

Substance Use and Recovery Services Plan Recommendation

Recommendation – *Addressing outdated language regarding recovery houses licensing and zoning barriers affecting treatment, harm reduction, and recovery support services.*

Bill Requirement(s) – *5476 Section 1.3 (a),(c),(d),(j)*

Background & Supporting Data:

This recommendation addresses outdated language regarding recovery residence licensing and zoning barriers affecting treatment, harm reduction, and recovery services, as well as the inconsistency between state, county, and city/town regulations regarding zoning for these types of facilities.

A blanket statement from the state level would provide considerable changes to these areas in regard to providing adequate space for treatment, harm reduction, and recovery support services.

Currently, [WAC 365-196-550](#) outlines essential public facilities when it comes to community development regulations. Siting these essentially public facilities are outlined in [RCW 36.70A.200](#) which states that county and city planning includes a process for identify and siting the facilities that are named under the WAC and RCW which includes inpatient facilities including substance ‘abuse’ facilities, mental health facilities, group homes, and community facilities. It is left to the discretion of the city and county to identify and site these locations within their areas.

Oftentimes, this provides city and counties to not provide adequate services due to the lack of appropriate identification and appropriate language of the services that are needed to address the substance use, mental health, and co-occurring population.

The language should be updated to include in-patient, out-patient, recovery residences, harm reduction (including SSP), community-based, and treatment related programs, including OTPs and mobile treatment services. Furthermore, there should be consistency, regardless of demographic, for enforcing cities and counties to provide the maximum amount of services within their regions.

Recovery Residences should be defined as: Recovery housing can range along a continuum of four non-linear levels described by the National Association of Recovery Residences (NARR). These levels range from peer-run establishments like Oxford Housing (level I), to monitored sober living homes (level II), to supervised housing (level III), and residential treatment housing (level IV). While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery.

Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorder.

To further this recommendation in efforts to support harm reduction services in Washington, the subcommittee recommends adopting similar language to [California Health and Safety Code 11364](#) which states “a public health measure intended to prevent the transmission of HIV, viral hepatitis, and other bloodborne diseases among persons who use syringes and hypodermic needles, and to prevent subsequent infection of sexual partners, newborn children, or other persons, this section shall not apply to the possession solely for personal use of hypodermic needles or syringes.” Allows for providing supplies to reduce harm associated with SUD, which includes safe smoking supplies.

To help facilitate the changes to zoning regulations, we believe municipal officials would benefit from orientation to the services we are recommending be sited in their jurisdictions. When given adequate information and statistical data, officials would be better able to make informed changes for their

communities to address the current substance use crisis. Educational campaigns should be provided to city and county officials and communities to provide valuable information regarding the services that may be sited in their areas. Stigma and misunderstanding can cause resistance that could hinder the expansion of vital services.

Collaboration with Existing Resources:

N/A

Approximate Financial Support & Staffing Needed:

Dollars	FY23	FY24	FY25
Legislative / State Budget Funding			
HCA Grant-Based Funding			
Total Funds			
Staff (FTE)	8	6	6

SURSA Committee Feedback: