

ARE YOU IN
RECOVERY FROM
ALCOHOL OR
DRUG PROBLEMS?

Know *your* Rights

Rights for Individuals on Medication-Assisted Treatment



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
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Know Your Rights: Rights for Individuals
on Medication-Assisted Treatment

U.S. Department of Health and Human Services
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Disclaimer

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This publication provides general guidance on the legal rights of individuals with alcohol and drug problems. It is not intended to serve as legal advice for any particular case involving or potentially involving discrimination. If you believe that you have been or are being subjected to illegal discrimination, you should immediately consult an attorney or seek assistance from the Federal agency responsible for addressing discrimination complaints or administering the program or benefits at issue.

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INTRODUCTION

This brochure explains the Federal laws that prohibit discrimination against individuals with disabilities and how they protect people receiving Medication-Assisted Treatment for opioid addiction (also known as “MAT”). MAT includes a medication (e.g., methadone, buprenorphine, oral naltrexone) approved by the U.S. Food and Drug Administration (FDA) for opioid addiction detoxification or maintenance treatment.

Individuals in MAT often face discrimination despite laws that plainly prohibit it. This discrimination is largely due to lack of knowledge about MAT’s value, effectiveness and safety, and a lack of knowledge about the anti-discrimination laws that protect people in MAT. Discrimination is also common because people in MAT frequently do not have the tools necessary to educate employers, landlords, courts, and others about MAT and relevant legal protections.

What is the purpose of this brochure? This brochure aims to reduce discrimination by giving people in MAT (and their advocates) basic information necessary to exercise their rights or, at a minimum, know where to turn for help. It also seeks to reduce discrimination by educating those who might discriminate (e.g., employers, housing providers, and government agencies) about such laws, as well as about MAT itself.

Who should read this brochure? People who are in MAT and their families, friends, and advocates who want to know their rights under Federal anti-discrimination laws. It is also for employers, landlords, health care providers, government agencies, and others who are required to comply with anti-discrimination laws that protect people with disabilities.

What topics does this brochure cover?

- GENERAL INFORMATION ABOUT MAT
 - WHAT IS MAT?
 - HOW DO METHADONE AND BUPRENORPHINE WORK?
 - DO METHADONE AND BUPRENORPHINE IMPAIR PHYSICAL OR MENTAL FUNCTIONING?

- FEDERAL NON-DISCRIMINATION LAWS THAT PROTECT PEOPLE IN MAT
 - WHO IS AND IS NOT PROTECTED BY THESE LAWS
 - HOW THESE PROTECTIONS WORK IN –
 - EMPLOYMENT
 - HOUSING – INCLUDING RESIDENCES FOR PEOPLE IN RECOVERY
 - GOVERNMENT ACTIVITIES, BENEFITS AND SERVICES – INCLUDING THE CHILD WELFARE SYSTEM, PROBATION AND PAROLE, ZONING, AND THE ISSUANCE OF DRIVERS LICENSES
 - PRIVATE EDUCATIONAL, HEALTH CARE AND OTHER FACILITIES (ALSO CALLED “PUBLIC ACCOMMODATIONS”)

- HOW PEOPLE IN MAT CAN PROTECT THEIR RIGHTS UNDER THESE FEDERAL LAWS.

This brochure complements the publication, *Are You in Recovery from Alcohol or Drug Problems? Know Your Rights* available on the Partners for Recovery Web site, <http://www.pfr.samhsa.gov>. The *Know Your Rights* brochure focuses broadly on laws that protect people in recovery from alcohol or drug addiction. This publication discusses how these laws specifically protect people in MAT.

GENERAL INFORMATION ABOUT MEDICATION-ASSISTED TREATMENT (MAT)

What is Medication-Assisted Treatment?

Medication-Assisted Treatment (MAT) is treatment for opioid addiction that uses medications such as methadone or buprenorphine to treat addiction to short-acting opioids, such as heroin, morphine and codeine, as well as synthetic opioids, including oxycodone, OxyContin®, and hydrocodone.¹ MAT operates to normalize brain chemistry, block the euphoric effects of opioids, relieve physiological cravings, and normalize body functions without the negative effects of the short-acting drugs of abuse. Patients who receive treatment in an Opioid Treatment Program (OTP) are required by Federal regulations to receive medical, counseling, vocational, educational, and other assessment and treatment services, in addition to the medication for the opioid addiction.²

Methadone, when used in MAT, can only be dispensed (not prescribed) in an OTP. Buprenorphine can also be dispensed in an OTP. OTPs are any treatment program certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) in conformance with Title 42 of the Code of Federal Regulations (C.F.R.), Part 8, to provide supervised assessment and medication-assisted treatment for patients who are opioid addicted. An OTP can exist in a number of levels of care and settings, including, but not limited to, intensive outpatient, residential, and hospital settings.

The Drug Addiction Treatment Act of 2000 permits physicians who meet certain qualifications to provide office-based treatment for opioid addiction using buprenorphine. Buprenorphine, like methadone, when taken in stable doses as part of a medically supervised treatment plan, permits the patient to

¹ Though the term “MAT” can also encompass treatment for drug and alcohol addiction with other medications, this brochure focuses only on the use of methadone and buprenorphine to treat opioid addiction. This is because individuals receiving treatment with methadone – and more recently buprenorphine – face significant stigma due to the stigmatizing nature of the underlying opioid addiction. This brochure’s discussion of methadone refers exclusively to methadone used to treat opioid addiction and not to methadone used to treat pain.

² The Federal regulation requiring these services can be found at Title 42 of the Code of Federal Regulations (C.F.R) § 8.12(f).

lead a normal and productive life without any of the narcotic effects of heroin or other opioids of abuse. Buprenorphine is generally administered daily, but sometimes can be administered on alternate days.

How Do Methadone and Buprenorphine Work?

Methadone and buprenorphine, when administered at the appropriate dose, “occupy” the brain receptor sites affected by heroin and other opioids. As a result, they suppress withdrawal symptoms, block the euphoric and sedating effects of opioids, and relieve the craving for opioids that is a major factor in relapse.³ Methadone and buprenorphine are long-acting opioids and pharmacologically dissimilar from short-acting opioid such as heroin and oxycodone or hydrocodone. With stable dosing and in the absence of other medications that may produce euphoria or sedation, these medications do not cause euphoria or intoxication, thus allowing a person to lead a normal life. The appropriate dose is determined by a certified health care professional in conjunction with the patient and is calibrated to the individual’s medical and physiological needs. Once individuals are stabilized on the appropriate dose, they may be maintained on that dose for as long as medically necessary, as is the case with other medications for chronic health conditions.

MAT does not “substitute one drug for another.” This is in contrast to the extreme highs and lows that result from the waxing and waning in blood levels of short-acting opioids. Instead, these medications relieve withdrawal symptoms and physiological cravings and bring about a biochemical balance in the body. They help people return to physical and psychological stability, and live their lives just like anyone else.

People unfamiliar with the science of MAT sometimes question why an individual is taking what is perceived as a high dose of methadone. Dosing, however, is an individualized medical decision. Most patients require a dose of 60-120 milligrams per day and patients on higher doses are shown to stay in treatment longer and use less heroin and other drugs than those on lower doses.⁴ Pre-conceived attitudes about dosing that are based on any rationale other than scientific evidence detract from the potential value of MAT.

³ Methadone is administered as a liquid that a person drinks and buprenorphine is a “sublingual” tablet that a person places under her tongue.

⁴ Centers for Disease Control and Prevention (February 2002), Methadone Maintenance Treatment, IDU/HIV Prevention, <http://www.cdc.gov/idu/facts/Methadone.htm>.

Do Methadone and Buprenorphine Impair Physical or Mental Functioning?

When provided at the appropriate dose to a person stabilized on methadone or buprenorphine, these medications have no adverse effects on intelligence, mental capability, physical functioning, or employability. Research studies demonstrate that MAT patients are comparable to non-patients in reaction time and their ability to learn, focus, and make complex judgments. MAT patients do well in a wide array of work settings, including professional positions, service occupations, and skilled, technical, and support jobs. MAT patients are lawyers, engineers, secretaries, truck and taxi drivers, teachers, computer programmers, and others.

For more information about MAT and driving, read New York State's Office of Alcoholism and Substance Abuse's 1997 publication, "Driving Performance of Methadone Maintenance Patients," and Legal Action Center's 2000 publication, "Methadone Maintenance Treatment: Memorandum on Driving & Psychomotor Studies and Background Information about Methadone Treatment."

Additional information about opioid addiction and MAT is available from a variety of resources, including:

- SAMHSA Health Information Network (SHIN) of the United States Substance Abuse and Mental Health Services Administration (SAMHSA): <http://www.samhsa.gov/SHIN>
- SAMHSA's Center for Substance Abuse Treatment (CSAT): <http://www.csat.samhsa.gov>
- CSAT's Division of Pharmacologic Therapies (DPT): <http://www.dpt.samhsa.gov>
- CSAT's Buprenorphine Information Center: <http://www.buprenorphine.samhsa.gov>
- National Alliance of Methadone Advocates (NAMA): <http://www.methadone.org>
- National Alliance of Advocates for Buprenorphine Treatment (NAABT): <http://www.naabt.org>
- American Association for the Treatment of Opioid Dependence, Inc. (AATOD): <http://www.aatod.org>

FEDERAL NON-DISCRIMINATION LAWS PROTECT PEOPLE IN MAT

It is illegal to discriminate against people because they are in MAT.

Federal civil rights laws protect qualified “individuals with disabilities” from discrimination in many areas of life. People in recovery from drug addiction – including those in MAT – generally are protected from discrimination by the following statutes:

- Americans with Disabilities Act (ADA)
- Rehabilitation Act of 1973
- Fair Housing Act (FHA)
- Workforce Investment Act (WIA)

Many States and cities also have non-discrimination laws that protect individuals with disabilities – including those in MAT. This brochure does not discuss these laws, but information regarding them is typically available from the State and city agencies enforcing them.

WHO IS PROTECTED?

The non-discrimination laws mentioned above protect individuals with a “disability.” Most often, people in MAT are considered individuals with a “disability.”

Why? Under these Federal laws, an individual with a “disability” is someone who –

- Has a *current* “physical or mental impairment” that “substantially limits” one or more of that person’s “major life activities,” such as caring for one’s self, working, etc., or
- Has a *record* of such a substantially limiting impairment, or
- Is *regarded* as having such an impairment.

Addiction to opioids is an impairment that can and does, for many people, substantially limit a major life activity. For this reason, many courts have found that people in MAT have a *record of* an impairment. The same analysis

applies to buprenorphine. Many people also *regard* people in MAT as having a substantially limiting impairment.

Example. Elias has been in MAT for two years, following a decade-long addiction to heroin. He recently worked for six months in the sales office of a newspaper, but was fired after telling his supervisor that he was in MAT. The supervisor said that the newspaper did not employ people in methadone programs because “we do not want drug addicts working here.” Elias has not used heroin – or any drugs illegally – since he began MAT two years ago.

Is Elias protected by Federal anti-discrimination laws?

Yes. Elias is an individual with a “disability” because it is clear that the employer “regards” him as having a current disability – drug addiction. He also has a “record” of a disability – addiction to heroin.

WHO IS NOT PROTECTED?

People who *currently* engage in the *illegal* use of drugs are not protected under these non-discrimination laws. For instance, if Elias – from the previous example – was using cocaine while in MAT, if his cocaine use was the basis of the employer’s decision to fire him, he would not be protected by these non-discrimination laws.

But note that even though Federal anti-discrimination laws generally do not protect individuals who are currently engaging in the illegal use of drugs, they *do* protect such individuals from discrimination by health care providers. For example, if Elias was using cocaine while in MAT, it would be *illegal* for a health care provider to deny him surgery or dental care just because he was an illegal drug user.

HOW DO THESE PROTECTIONS WORK?

Discrimination means treating someone less favorably than someone else because he or she has a disability, once had a disability, or is regarded – even erroneously – as having a disability. MAT treats a chronic disease – addiction – using legally-prescribed medications. It is discrimination for employers, landlords, government agencies, and health care and treatment providers to

treat people less favorably because they are in MAT. It is also discrimination to treat people in MAT differently than people who are prescribed medication to treat *other* disabilities, such as people prescribed insulin for diabetes or people with high cholesterol who are prescribed cholesterol-lowering medication.

Treating someone less favorably for reasons *other than* the person's disability, however, is generally not illegal discrimination. For example, it is *not* illegal discrimination to deny a person a job, services, or admission to a program because that person –

- Does not meet essential eligibility requirements.
- Creates a direct threat to health or safety by his/her behavior. Simply being in MAT does *not* pose any health or safety threat.
- Violates the rules of a workplace, housing facility, or other program or commits a crime, including a drug-related crime, when that misconduct would cause *anyone* to be disciplined, evicted, or excluded.

EMPLOYMENT

General rule. Federal law protects people in MAT against job discrimination. The ADA and the Rehabilitation Act prohibit most employers from firing, refusing to hire, or discriminating in the terms and conditions of employment against any qualified job applicant or employee on the basis of a disability. Many courts have ruled that people in MAT have a disability and are therefore protected from discrimination by these laws.

Employers are covered by Federal laws as follows:

- The ADA applies to all State and local governmental units, and to private employers with 15 or more employees.
- The Rehabilitation Act applies to Federal employers and other public and private employers who receive Federal grants, contracts, or aid.

In general, these covered employers –

- *May not* deny a job to or fire a person simply because he or she is in MAT.

- *Must* provide “reasonable accommodations” when needed to enable those with a disability to perform their job duties, unless this would cause the employer undue hardship.

A “reasonable accommodation” is any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities. Examples include:

- Job restructuring
- Part-time or modified work schedules
- Permitting a leave of absence
- Reassignment to a vacant position

An employer is not required to grant an accommodation that causes “undue hardship” to the employer, meaning significant difficulty or expense. The employer may suggest an alternative accommodation to the one proposed by the employee or job applicant.

Example: Kira works at a hospital from 2:00 p.m. to 10:00 p.m. and has been receiving MAT for one year. The program requires Kira to pick up the dose three times a week and is open only from 7:00 a.m. to 2:00 p.m. Unfortunately, the hospital changed Kira’s shift so that she must work from 7:00 a.m. to 3:00 p.m.

Is she entitled to a “reasonable accommodation” of changing to her former shift?

Yes, unless it would cause the hospital an “undue hardship.” Allowing a schedule change so that Kira could pick up the dose would be a reasonable accommodation, and her employer should allow it.

For more information on reasonable accommodations, read *Are You in Recovery from Alcohol or Drug Problems? Know Your Rights*.

Medical Inquiries and Examinations and Drug Tests. The ADA and Rehabilitation Act strictly limit what employers may ask about an applicant’s or employee’s medical conditions and history. These rules are described in detail in the brochure, *Are You in Recovery from Alcohol or Drug Problems? Know Your Rights*. This brochure will discuss drug tests, however, because they often are the way employers learn about a job applicant’s or employee’s participation in MAT.

Under these Federal laws, a drug test is not considered a “medical examination.” Drug tests, therefore, can be administered at any time if all applicants or employees in a job category are required to be tested. Certain drug tests will detect methadone and buprenorphine, and others will not. If these medications are detected, employers may require the individual to provide documentation that s/he is in MAT. Acceptable documentation could include a letter from the individual’s physician confirming that the applicant was prescribed the medications as a part of MAT. If an applicant or employee does not provide such documentation or falsely denies participation in MAT, however, it is legal for the employer to deny the position or fire the individual.

Medical Leave. The ADA and Rehabilitation Act, as well as the Family and Medical Leave Act (FMLA), give employees the right to take medical leave – including for alcohol or drug treatment – in certain circumstances. Please read the brochure, *Are You in Recovery from Alcohol or Drug Problems? Know Your Rights*, for a complete discussion of the provisions. However, it is worth noting that it would be illegal discrimination for an employer to deny someone such medical leave solely because the treatment sought during leave was for MAT.

HOUSING

The Fair Housing Act (FHA) makes it illegal to discriminate in housing and real estate transactions because of someone’s disability. People in MAT are protected from housing discrimination under the FHA – just as are people with other disabilities. For information on how these housing protections apply to people in recovery generally, read the brochure, *Are You in Recovery from Alcohol or Drug Problems? Know Your Rights*.

Housing discrimination related to MAT sometimes arises in the context of residences for individuals in recovery. Individuals who live or want to live in halfway houses, recovery homes, or other residences for individuals in recovery are sometimes excluded because of their participation in MAT. This is *illegal* even though this type of discrimination occurs with some frequency.

The FHA applies to residences such as recovery houses because they fall under the FHA’s definition of “dwelling.” Individuals in MAT are protected by the FHA. They also are protected by the ADA if the residence receives State or local government funding, and by the Rehabilitation Act if the residence

receives Federal financial assistance. Accordingly, these residences may neither categorically exclude people in MAT nor insist that they abstain from MAT.

Some treatment and recovery residences for individuals in recovery have policies that make it difficult for individuals in MAT to live there, for example, policies prohibiting the storage of methadone or buprenorphine at the residence. Such residences must grant a “reasonable accommodation” for individuals in MAT, provided the requested accommodation does not require major financial or administrative commitments that would be considered an “undue burden.” Examples of reasonable accommodations include:

- Arranging for the individual to take medication at the OTP, physician’s office, or another off-site location – when consistent with the individual’s treatment plan.
- Storing an individual’s MAT medication in a lock box in the house and having the individual be personally responsible for it.
- Arranging to have the housing facility keep MAT medications in a locked cabinet.

Residences, of course, do not have to accept every individual who applies. Applicants may be rejected if they refuse to follow non-discriminatory house rules such as attending mandatory NA or AA meetings or violate rules prohibiting drinking or illegal drug use.

Example: Julia is receiving MAT for an addiction to OxyContin and has applied to live in a residence for people in early recovery. She is denied admission because the residence has a policy of refusing to admit people in MAT. The residence is operated by a non-profit organization that runs many such residences.

Is that illegal discrimination?

Yes. Julia is an individual with a “disability” because she is in recovery from an addiction to OxyContin and is in MAT. Excluding her because of her participation in MAT is illegal discrimination, assuming that Julia meets the residence’s other eligibility requirements.

The anti-discrimination laws that apply to the residence include the Fair Housing Act and, if the residence receives Federal funding, the

Rehabilitation Act. If the residence were operated by a local or State government, it would be governed by the ADA as well.

GOVERNMENT ACTIVITIES, BENEFITS, AND SERVICES

The ADA and Rehabilitation Act protect a person in MAT from discrimination by the government in its –

- **Services** – such as health or social services and education and training programs
- **Benefit programs** – like welfare or child care assistance and other forms of financial assistance, such as student loans
- **Activities** – like probation and parole, zoning, occupational licensing, and driver’s licensing

If an individual is “qualified” – meaning the individual meets the eligibility requirements of the program or activity involved – the individual may not be denied the opportunity to participate in or be denied benefits from these and other public services, benefit programs or governmental activities because of a disability. Additionally, individuals in MAT may not be treated less favorably than other individuals simply because they are participating in MAT.

Child Welfare System. *May judges, prosecuting attorneys, and others in the child welfare system require parents to end their participation in MAT in order to get their children back or to keep their children?*

No. Courts and other government agencies may not single out people in MAT and require them to stop taking legally prescribed medications. Such a requirement would be no different than telling an insulin-dependent, diabetic parent that she may not have her children back unless she stops taking insulin and addresses her diabetes through nutrition and exercise alone. Courts may, however, require people in MAT to comply with treatment requirements.

Probation and Parole. *May a probation or parole officer or court require individuals to end their participation in MAT as a condition of their compliance with parole or probation?*

No. As in the child welfare system, probationers and parolees in MAT may not be singled out for different treatment solely because of their participation in MAT.

Zoning *May local governments pass ordinances that prohibit the siting of MAT programs?*

No. Local governments may not use zoning laws to discriminate against MAT programs, even if there is strong neighborhood opposition to the siting of the facility. Zoning laws that prohibit MAT programs or restrict their location generally violate Federal law. Zoning practices that treat MAT programs differently from other entities also violate Federal law.

Example: A methadone program wants to open a new facility in a mixed use district. Methadone programs fall under the zoning code's definition of a "medical facility," and that use is permitted in that district. Community leaders are worried that the program will bring more crime into the area. They convince local legislators to enact an ordinance banning the siting of methadone programs in that district.

Is that illegal discrimination?

Yes. The ADA prohibits local governments from enacting laws that single out methadone programs and treat them differently from other medical facilities.

Driver's Licenses. *May a department of motor vehicles require an individual charged with DUI to end his participation in MAT in order to get his license reinstated?*

No. Requiring an individual to end his participation in MAT – and perhaps to attend a drug treatment program that does not use medication – violates Federal anti-discrimination laws. Note, however, that Federal regulations pertaining to the issuance of commercial drivers licenses *do* disqualify individuals in MAT. Though these rules might appear to conflict with Federal anti-discrimination laws, they are enforceable because of the rules concerning conflicting Federal laws.

Despite the protections outlined above, some government entities do discriminate. For information about what to do when faced with such discrimination in the child welfare and criminal justice systems, read the brochure, *Educating Courts and Other Government Agencies About Methadone*, written by the Legal Action Center and available on the Legal Action Center's Web site, <http://lac.org/index.php/lac/130>.

Commercial Drivers Licenses. Regulations implemented by the Federal Highway Administration of the United States Department of Transportation (DOT) disqualify individuals from receiving an interstate commercial driver’s license if they are taking methadone. Consequently, it is *not* illegal discrimination for DOT to deny an interstate commercial driver’s license to someone because of their participation in MAT. The regulations do not address buprenorphine. Commercial driver’s licenses for *intrastate* (within one State) driving are determined by State laws, which may vary.

PRIVATE EDUCATIONAL, HEALTH CARE, AND OTHER FACILITIES

Many private educational institutions, service providers, and other facilities must comply with Federal laws protecting people with disabilities from discrimination – including people in MAT. The ADA’s anti-discrimination requirements apply to “public accommodations,” which is defined as private facilities that provide goods or services to the public. They include:

- Schools and universities
- Hospitals, clinics, and health care providers
- Social service agencies, including homeless shelters, day care centers, and senior centers

Private service providers that receive Federal grants, contracts, or aid must comply with the same non-discrimination requirements under the Rehabilitation Act.

Public accommodations (and other private entities covered by the Rehabilitation Act) must not discriminate in offering or providing their goods or services against individuals on the basis of their past, current or perceived disability. This means they must ensure individuals enjoy equal opportunity to participate and benefit from the facility’s goods and services, and receive goods or services in the most integrated setting possible.

Example. Susan went to her friend’s primary care doctor because she had a terrible headache. On the medical history questionnaire, she wrote that she is in MAT using methadone. The doctor refused to examine Susan because “we do not treat people on methadone” and said that she should go to the local health department instead.

Was that illegal discrimination?

Yes. Health care providers are “public accommodations” under the ADA and may not refuse to provide health services to individuals solely because they participate in MAT.

HOW PEOPLE IN MAT CAN PROTECT THEIR RIGHTS

Can people do anything to protect their rights under these Federal non-discrimination laws?

Yes. People who face discrimination because they are in MAT can challenge the violation of their rights in one or both of the following ways:

- File a complaint with one of the Federal agencies authorized to investigate and remedy violations of the disability discrimination laws. People do *not* need a lawyer to do this, and it can be faster and easier than a lawsuit and result in the same remedies. *But note:* the filing deadline is typically *180* days after the discriminatory act. Contact information for the relevant agencies is as follows:
 - Employment cases: Equal Employment Opportunity Commission (EEOC). File a complaint with the nearest field office, which can be located at <http://www.eeoc.gov>. Or call (800) 669-4000 (voice) or (800) 669-6820 (TTY).
 - Public Accommodations: United States Department of Justice (DOJ), (800) 514-0301, <http://www.ada.gov>.
 - Housing: United States Department of Housing and Urban Development (HUD), (800) 877-0246, <http://www.hud.gov>.
- In most (but not all) cases, people may also file a lawsuit in Federal or State court, in addition to or instead of filing an administrative complaint. Deadlines vary from one to three years.
- Contact the State agency that oversees alcohol and drug treatment programs. They may know of local resources and be able to provide information to educate employers, government agencies, and others who are discriminating. The Directory of the Single State Agencies

for Substance Abuse Services is accessible through the SAMHSA Web site, <http://www.samhsa.gov/Grants/ssadirectory.pdf>.

- Contact the State and/or local agency that enforces State and/or local anti-discrimination laws. Every State has an agency charged with enforcing State anti-discrimination laws. Some cities have them as well. You might be able to locate the agency in your State or city by asking your local or regional EEOC office (see contact information above), or your State’s Attorney General’s office. You can also try an Internet search typing the name of your state or city and the words “human rights agency.”

What benefit can someone get from filing a complaint or lawsuit? Those found liable for discrimination may be directed to stop discriminating, enact new policies, and/or pay money to the individual who suffered discrimination to compensate for out-of-pocket losses and other harm.

CONCLUSION AND ADDITIONAL RESOURCES

It is illegal to discriminate against people because they are in MAT. Federal laws prohibit such discrimination in employment, housing, public accommodations, and government services. A lack of understanding about MAT – methadone in particular – is often the root cause of such discrimination. This brochure as well as the resources it references should help address concerns by employers and others who might otherwise discriminate.

In the event that discrimination cannot be prevented through education, legal means are available through complaints with government agencies and lawsuits in court.

For a copy of the ADA, visit the Department of Justice’s website at <http://www.ada.gov/pubs/ada.htm>. For other resources on the information covered in this brochure, visit SAMHSA’s websites: <http://www.dpt.samhsa.gov> and <http://buprenorphine.samhsa.gov>. Resources also are available from private, non-profit organizations including the American Association for the Treatment of Opioid Dependence (AATOD), <http://www.aatod.org>; Legal Action Center, <http://www.lac.org>; National Alliance of Advocates for Buprenorphine Treatment (NAABT), <http://www.naabt.org>; National Alliance of Methadone Advocates (NAMA),

<http://www.methadone.org>; and Patient Support & Community Education Project (PSCEP), http://www.methadone.net/patient_support_project.htm.

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