STOP STIGMA NOW
MEDICATION FOR OPIOID USE DISORDER SAVES LIVES
www.StopStigmaNow.org

ALLIES

ORGANIZATIONS THAT WORK TO REDUCE THE STIGMA OF MEDICATIONS FOR OPIOID USE DISORDER

updated 8-19-2026

Abbreviations: **SSN**: www.StopStigmaNow.org; **MOUD**: Medications for **OUD** (Opioid Use Disorder); **MAT**: Medication-Assisted Treatment. (View this document, with links, at www.StopStigmaNow.org)

NAMA RECOVERY (NATIONAL ALLIANCE FOR MEDICATION ASSISTED RECOVERY)

https://namarecovery.org is the only national organization founded and governed by a majority of individuals whose recovery was facilitated by MOUD, and includes their loved ones, health providers and others who support quality, comprehensive treatment that may include MOUD (medications for opioid use disorder). They advocate for and empower individuals who use medication for opioid use disorder.

THE LEGAL ACTION CENTER (LAC) www.lac.org

LAC is well known for protecting legal rights of individuals with substance use disorders including access to MOUD. See their **summary of legal rulings** involving denied access to MOUD, and their summary on **illegal barriers to MOUD access in recovery residences.** They also confront discrimination that affects those with HIV, mental health disorders, and those with arrest/conviction records or are in reentry who face unjust barriers to health care, employment, housing, etc. In addition to legal action, resources include **Legal Advocacy to Protect Health Care Access for People who Use(d) Drugs**, and **toolkits** for those facing discrimination.

I-STARR (INFRASTRUCTURE FOR STUDYING TREATMENT & ADDICTION RECOVERY RESIDENCES).

https://istarr.arg.org/ provides trainings for recovery residence operators & others on MOUD, & related topics at https://istarr.arg.org/register I-STARR is supported by a grant from NIDA, is part of the NIH HEAL Initiative and the Consortium on Addiction Recovery Science (the CoARS Network).

ALL RISE (formerly, the National Association of Drug Court Professionals)

https://allrise.org See their **Adult Treatment Court Best Practice Standards** (updated January 2026) which supports the use of MAT. Excerpt: ". . . treatment courts applying for federal funding through the Center for Substance Abuse Treatment and BJA discretionary grant programs must attest that they will not deny entry to their program for persons with opioid use disorders who are receiving or seeking to receive MAT or a particular medication and will not require participants to reduce or discontinue the medication as a condition … of graduation. Recent court cases have granted preliminary injunctions against blanket denials of MAT in jails or prisons…" Many related resources are available on their website, as well as their catalogue of online trainings for both judicial staff and for treatment providers.

BROKEN NO MORE https://broken-no-more.org
Provides support and guidance to those who have lost a loved one due to substance use, and advance effective treatment for addiction/substance use disorder including increased access to MOUD. They support drug policies based on public health, harm reduction, and science, opposing the punitive policies of the failed war on drugs.

CA BRIDGE https://bridgetotreatment.org/
Bridges and integrates emergency care with community health. It promotes low barrier, immediate MOUD access and has conducted research to validate this approach. Navigators are used for ongoing care and connection to mental health and substance use resources. It can arrange consultations through their National Expansion Project. Links to their trainings are at SSN under 'Trainings.'

The HEAL INITIATIVE (HELPING TO END ADDICTION LONG-TERM) www.nih.gov/heal
& The HEALING COMMUNITIES STUDY (HCS) https://hcs.rti.org
Funded by NIH and SAMHSA, this multi-state research initiative deploys community-based communication campaigns involving data-driven public messaging to reduce public and institutional stigma against MOUD and to expand community demand for evidence-based practices. See their MOUD Stigma Toolkit, their page: 'Myths vs Facts – Methadone' their MOUD Information Sheet and other resources at https://hcs.rti.org/publications.html

THE DRUG POLICY ALLIANCE (DPA) https://drugpolicy.org
See 'Medications for Opioid Use Disorder (MOUD): Methadone and Buprenorphine' September 2025. According to DPA, "Medications for opioid use disorder. . . have proven to be the most effective forms of treatment for opioid use disorder . . . MOUD alone is treatment, and it should not be required to be used alongside other treatment options." DPA advocates for increasing access to addiction services, preventing overdose deaths, harm reduction, and prioritizing health over criminal penalties.

THE NATIONAL SHERIFFS' ASSOCIATION (NSA) www.sheriffs.org
Works to normalize MOUD access in carceral settings through its MAT Sheriff-to-Sheriff Peer Mentoring Program. They promote MAT as an evidence-based practice to address substance use disorder in jail settings. The NSA reduces recidivism by preventing relapse through substance use disorder treatment including the implementation of MOUD. Their webinar, 'Evolution of MOUD in Jails,' is on jail programs for providing MOUD.

RECOVERY RESEARCH INSTITUTE (RRI) www.recoveryanswers.org
RRI is an independent non-profit affiliated with Massachusetts General Hoe spital and Harvard Medical School, with some projects funded through the National Institute on Drug Abuse (NIDA). Since 2012, RRI has engaged in education, research, and outreach, and hosts the searchable 'William White Recovery Research Bibliography.' It also has hundreds of searchable summaries of the latest evidence in addiction treatment and recovery at www.recoveryanswers.org/addiction-research-summaries. One of the quality indicators in **RRI's** Indicators of Quality Addiction Treatment is "access to FDA approved medications for addiction (e.g., buprenorphine/naloxone, methadone, naltrexone)."

RRI's CONSORTIUM ON ADDICTION RECOVERY SCIENCE (CoARS)

www.recoveryanswers.org/coars-2 supports collaborative recovery research, including the study of recovery support services for persons treated with MOUD.

NATIONAL CENTER ON SUBSTANCE ABUSE AND CHILD WELFARE (NCSACW)

https://ncsacw.acf.gov has published '**Medication-Assisted Treatment in the Courtroom** - a Benchmark for Judicial Professionals Serving Parents, and 'Medication-Assisted Treatment in the Courtroom,' informing judicial professionals that a parent's use of prescribed MOUD should not be treated as justification for child removal.

FOUNDATION FOR OPIOID RESPONSE EFFORTS (FORE) https://forefdn.org

FORE's one mission is to address the opioid crisis. FORE supported the State Policy Center for Opioid Use Disorder Treatment and Access (established by NASHP: the National Academy for State Health Policy). They have also supported the National Coalition to Liberate Methadone (see below). FORE addresses professional education, payer & provider strategies, policy Initiatives, and public awareness.

THE NATIONAL INSTITUTE ON DRUG ABUSE (NIDA) https://nida.nih.gov

NIDA's **section on MOUD** has brief online resources on methadone, buprenorphine and related topics. In addition, **NIDA's content** can be searched by keyword or category. NIDA director Nora Volkow MD is a vocal champion of the primary role of medication in OUD treatment. She wrote in 2022 that "The efficacy of MOUD has been supported in clinical trial after clinical trial, and is considered the standard of care in treatment of OUD, whether or not it is accompanied by some form of behavioral therapy." (**Five Areas Where "More Research" Isn't Needed to Curb the Overdose Crisis**.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

SAMHSA's 2021 TIP 63: Medications for Opioid Use Disorder states, "Patients who discontinue OUD medication generally return to illicit opioid use. . .The best results occur when a patient receives. medication for as long as it provides a benefit (maintenance treatment) . . . Longitudinal studies show that most patients who try to stop methadone treatment relapse during or after completing the taper. "Clinicians should offer psychosocial services, but treatment with medications should not be denied if a patient declines to participate in behavioral therapy."

SAMHSA's Final Rule: (42 CFR Part 8) which regulates opioid treatment programs requires that "psychosocial services be available, but expressly prohibits conditioning MOUD on a patient's acceptance or completion of these services . . ."

SAMHSA's 2023 Best Practices for Recovery Housing recommended that "recovery housing operators. not have any barriers or restrictions for residents to use prescribed medications for behavioral or physical health conditions . . . This includes the use of the FDA-approved medications for alcohol use and/or opioid use disorders—including buprenorphine, methadone, and naltrexone." **This document is no longer on the SAMHSA website.**

FACES AND VOICES OF RECOVERY (FAVOR) https://facesandvoicesofrecovery.org

Supports access to MOUD, including in their Standards for Recovery Community Organizations. Excerpt: "The organization allows for, and may provide opportunities for all pathways of recovery and does not exclude anyone based on their pathway."

ADDICTION POLICY FORM (APF) www.addictionpolicy.org

APF's priorities include ending the stigma around addiction and related activities. They provide specialized trainings, workshops and presentations around stigma affecting those with substance use disorders. This includes stigma affecting medications to treat addictions. Hundreds of individuals have been certified to deliver APF programs. Their resource, '**13 Things to Look for in Quality Treatment**' includes, among other items, "Does the treatment program provide medications for patients with opioid or alcohol use disorder?" APF also conducts and publishes research on addiction stigma.

The NATIONAL COALITION TO LIBERATE METHADONE (NCLM)

www.liberatemethadone.org envisions a future without arbitrary and punitive rules where MOUD is accessible to all in the manner that is right for them. Leadership includes people with living or lived experience including people using MOUD, clinicians, scholars, etc. They host bi-weekly General Zoom Meetings. Their last national conference in 2023 was supported by the Pew Charitable Trusts, and others. The conference video can be viewed online. **This slide deck** provides background.

ASSOCIATION FOR MULTIDISCIPLINARY EDUCATION AND RESEARCH IN SUBSTANCE USE AND ADDICTION (AMERSA). https://amersa.org

AMERSA hosts the podcast: 'AMERSA Talks,' the journal: 'Substance Use & Addiction Journal,' and an annual conference. Advocacy priorities include increasing medication access, along with equitable access to care and harm reduction. (**https://amersa.org/advocacy**). SSN's 'Trainings' page has a link to their 'Guide for Peer Recovery Specialists.'

THE R STREET INSTITUTE. www.rstreet.org

Their **searchable library** has explainers, policy studies, analysis, research etc. produced by their scholars, including on MOUD access. e.g., **'Safer Solutions: Why is it easier to get illegal drugs than medicine to treat addiction?'** (June 2026). The R Street Institute partners with academic institutions and policy organizations and educates state and other lawmakers.

AMERICAN MEDICAL ASSOCIATION (AMA)

An excerpt of **AMA Policy D-95.968** (Updated in 2023) states that "Our American Medical Association will (a) advocate for legislation that eliminates barriers to, increases funding for, and requires access to all appropriate FDA-approved medications or therapies used by licensed drug treatment clinics or facilities, and (b) develop a public awareness campaign to increase awareness that medical treatment of substance use disorder with medications for opioid use disorder (MOUD) and other evidence-based options as first-line treatments for this chronic medical disease."
The AMA Substance Use and Pain Care Task Force represents over 25 medical societies and focuses on removing structural stigma across health systems, including improving MOUD access.

The WORLD HEALTH ORGANIZATION (WHO) www.who.int

The WHO's 2009 **Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence,** state that "Psychosocial treatment should not be a mandatory component of standard treatment for opioid use disorder and should not prevent access to opioid agonist therapy" (i.e., methadone or buprenorphine).

AMERICAN SOCIETY OF ADDICTION MEDICINE www.asam.org

The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update states that ". . . there may be instances when pharmacotherapy alone results in positive outcomes. A patient's decision to decline psychosocial treatment . . . should not preclude or delay pharmacological treatment of opioid use disorder . . ."

NATIONAL ACADEMY OF MEDICINE (NAM) https://nam.edu

An independent nonprofit that works to advance science, inform policy, and catalyze action for optimal health. Members are scholars, business leaders and innovators. One of their core areas of focus is combatting substance use and the opioid crisis. Searchable **publications** include
'Stigma of Addiction Summit: Lessons Learned and Priorities for Action.'
'Combatting the Stigma of Addiction – The Need for a Comprehensive Health System Approach.'
'Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Strategies to Address Key Barriers Within the Treatment System;' and
'Dismantling Buprenorphine Policy Can Provide More Comprehensive Addiction Treatment.'

UNIVERSITY OF MARYLAND - Division of Addiction Research and Treatment

Educational initiatives train medical residents to expand access to MOUD known as AIROH (Accelerating Interdisciplinary Resident Education in Opioid Use Disorder and Harm Reduction).
The U of M Telehealth Buprenorphine Model improves buprenorphine access: validated in the peer-reviewed literature as yielding the same results as buprenorphine prescribed in person.

JOHNS HOPKINS MEDICINE www.hopkinsmedicine.org

has pioneered systematic internal anti-stigma frameworks that can serve as a blueprint for hospitals nationwide. These initiatives require clinical and administrative staff to take the **Words Matter Pledge** from their **Words Matter" Campaign,** replacing outdated, stigmatizing terminology with medically accurate, person-first language. . . " Medications to treat opioid use disorder save lives."

AMERICAN CIVIL LIBERTIES UNION (ACLU) www.aclu.org

View their report, **Over-Jailed and Un-Treated:** 'How the Failure to Provide Treatment for Substance Use in Prisons and Jails Fuels the Overdose Epidemic' & the **press release.** In 2026 they **reported on their ongoing suit** against the state of W. Virginia over the moratorium on opioid treatment programs.

THE U.S. DEPARTMENT OF JUSTICE - CIVIL RIGHT DIVISION www.justice.gov/crt

Until recently, the Civil Rights Division had been defending people with substance use disorders who may have been illegally discriminated against under the Americans with Disability Act (ADA) and other federal laws. See their publication: **'The Americans with Disabilities Act (ADA) and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery'**
(The Division lost most of its attorneys in 2025 and no longer prioritizes ADA cases)

PCSS-MOUD (PROVIDERS CLINICAL SUPPORT SYSTEM)

PCSS-MOUD, within **https://pcssnow.org**, focuses on medications for opioid use disorder (funded by the American Academy of Addiction Psychiatry). See the SSN 'Trainings' page for their extensive list of courses on MOUD stigma & access.

BRANDEIS OPIOID RESOURCE CONNECTOR (BORC) https://opioid-resource-connector.org

(Part of the **Opioid Policy Research Collaborative** with resources of its own). **BORC'S resources** include issue briefs, toolkits, and a searchable database of over 800 resources for community-specific needs and to inform program and policy selection, including **many Anti-Stigma Resources**: e.g., under 'Program Models' – **Medication First: A state initiative in Missouri** to expand MOUD access, disseminated by the Missouri Dept of Mental Health.

THE KENNEDY FORUM (TKF) www.thekennedyforum.org

Policy recommendations included amending federal rules so grant awards are contingent upon the availability of MAT, and encouraging DEA and HHS to allow Induction of Buprenorphine via Telemedicine. Works with **https://stopstigmatogether.org/** and is guided by the 2016 report: **Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change**.

DOCTORS FOR DRUG POLICY REFORM www.d4dpr.org

The Position Paper on "Expanding Access to Methadone and Buprenorphine for Opioid Use Disorder" advocates for expanded access to methadone and down-scheduling buprenorphine to DEA schedule II. Provides **trainings on media advocacy** and addresses stigma and punitive approaches directed at people who use drugs, including an **Advocacy Toolkit for Transitioning from a Criminal Justice Model to a Health-focused Approach for Drug Use: A Guide for the Medical Professional**

SHATTERPROOF

Advocates and educates to fight addiction stigma. They developed the **Addiction Stigma Index** and validated the first **standardized quality measures for addiction treatment facilities** through 'Atlas,' their **searchable treatment locator** used in several states, identifying which facilities offer MOUD, etc.

SUPPORT ORGANIZATIONS that welcome medication for substance use disorder:

MARA (Medication-Assisted Recovery Anonymous) www.mara-international.org
SMART recovery www.smartrecovery.org
LifeRing Secular Recovery www.lifering.org
SOS (Secular Organizations for Sobriety) www.sossobriety.org
Burn the Stigma (alternatives to 12-Step Programs) https://bit.ly/4v5WSnS