Testimony in Support of H8040 – An Act relating to Towns and Cities – Zoning Ordinances
Submitted by: Stacey Levin
Organization: RICARES – Rhode Island Communities for Addiction Recovery Efforts
House Committee on Municipal Government and Housing

Chair Casey and distinguished members of the Committee,

My name is Stacey Levin. I am the Deputy Director of RICARES — Rhode Island Communities for Addiction Recovery Efforts — the state's affiliate of the National Alliance for Recovery Residences. I am here to express my strong support of House Bill 8040.

I want to begin by telling you something personal. I am a person in long-term recovery, and I am alive today, in part, because a recovery house gave me a safe place to live when I had nothing else. Not a treatment program, not a hospital — a house. A home, filled with people who understood what I was going through and who held me accountable while holding me up. That is what recovery housing does. And that is what this bill protects.

After my own experience, I dedicated my career to making sure others could access what saved my life. I spent 10 years working for Oxford House Inc., **the largest network of nonprofit recovery residences in the world.** I have been called on to provide my expertise and guidance on establishing recovery housing best practices nationally.

RICARES serves as Rhode Island's affiliate of the National Alliance for Recovery Residences (NARR), the national body responsible for establishing quality and safety standards for recovery housing. In that capacity, we provide technical assistance, training, inspections, and certification support to recovery houses across this state. But my testimony today is grounded not only in my organizational role — it is grounded in over a decade of direct, hands-on experience in this field.

Since 2011, I have personally assisted in opening 140 recovery houses across the country and have provided technical assistance to an additional 200 homes. That is more than 340 recovery residences — homes where an average of 8-12 people lived while rebuilding their lives from addiction. They have found safety, community, and a foundation for long-term recovery.

On the Question of Safety
I want to address directly what I know to be one of the most frequently cited concerns when communities resist recovery housing: safety. In my fifteen-plus years working across this field — overseeing or supporting more than 340 homes — there have been three fires in the Oxford House network of recovery houses

nationally within that span of time; one kitchen fire and two electrical. **Not one resident was injured.** Not one.

That record is not an accident. It reflects the culture of mutual accountability that defines quality recovery housing. Residents look out for one another. House managers enforce basic safety rules. Certified recovery residences operate under established standards that include expectations around habitability and household management. The data simply does not support the premise that recovery houses pose a heightened safety risk to their occupants or neighbors — and policy should not be built on fear rather than fact.

The process for a house to become certified in Rhode Island is an in-depth one, at the end of which is a physical inspection of the property – something that typically takes 4-6 hours. During the inspection bedrooms are measured to ensure all residents have adequate personal space, that floors are clear so residents can move around and easily access doors and windows. All bedrooms must have smoke and carbon monoxide detectors that are all interconnected and must have two means of egress. Bedrooms tend to be a mix of single and shared rooms. Kitchens have fire extinguishers and all electrical, furnace, and other systems in the house must be up to code. Recovery houses are a mix of single and shared and do not have key entry to bedrooms, in fact most houses only have privacy locks on bathroom doors to ensure that shared rooms are accessible and safe for all residents. Evacuation plans in the event of an emergency are posted on every floor of the house and many houses practice evacuations annually.

If any concerns are raised during an inspection, those items must be addressed before certification is granted. Houses are re-inspected bi-annually to ensure all houses continue to operate with the highest safety standards for all residents.

On the Question of Outcomes

Recovery housing works. The evidence is substantial and growing. Research on Oxford House — one of the most studied models of recovery housing in the United States — consistently demonstrates that residents achieve significantly better outcomes than those who do not have access to stable, supportive housing in recovery.

A landmark study by Dr. Leonard Jason and colleagues at DePaul University found that **Oxford House residents had abstinence rates of approximately 65% at two years**, compared to roughly 30% for individuals in usual continuing care — more than double the rate of sustained recovery. The same research found recovery house residents had significantly lower rates of incarceration, higher rates of employment, and substantially reduced substance use compared to control groups. These are not marginal differences. They represent the difference between a life rebuilt and a life lost.

Recovery houses are not a burden on communities. They are one of the most cost-effective investments this state has make in its behavioral health infrastructure — reducing emergency department utilization, incarceration, and overdose mortality while increasing workforce participation and community stability.

On H8040 Specifically

H8040 does something straightforward and fundamentally fair: it requires that recovery residences be treated like other residential uses of property. Nothing more, nothing less. It prohibits municipalities from layering on restrictions — whether zoning barriers, building code requirements, or other provisions — that would not apply to any other home on the same street occupied by an unrelated household.

This is not a novel legal position. It aligns with longstanding protections under the federal Fair Housing Act, which recognizes people in recovery from addiction as a protected class. Rhode Island communities are not permitted under federal law to single out recovery homes for discriminatory treatment, and this legislation ensures our state statute reflects that same principle clearly and explicitly.

The Cost of Inaction: Homelessness and Overdose

We cannot discuss zoning barriers to recovery housing without being direct about what those barriers cost — in human lives.

Rhode Island is still in the grip of an overdose crisis. We have made progress, but people are still dying. One of the most well-established predictors of recurrence and overdose is housing instability. When someone leaves a treatment program or incarceration and has nowhere safe, supportive, and structured to go, the risk of return to use — and the risk of fatal overdose — increases dramatically. Recovery housing fills exactly that gap. It is the bridge between initiating recovery and independent living. When municipalities use zoning ordinances to block recovery homes from opening, or to shut down existing ones, they are not protecting their communities. They are redirecting vulnerable people onto the street and toward the emergency department, jail, or the morgue.

Housing instability and homelessness are also deeply intertwined with addiction. Nationally, studies consistently show that individuals experiencing homelessness have disproportionately high rates of substance use disorders — and that without stable housing, recovery is extraordinarily difficult to initiate and sustain. Rhode Island's homeless population is not separate from our recovery population. In many cases, they are the same people, cycling through shelters, detox units, and emergency services at enormous cost to taxpayers and at enormous cost to themselves. Recovery housing interrupts that cycle. It provides the stability, peer support, and accountability that make long-term recovery possible.

If this bill does not pass — if we allow discriminatory zoning to continue unchecked — we are making a policy choice. We are choosing to make recovery harder to access for the

people who need it most. We are choosing to push people in recovery toward homelessness. And in a state where the overdose rate remains among the highest in the nation, that choice will cost lives. The question before this Committee is not simply whether recovery houses belong in our neighborhoods. It is whether Rhode Island is truly committed to recovery as a community value — or whether we will continue to relegate people in recovery to the margins, and then express grief when they don't survive.

Conclusion

People in recovery deserve the same right to a home that every Rhode Islander enjoys. They are our neighbors, our family members, our coworkers. They are working hard every day to reclaim their health and their lives. Quality recovery housing is one of the most evidence-based tools we have to support that work — and the safety record speaks for itself.

I urge this Committee to support H8040 and move it forward without delay.

In service to our communities,

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