Dear Public Health Committee Legislators,

In regard to HR Bills 5741 and 5671, my name is Meagan McGuire, Recovery Support Specialist and former sober house resident. My current role as a Recovery Support Specialist is to provide support, role modeling and assistance to others seeking mental health and addictions recovery through my own experience, which includes significant time in sober houses.

I speak in support of PROPOSED BILL NO. 5741 AN ACT Concerning Sober Living Homes

Most recently, I lived in a sober home for nineteen months. There, I learned that it was not the house specifically that was going to keep me clean, rather my own efforts, personal accountability and responsibility for my recovery, but I needed support and safety to get to that understanding. It was a major challenge to find any reliable information or credentialing of sober homes in the state of Connecticut, outside of the Oxford House, Inc. website. In my experience with the most recent residence, I went in sight unseen out of desperation. I quickly learned that, despite having a house manager and axiomatic rules, there was no legal ground to oust a person who violated rules, including substance use, if they had established certain points to declare residency, due to tenant-landlord laws. When this crisis occurred, the much needed safety, security and sanctuary of a drug-free environment was violated; the house became unsafe for all recovering inhabitants. Conflict, risk and relapse increased dramatically in direct relation to this individual’s presence, substance use and behavior.
In the meantime, I also began to carry naloxone, as a personal choice, because of the high potential for opioid overdose. As a former nurse and opioid addict, I am well aware of the lifesaving capacity, with minimal physical risks, naloxone, or Narcan, has. The capacity to intervene in a safe, effective manner is second to none in my opinion. Many of us have lost loved ones, friends and acquaintances to opioid overdose and my position is “not in my house”.

Your careful consideration of the verbiage in this proposed bill to provide the legal right and option to immediately expel a resident from the sober home secondary to “rule violation”, specifically substance use, is essential. An experienced, individual evaluation of a resident’s behavior, readiness and commitment to recovery to determine that person’s capacity to remain in the home is necessary to maintaining the integrity of the sober support structure. Monitoring by the Department of Public Health for purposes of ensuring quality homes with regulatory standards would protect and afford a valuable oversight to an otherwise unaccountable, inaccessible fraction of sober homes in the state. In describing sober homes as fractioned, I would encourage funding and emphasis on the work initiated by the Connecticut Community for Addiction Recovery (CCAR) to compile a working system of sober houses with nationally recognized credentialing from sources such as the National Alliance for Recovery Residences (NARR). NARR publicizes “Recovery Residence Quality Standards” that identifies levels of recovery care, as well as core principles to establishing well rounded recovery environments. Such criteria and credentialing would continue to reinforce the reputation and sustainability of qualified sober homes that also must register as a business, while providing accessibility to those in need of sober support and refuge.

In considering the presence and training in the administration of naloxone, I would support all sober house management and residents in having education and direct access to the opioid reversal agent, no matter what substance(s) of choice their history may include. Current law provides for Naloxone Prescribing Pharmacists to dispense the medication yet there is varying knowledge and understanding of the availability of naloxone, compounded with complex personal and social taboos that
prevent access and administration by current or former active substance abusers. Education and stigma change can happen, especially in a supportive environment such as a sober house.

The reality is that there is no oversight for sober house administration, structure, accountability, or function; there is no appropriate source to access in Connecticut in terms of available sober house vacancies or home information; there is minimal standard for operating and managing a quality sober house that supports, teaches and encourages active recovery. Therefore, I ask you to support and carefully consider the language of proposed legislation PROPOSED BILL NO. 5741 AN ACT Concerning Sober Living Homes.

Thank you,
Meagan K. McGuire
RSS, LMT, BSN