUD are chronic relapsing diseases that have significant impact on physical, social and wellbeing. Therefore, medication in conjunction with behavioral interventions, such as SUD

treatment and peer services is strongly recommended. However, these interventions and other social supports should not be a condition of MAR as the medication first approach is a critical step in preventing an opioid overdose. For more information on the medication first approach, visit <https://www.nomodeaths.org/medication-first-implementation>.

2. Recovery Residences and MAR Policy

- Recovery residences should establish policies that address the unique challenges of a SUD. At a minimum, policies and procedure should include:
 - ✓ how to confirm substance use;
 - ✓ how to prioritize a resident's risk of overdose, particularly for anyone with a with co-occurring SUD. For many residents, managing their OUD is a primary recovery goal; however, they may be able to continue use of other substances without experiencing substance related problems, (e.g., cannabis);
 - ✓ how to link residents to MAR;
 - ✓ how to prevent medication diversion;
 - ✓ the procedure for medical management; and
 - ✓ how to deliver and/or access recovery-oriented services.

3. Signs of Opioid Use or Opioid Intoxication

- How to confirm opioid use or opioid intoxication:
 - ✓ self-reported opioid use;
 - ✓ positive toxicology test;
 - ✓ observable signs of opioid intoxication (drowsy, “nodding off,” slurred speech, fingernails or lips are blue or purple, vomiting or making gurgling sounds, unconscious and cannot be awakened); and/or
 - ✓ a formal screening (e.g., Diagnostic & Statistical Manual 5th Edition Opioid Use Disorder checklist).

4. Reduce the Risk of an Opioid Overdose

- If the resident is unresponsive call 911. After calling 911, administer naloxone.
 - ✓ Naloxone is a prescription medication approved by the Food and Drug Administration (FDA) to reverse overdose effects of opioids such as heroin, morphine, oxycodone, hydrocodone and other opioids. A step to reducing the risk of an opioid overdose is to increase access to this life-saving medication. If naloxone is not available, visit the IDHS/SUPR Drug Overdose Prevention Program (DOPP) page at <https://www.dhs.state.il.us/page.aspx?item=58142> to find an Overdose Education and Naloxone Distribution (OEND) provider and step by step instructions on how to reduce the risk of an overdose.
- If the resident self-reports opioid use and is alert, with no indicators of intoxication, link them to a resource for Medication Assisted Recovery (MAR) as quickly as possible. Visit <https://helplineil.org/> for access to Illinois providers equipped to treat OUD with medication and to OEND providers.
- During the initial phase of MAR, residents may experience withdrawal symptoms, increasing the risks of an opioid overdose. A resident with an OUD may also continue to use opioids once the effects of the last dose decrease. The resident should work closely with the prescribing physician to address withdrawal symptoms.

- Residents on MAR who are overmedicated (medication dose is too high) or under-medicated (medication dose is too low) are at risk of an opioid overdose. The symptoms of overmedication are similar to opioid intoxication. Residents who are under-medicated will experience withdrawal symptoms (muscle twitching, yawning, diarrhea, vomiting, dilated pupils, abnormal pain, and increased cravings to use opioids). To relieve their symptoms and avoid an opioid overdose, close medicating monitoring by the prescribing physician is recommended.
- All recovery residence staff should be trained and to reduce the risk of an opioid overdose.

5. Medication Diversion

- At a minimum, the recovery residence policy and procedure related to medication diversion should include:
 - ✓ a process to determine the misuse of medications;
 - ✓ a process to determine when a resident is overmedicated or under-medicated and experiencing withdrawal symptoms;
 - ✓ a determination of where medication will be stored; and
 - ✓ identification of each person who will have access to the medication.

6. Medical Management and Recovery

- As outlined by the Substance Abuse & Mental Health Services Administration (SAMHSA TIP 63), medical management includes a process whereby healthcare professionals provide medication, access to basic brief supportive counseling, monitoring of drug use and medication adherence, and referrals, when necessary, to substance use disorder treatment and other services to address the patient's medical, mental health, comorbid addictions, and psycho-social needs.
- While on MAR, a resident with an OUD may use opioids if withdrawal symptoms are experienced. To reduce the incidence of this, medication management to monitor withdrawal symptoms is recommended throughout the continuum of care to prevent any ongoing use of opioids or the recurrence (relapse) of opioid use once recovery is achieved. The prescribing physician determines how often medication management is conducted.

7. Recovery-Oriented Services

- Recovery coaching or recovery support are essential components of an effective recovery residence.
- Recovery is a process of change that requires person-centered models of care. Residents can live in a recovery residence while on MAR and choose not to engage in treatment as a pathway to recovery.
- The range of recovery-oriented services available to the residents should include services to assist with access to MAR, criminal convictions (expungement) and reentry issues, vocational skills, employment, primary health, and behavioral care.
- The recovery residence is encouraged to offer recovery services in the home or through referral agreements that address the four major dimensions of recovery identified by SAMHSA:
 - ✓ Health—overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being;
 - ✓ Home—having a stable and safe place to live.;
 - ✓ Purpose—conducting meaningful daily activities and having the independence, income, and resources to participate in society; and
 - ✓ Community—having relationships and social networks that provide support, friendship, love, and hope.

- Recurrence of substance use should be treated with respect, empathy, and recovery support services.