

Testimony: Senate Bill 298 relative to sober living house certification and operational standards

My name is Marie Kiely from Portsmouth, NH, and I support SB298 relative to sober living house certification. This bill would ensure that NH's recovery housing follows evidence-based practices and meets state and national standards to ensure the safety and health of residents. Evidence shows that access to sober housing that meets these standards is associated with improved outcomes. People recovering from substance use disorders are vulnerable and need the protections that this bill would help provide.

My 44 year old son died 2 years ago after spending 5 months in a non-certified sober house following a residential stay in a NH treatment center for severe alcohol use disorder. When he left the treatment center in April 2023 after 2 ½ months, he was feeling hopeful, working a full-time job and doing everything he had been instructed to do to recover. Unfortunately, the sober house he moved to required a rigid schedule of AA meetings of the house owner's choosing, and my son was unable to attend his previous AA group meetings where he had built relationships. With his full-time work schedule, ½ hour commute and the 10 required meetings/week, my son was also unable to attend needed medical and therapy appointments. His mental health quickly deteriorated, and he became very depressed and anxious. Residents' medical and mental health needs, important components of evidence-based SUD treatment, were not addressed in any way by the sober house owner. In desperation, my son moved out to an apartment after 5 months and by then, his mental health had declined to the point where he relapsed with alcohol and died 2 months later. This was a very preventable death had he had a supportive living environment that prioritized all aspects of his recovery, most importantly his mental and medical health.

Substance use disorder is epidemic in NH and nationally. Long term recovery is achievable with consistent evidence-based medical and mental health care and compassionate support. Finding housing can be challenging, especially in the current housing market. Many people are unable to afford an apartment in today's market, with the increasing rents and security deposits and do not have family or friends that they can live with. My son encountered wait lists at the sober houses he contacted, and our family was unaware that the house he was accepted to did not meet recovery housing standards.

I ask you to support SB298 to ensure all of NH's recovery housing follows best practices according to national standards so that this vulnerable population has a chance to rebuild their lives in a safe and healthy environment with access to the evidence-based care that is essential for recovery. I have attached SAMHSA (Substance Abuse and Mental Health Services Administration) *Best Practices for Recovery Housing*, Best Practice #10, for further information.

Thank you for your consideration of this important bill.

March 23, 2026

Best Practice 10: Promote the Use of Evidence-Based Practices There are several evidence-based practices that complement the effectiveness of recovery housing, including outpatient treatment, medications prescribed to treat mental health and substance use disorders, and urinalysis. Recovery housing that meets nationally recognized standards (e.g., Oxford House, Inc. and NARR) are evidence-based practices as summarized earlier.

Outpatient Treatment: Many residents stay in recovery housing during and/or after outpatient treatment, with self-determined residency lasting for several months to years. SAMHSA recommends that recovery housing providers offer resources to help residents access and remain in outpatient treatment. Polcin (2009) found significant improvements in abstinence and employment rates, as well as a reduction in the number of arrest rates for those residents who also participated in outpatient treatment for substance use disorders. Additionally, 76% of the residents that participated in this study remained domiciled in a recovery house for at least five months. For many, the combination of recovery housing with evidenced based outpatient treatment is an efficacious model of care.

Supportive Services: SAMHSA recommends that recovery housing providers offer resource sharing to help residents access health care, employment, social services, and other support services in the community.

Medication Policies: SAMHSA recommends that recovery housing operators not have any barriers or restrictions for residents to use prescribed medications for behavioral or physical health conditions. Medications for substance use and mental health disorders can be lifesaving. This includes the use of the FDA-approved medications for alcohol use and/or opioid use disorders— including buprenorphine, methadone, and naltrexone. Medication therapy in conjunction with counseling, behavioral therapies, and community recovery support services provide a whole-individual approach to the treatment of substance use disorders. The National Academies of Sciences, Engineering, and Medicine (NASEM, 2019) notes that medications for opioid use disorders save lives and cite the use of these medications as an integral strategy in addressing opioid misuse and overdose.

The misuse of any medication in a recovery housing program can have detrimental effects on both the individual and the other residents. Since most recovery homes do not have direct support staff, diversion risk management can look different across different recovery homes and levels of support. The following strategies are recommended when appropriate:

- Utilizing medication lock boxes
- Ensuring that residents and staff are properly trained on the medication policy and procedure
- Conducting medication counts with residents and

staff present • Exercising use of 42 CFR Part 2 and HIPAA-approved communication between recovery house staff and clinical team • Providing proper documentation regarding medication • Facilitating open discussion of medication use (e.g., groups, triggers, etc.) • Being knowledgeable of daily dosing at licensed facilities when applicable

Drug Screenings: To maintain alcohol- and illicit drug-free environments, SAMHSA recommends urinalysis testing if someone in the home may be suspected of using alcohol and/or drugs and the environment becomes unsafe to other residents. This may also be necessary for individuals involved in the criminal justice system or other institutions. However, nonclinical recovery housing are not programs that can bill third-party payors for these services