

Hybrid Housing: Abode Program

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HYBRID HOUSING

Recovery Housing + Support Services



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To the Honorable Members of the Minnesota Legislature:

I am writing to express my deep concerns regarding the proposed legislation permits residents to use legally prescribed and dispensed or administered medications, as directed by a licensed prescriber, including but not limited to pharmacotherapies approved by the United States Food and Drug Administration for the treatment of opioid use disorder and other medications approved by the United States Food and Drug Administration to treat co-occurring substance use disorders and mental health conditions.

As the manager of three recovery residences and a licensed mental health and addiction therapist, I have extensive experience working with individuals in active addiction, early recovery, and sustained recovery. The broad scope of this proposed law raises significant safety and efficacy issues that could undermine the foundational principles of recovery communities.

In my professional experience, the medical system often overlooks an individual's history of addiction when prescribing medications. This oversight can lead to the legal acquisition of potentially addictive medications, mirroring the ease with which individuals can legally obtain alcohol. Many of my residents, who are in the fragile stages of early recovery, might misuse these medications as a coping mechanism, similarly to how they used illicit substances.

While it is true that certain medications, such as Suboxone for opioid maintenance or Vyvanse for ADHD, play a crucial role in some individuals' recovery processes, the appropriateness and context of their use are paramount. In our residences, we have policies that allow for the use of non-abusable versions of necessary medications when prescribed by an understanding physician aware of the patient's addiction history. This approach balances the need for medication with the potential risks of misuse and relapse, especially in a community setting focused on abstinence and mutual support.

Forcing recovery residences to accept all forms of prescribed medications, including highly abusable substances like stimulants, opioids, cannabis, and benzodiazepines, could jeopardize the safety and recovery of all residents. It disregards the complex and individualized nature of addiction recovery and the environment needed to support this process. Moreover, the increasing prevalence and prescription of cannabis, without substantial regulatory oversight and understanding, particularly concerns us. Its ease of access and lack of standardized dosing or comprehensive research make it a poor fit for individuals recovering from substance use disorders, especially within a community setting.

The proposed legislation does not only impact the individuals directly involved but also the overarching health and efficacy of the recovery community within sober living homes. Recovery paths vary significantly among individuals; a one-size-fits-all approach to medication in recovery environments is neither practical nor safe. While we strive to be as inclusive as possible, the reality is that certain environments are better suited to different stages and methods of recovery.

I strongly believe that recovery residences should retain the ability to establish their own medication policies to protect and support their residents effectively. Perhaps organizations like MASH (Minnesota Association of Sober Homes) could play a pivotal role in setting reasonable, safety-oriented standards for medication policies in sober living environments.

I urge you to consider these points carefully and to oppose the proposed legislation as currently written. It is crucial to find a balance that respects individual medical needs while ensuring the safety and integrity of recovery communities.

Thank you for your time and attention to this important matter.

Sincerely,

Evan Lieberman MSW LICSW LADC

Founder & Program Director