



Danielle Wallace, Executive Director, The Turning Point of Addison County

I am here today to testify in support of the language added to S.157 regarding landlord-tenant law as it relates to certified recovery residences in Vermont.

My name is Danielle Wallace. I am the President of the Recovery Partner's of Vermont board of directors, the director of the Turning Point Center of Addison County, and I am also a person in long-term recovery. For me, that means I have not used any substances in over a decade.

Today, I am deeply grateful that thoughts of getting high no longer consume me. In fact, they rarely cross my mind. That was not the case in early recovery. I spent 15 years of my life trying, often unsuccessfully, to get and stay sober. During that time, I did everything that was suggested to me: I attended multiple inpatient rehabilitation programs, lived in several recovery residences, and participated in more intensive outpatient programs than I can count.

As we all know, early recovery is hard. Temptations and triggers are everywhere. Whether it's the liquor store you pass on your way to work or the dealer you unexpectedly run into at the grocery store. The desire to use can feel all-consuming. Early on, I was told that building a strong foundation would rob those temptations of their power.

Recovery residences play a critical role in building that foundation. They are an essential part of the substance use disorder continuum of care. They provide more than just a substance-free place to sleep; they foster accountability, connection, and mutual support.

Unlike moving into a typical apartment, recovery residences cultivate family-like relationships and social networks that offer encouragement, friendship, and hope. While the structure and programming of these homes can vary, one thing is non-negotiable: for them to be safe, they must remain substance-free.

What I hope was my last relapse began in the summer of 2014, while I was living in a recovery residence. I had just completed an 18-month inpatient treatment program and believed I had everything under control. I was working full-time, attending regular 12-step meetings, and working closely with a sponsor. I entered the house full of hope that I had finally left the chaos of substance use behind me.

The four-bedroom single-family home housed eight women. My roommate and I quickly became close. We attended meetings together, went to the gym together, and spent many nights talking and laughing late into the night. When you share a kitchen, a living room, and a bathroom, it's almost impossible not to form strong bonds.



After a few months, my roommate told me she had relapsed. Instead of informing the other women in the house, I chose to keep her use a secret and try to help her on my own. Each night I watched her hide substances in her dresser drawer, and each night she promised it would be the last time. She never pressured me to use, but witnessing her active addiction slowly eroded my recovery. Within a week, I had convinced myself that using “just once” wouldn’t be a problem. Denial, rationalization, and euphoric recall took over—and having someone else using alongside me made it easier to justify.

That relapse unfolded just like every one before it. My focus shifted immediately from recovery, work, and family to getting and staying high. At the next house meeting, we were asked to take a drug test, and when the results came back, we were told to leave. There was no contingency plan in place. I had 30 minutes to vacate the property and one week to remove my belongings.

While I was not able to sustain recovery in that home, the experience still mattered. The other women showed me that long-term recovery was possible. Most importantly, I did not ultimately harm their recovery, but I could have. Active addiction is like an infectious disease. Allowing me to remain in that house could have jeopardized the lives of six other women. And today, our drug supply is far more dangerous than it was in 2014.

As a single mother, I deeply understand the challenges people face in securing safe, affordable housing and the need for protection from unjust landlord practices. But this is not that issue. This is about whether courts should be placed in the position of managing recovery residences. Doing so risks prioritizing continued housing for one individual who is not ready for that environment over the safety and recovery of many others.

I support the language added to S.157 because it recognizes the unique role of certified recovery residences and helps preserve their ability to remain safe, effective, and accountable. This language helps protect and strengthen a critical safety net, one that is essential for people in early recovery and, ultimately, for the health of our communities.