

# ADVOCATES FOR RESPONSIBLE TREATMENT

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March 26, 2018

Mr. Reyes Diaz, Consultant  
Senate Health Committee  
State Capitol, Room 2191  
Sacramento, CA 95814

**SB 992 (Hernandez)**  
**SUPPORT**  
**Assembly Health Committee**  
**Hearing Date: April 4, 2018**

Dear Mr. Diaz,

Advocates for Responsible Treatment, is an all-volunteer, citizens' advocacy group covering Southern California which wishes to ensure recovery businesses operate in a safe, humane and legal manner. We look for win-wins for both recovering addicts AND neighbors. We are writing today **in SUPPORT of SB 992 (Hernandez)**, with reservations.

Section 7.14 (11833.05) of SB 992, which should identify residences associated with licensed Treatment Centers, is absolutely critical to cleaning up unscrupulous and illegally acting providers in the for-profit, addiction recovery industry in California. SB 992 would force businesses to reveal the residences with which they are working. We are aware of many Treatment Centers that own or have relationships with unlicensed residences, often billing for treatment that compensates the business for a recovering addict's rent. In addition, it would enable the State to finally count a portion of the thousands of beds available for addiction treatment that are currently serving recovering addicts coming from out-of-state for treatment.

Section 2 of the bill indicates that licensed residences will have to provide details of a plan for a patient's relapse. It clarifies that the regulation does not require a licensee to discharge a resident. While we agree that the State should require a detailed plan and the licensee should not be discharged to the streets, the State needs to set a minimum standard of what should be done with the relapsing addict.

A question completely unaddressed by this bill is whether the addict is overtly under the influence or whether their addiction was detected only through a test, which could represent a false-positive. The presence of an overtly, under-the-influence addict in a residence with those undergoing recovery represents three important threats to others' recovery:

- 1) Despite the intent to maintain a "sober" environment, for which feature the facility is advertising, the residence has failed to do the first and most important task with which it has been charged. It should be required to notify the State of such a failure and should face consequences.
- 2) If the addict has obtained addictive substances, substances may still be available to others in the residence from the same source, thereby endangering ALL of the residents.



3) An addict overtly under the influence in the midst of recovering addicts could represent a trigger to others.

SB 992 should, on behalf of others in recovery, address these issues by routing the addict to a different site with a higher level of security instead of leaving their situation up to the imagination of the residence.

Likewise, SB 992 fails to address the potential impact of under-the-influence/using addicts on neighborhoods, which also supports that such an addict should be removed from the residence. Contrary to frequent demeaning by industry, citizens support well-regulated, sober environments for those in recovery seeking to re-integrate with society. Addicts who have used recently, however, are not considered disabled under the Americans with Disabilities Act and are not entitled to disability protections or "reasonable accommodations" under the Fair Housing Act. Citizens have reasonable grounds to object in SB 992 to the use of residential housing as a form of institutionalization of addicts who are using. An addict who is using illegal substances may attract suppliers who will be looking for other users. Sam Quiñones, in the book *Dreamland*, reviewed systems by which addicts call distributors who then drive to specific locations to deliver heroin in very few hours. Citizens do not want drug dealers, attracted by addicts, to drive into residential neighborhoods as such criminal activity exposes neighbors to unnecessary risk. Routing addicts to a different facility would minimize this exposure. In addition, residences with multiple failures involving illegal substances give clear evidence of poor supervision and should be identified and shut down by the State.

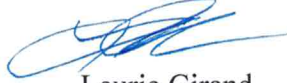
Lastly, while we support the voluntary registration system as better than nothing, we believe the State should mandate standards for business-operated and business-controlled housing. Why should recovering addicts have to accept any lower standards than those afforded by those who register?

We would point out that in Section 2 (c), the bill creates an ambiguity suggesting patients are seeking a house that does not require licensure. Such language would be clarified by moving the phrase "that does not require licensure by the department or does not provide licensable services" earlier in the sentence, so that it reads "... means a residential dwelling, that does not require licensure by the department or does not provide licensable services, that provides primary housing for individuals..." We would also strongly suggest that you remove the word "cooperative" (appears twice) from the bill, as recovering addicts often are NOT seeking cooperative environments, but are seeking houses operated by businesses providing supervision. Thus, they are merely seeking a living arrangement that supports personal recovery.

SB 992 will be a small start in an area of addiction treatment that needs a massive overhaul. **While we would prefer that the bill mandate a relocation of the relapsing addict and make**

**registration mandatory, we support SB 992 (Hernandez) and have sent letters similar to this to the entire Senate Health Committee.**

Sincerely,



Laurie Girand  
Steering Committee Member  
Advocates for Responsible Treatment  
<http://www.responsible-treatment.org>