VII. Benefits and Concerns with Operation

To identify the benefits and concerns in connection with the operation of recovery residences, this section presents a research review and a summary of concerns and issues identified by members of the public.

Research Review

Researchers studied 132 men from 11 recovery residences in Illinois. Initial interviews were conducted with individuals who had been a resident for at least two weeks, but no more than six weeks. Only 48 participants provided data at a second follow-up interview six months later. These 48 individuals were asked to report on positive and negative experiences. The following results were obtained with regard to negative experiences:

- 31.3% experienced "personality conflicts."
- 22.9% experienced "lack of cooperation among members."
- 12.5% experienced a "cramped living space."
- 12.5% experienced "personal financial troubles."
- 10.4% experienced an "overly structured/authoritarian setting."
- 8.3% experienced an "unstructured and poorly governed setting."[55]

Researchers interviewed 64 individuals from randomly selected houses in northern Illinois that were in proximity to a recovery residence. Thirty-two of these individuals lived directly next to one, and 32 lived one block away.[56] They found that residents in 69% of houses next to recovery residence knew of the existence of it, versus only 9% of residents in houses that were a block away. Qualitative data was collected from the 25 residents who knew of its existence. When asked if they had any concerns about its location in their neighborhood, the following responses were obtained:

- 21 said no.[57]
- 4 said yes.[58]

When these 25 residents were asked if they could see any benefits to having the residence in their neighborhood, they provided the following responses:

- 17 responded yes.[59]
- 8 did not know of any benefits.[60]

---

[55] Jason, L. A., Ferrari, J. R., Smith, B., Marsh, P., Dvorchak, P. A., Groessl, E. J., Pechota, M.E., Curtin, M., Bishop, P. D., Kot, E., & Bowdin, B. S. (1997). Explanatory Study of Male Recovering Substance Abusers Living in a Self-Help, Self-Governed Setting. *Journal of Mental Health Administration, 24*(3), 332–339.

[56] I.E., not on the immediate block.

[57] Neighbours commented, for example: "Guys are friendly."; "They just proved to be good neighbors."; "No trouble from them." Jason, L. A., Roberts, K., & Olson, B. D. (2005). Attitudes Toward Recovery Homes and Residents: Does Proximity Make a Difference? *Journal of Community Psychology, 33*(5), 529-535.

[58] Neighbours commented, for example: "Sometimes cars block my driveway, only when first opened, no problems now."; "Sometimes a lot of new faces."; "Louder, more people on street." *Id.*

[59] Neighbours commented, for example: "Good lookouts, watch everything."; "Upkeep of outside is good."; "No drugs, no parties going on."; "Take care of property well outside"; "My son plays basketball with guys out in their yard, keeps them out of trouble."; "Glad to see it's being done to rehabilitate women, especially who have children."; "They keep up the yard better than last owner." *Id.*

[60] *Id.*

Researchers physically inspected 11 recovery residences for women and 44 for men in 2002 in Virginia, Illinois, and Hawaii. An intoxicated or imparied person present was identified near[61] only 1.9% of houses and a drug dealer present was identified near only 3.8% of houses. The physical location of bars or pubs nearby occurred in about 30% of houses.[62]

In 2008, researchers contacted 90 recovery residence landlords and solicited their participation in a voluntary and anonymous survey.[63] Responses were received from 30 landlords, including 18 who rented solely to recovery residences and 12 who rented to both, and other tenants. All 30 indicated that residents paid rent on time and kept the property in good physical condition and that recovery residences appeared to be better maintained compared to others on their blocks.

Furthermore, 27 indicated that residents built positive relationships with neighbors and 29 reported that recovery residences had suitable furnishings and window coverings. Additionally, according to landlords who were renting to both recovery residences and other renters, excessive noise, rent payment, landlord-tenant communication, and pet problems were less of a problem with them compared to other renters.

Finally, 16 of the 30 participants responded to the following open-ended question - "Do you have any other comments about renting to Oxford House residents?"

- 10 out of the 16 responses contained mostly positive comments;
- 4 were mostly negative comments; and
- 2 were neutral comments.

The most common negative themes mentioned wear and tear on the property and potential problems with the neighbours.[64]

According to the Massachusetts Department of Public Health's Bureau of Substance Abuse Services (BSAS):

> [The Bureau] is aware of the numerous complaints received regarding ADF Housing operators. These complaints have been lodged by residents of ADF Housing, neighbors and municipal officials. The nature of complaints range from nuisance complaints (noise) to more serious complaints regarding substandard housing conditions, alcohol and drug use on the property, and fatal and non-fatal overdoses of residents. Although BSAS has received frequent complaints about ADF Housing, the majority of complaints are in reference to only a few ADF homes relative to the number of homes that exist in the Commonwealth. In other words, there are many complaints about a few homes and no complaints about the vast majority of others.[65]

According to the American Planning Association:

---

[61] Near was defined as within half a mile. *Id.*

[62] Ferrari, J. R., Jason, L. A., Blake, R., Davis, M. I., & Olson, B. D. (2006). "This is My Neighborhood": Comparing United States and Australian Oxford House Neighborhoods. *Journal of Prevention & Intervention in the Community, 31*(1/2), 41-49.

[63] Ferrari, J. R., Aase, D. M., Mueller, D. G., & Jason, L. A. (2009). Landlords of Self-Governed Recovery Homes: An Initial Exploration of Attitudes, Opinions, and Motivation to Serve Others. *Journal of Psychoactive Drugs, 41*(4), 349-354.

[64] Ferrari, J. R., Aase, D. M., Mueller, D. G., & Jason, L. A. (2009). Landlords of Self-Governed Recovery Homes: An Initial Exploration of Attitudes, Opinions, and Motivation to Serve Others. *Journal of Psychoactive Drugs, 41*(4), 349-354.

[65] *Supra*, note 11.

Formatted: French (France)

Formatted: French (France)

> Community residences have no effect on neighborhood safety. A handful of studies have also looked at whether community residences compromise neighborhood safety. The most thorough study, conducted for the State of Illinois, concluded that the residents of group homes are much less likely to commit a crime of any sort than the average resident of Illinois. Community residences do not generate adverse impacts on the surrounding community. Other studies have found that group homes and halfway houses for persons with disabilities do not generate undue amounts of traffic, noise, parking demand, or any other adverse impacts." [66]
>
> Community residences have no effect on the value of neighboring properties. More than 50 studies have examined their impact on property values probably more than for any other small land use. Although they use a variety of methodologies, all researchers have discovered that group homes and halfway houses do *not* affect property values of even the house next door. They have no effect on how long it takes to sell neighboring property, including the house next door. They have learned that community residences are often the best maintained properties on the block. And they have ascertained that community residences function so much like a conventional family that most neighbors within one to two blocks of the home don't even know there is a group home or halfway house nearby.[67]

Florida Public Comment

At public meetings, participants raised the following concerns:

- Residents being evicted with little or no notice.
- Drug testing might be a necessary part of compliance monitoring.
- Unscrupulous landlords, including an alleged sexual offender who was running a woman's program, and a recovery residence owned by a bar owner and attached to the bar.
- Residents dying in recovery residences.
- Lack of regulation and harm to neighborhoods
- Whether state agencies have the resources to enforce regulations and adequately regulate these homes.
- Land use problems, and nuisance issues caused by visitors at recovery residences, including issues with trash, noise, fights, petty crimes, substandard maintenance, and parking.
- Mismanagement of resident moneys or medication.
- Treatment providers that will refer people to any recovery residence.
- Lack of security at recovery residences and abuse of residents.
- The need for background checks.
- The number of residents living in some recovery residences and the living conditions in these recovery residences.
- Activities going on in recovery residences that require adherence to medical standards and that treatment services may be provided to clients in recovery residences. This included acupuncture and urine tests.
- Houses being advertised as treatment facilities and marketed as the entry point for treatment rather than as a supportive service for individuals who are exiting treatment.
- The allegation that medical providers capable of ordering medical tests, and billing insurance companies were doing so unlawfully.

[66] *See,* www.planning.org/policy/guides/pdf/communityresidences.pdf, site accessed August 18, 2013.
[67] *Id.*

- Alleged patient brokering, in violation of Florida Statute.[68]

Several concerns were also raised in written responses to the Department. According to stakeholders representing the city of Port St. Lucie, regulation or certification is needed to "ensure that operators of the facilities have the adequate training and experience to provide the services which are needed to assist in the recovery process." They also indicated that without regulation or certification "some of them will be nothing more than a boarding house facility."[69]

Similarly, according to stakeholders representing the city of Delray Beach, "we have seen far too many of these residents evicted at all hours, subjected to abusive behavior and worse." They indicate that recovery residences should be required to demonstrate "compliance with life safety standards for the residences and have background check requirements for the operators." They also raised the following concerns:

> The lack of state oversight and regulation has made sober house tenants the target of unscrupulous landlords who prey on tenants/residents by 'flipping' the same bed, insisting on several months' rent up front, and then evicting someone for rules violations, and re-renting the same room/bed. Some owners put "rule-breakers" out on the curb, with no alternative housing, which often leads to an increase in homelessness and crime. Even worse is that there have been situations where the operator is a newly recovered individual who begins using drugs/alcohol again and the whole house ends up in disarray. Further, some operators have criminal backgrounds as sexual offenders...In Delray Beach, we had a problem with women being sexually assaulted by the operator of the house that is supposed to be a safe haven. We also have a sober house attached, owned, and operated by the same owner as the adjacent bar…[I]n Delray Beach we have had people die in sober houses due to lack of state oversight or regulation…There seems to be a lot of insurance fraud occurring within these homes whereby they are charging obscene amounts of money for simple procedures such as urine tests. This is simply another way that the operators abuse their tenants/patients and use this vulnerable population to maximize profits.[70]

[68] *See,* www.dcf.state.fl.us/programs/samh/docs/RRPublicMeetings2013/20130710RecoveryResidencePublicMeetingMinReco.pdf; www.dcf.state.fl.us/programs/samh/docs/RRPublicMeetings2013/20130626RecoveryResidencePublicMeetingMinutes.pdf; http://www.myflfamilies.com/service-programs/substance-abuse/recovery-response-2013, site accessed August 18, 2013.
[69] *See,* www.dcf.state.fl.us/programs/samh/docs/RRPublicMeetings2013/20130625PortStLucieResponse.pdf, site accessed August 18, 2013.
[70] *See,* www.dcf.state.fl.us/programs/samh/docs/RRPublicMeetings2013/20130621DelrayBeachResponse.pdf, site accessed August 18, 2013.

VIII. Impact of Recovery Residences

This section outlines the impact of recovery residences to the treatment of substance use disorders, and neighbourhoods.

Treatment

Several studies report alcohol consumption or the severity of alcohol addiction[71] as a separate outcome. Key findings are presented below and all of these studies are also discussed under a later section that identifies the beneficial impacts of recovery residences on house residents.

Jason, Davis, and Ferrari collected baseline data on 897 people from 169 Oxford Houses.[72] They also collected three subsequent waves of data at 4-month intervals. Only 607 participants from the initial measurement wave remained in the study at wave 4. Of this group, only 13.5% reported having used either drugs or alcohol at the final assessment. The average number of days they used alcohol was 3.7 and the number of days they used other drugs was 5.6. Self-efficacy for remaining abstinent from alcohol and other drugs and the percent of participants' social network members who were abstinent or in recovery increased significantly. Additional models controlling for a variety of factors found that length of residency in Oxford House was a significant predictor of abstinence and abstinence self-efficacy. Abstinence self-efficacy was a significant predictor of abstinence. Only 32.6% of the sample remained in an Oxford House throughout the entire study. The remainder left by waves 2, 3, or 4. Compared to participants who stayed in Oxford House across all four waves, individuals who left had higher rates of any substance use over the last 90 days at wave 4 (18.5% versus 3.1%, respectively). This means that 81.5% of those who left the house and were interviewed at the final wave remained consistently abstinent.[73]

Outcomes Across Wave 1 Through 4				
	Wave 1	Wave 2	Wave 3	Wave 4
% who used alcohol or other drugs	15.7	10.5	9.7	13.5
% who used alcohol	10.1	5.0	7.7	10.3
% who used other drugs	13.3	9.0	7.0	9.8
Days consumed alcohol	2.2	1.4	1.8	3.7**
Days used other drugs	5.5	3.7	2.3	5.6**
Days paid for work	42.0	49.8	50.5	48.4**
Employment income	794.0			941.9**
Total monthly income	981.8			1133.7**
Alcohol abstinence self-efficacy	80.7	80.4	79.3	84.6**
Drug abstinence self-efficacy	80.4	80.8	81.1	84.6**
% of social network abstinent/in recovery for	75.0	79.0	79.0	77.0**

[71] Note, the direction of proviso was to examine the impact of sober homes on alcoholism.
[72] Jason, L. A., Davis, M. I., & Ferrari, J. R. (2007). The Need for Substance Abuse Aftercare: Longitudinal Analysis of Oxford House. *Addictive Behaviors, 32*(4), 803-818.
[73] *Id.*

Formatted: French (France)

alcohol use				
% of social network abstinent/in recovery for drug use	90.%	94.0%	94.0%	93.0%**

** $p \leq 0.01$, two-tailed, based on repeated measures analyses

In an Illinois study, researchers noted:

> …those in the Oxford Houses… had significantly lower substance use (31.3% vs 64.8%), significantly higher monthly income ($989.40 vs $440.00), and significantly lower incarceration rates (3% vs 9%). Oxford House participants, by month 24, earned roughly $550 more per month than participants in the usual-care group. In a single year, the income difference for the entire Oxford House sample corresponds to approximately $494,000 in additional production. In 2002, the state of Illinois spent an average of $23,812 per year to incarcerate each drug offender. The lower rate of incarceration among Oxford House versus usual-care participants at 24 months (3% vs 9%) corresponds to an annual saving of roughly $119,000 for Illinois. Together, the productivity and incarceration benefits yield an estimated $613,000 in savings per year, or an average of $8,173 per Oxford House member.[74]

Borkman, Kaskutas, Room, Bryan, and Barrows presented findings from two outcome studies that specifically included social model programs.[75] Both of these studies were published as government reports. One report examined 18-month follow-up data on 198 social model program clients in San Diego and found that clients who used only the recovery home were the most likely to be abstaining at follow-up. The other study looked at outcomes among 1,826 clients at social model and nonsocial model residential programs in California. At the 15-month post-treatment follow-up, program graduates from both models reduced the number and frequency of substances used. There was also a relationship between length of stay in social model programs and reductions in substance abuse. For social model program stays of less than 30 days, there was a 36% reduction in substance abuse. For longer stays, there was a 52% reduction in post-treatment substance abuse.[76]

A longitudinal analysis conducted with a national sample of recovering substance abusers living in Oxford Houses found that persons with psychiatric comorbid substance use disorders, compared to those who do not have co-occurring mental illnesses, are not at higher risk for relapse when they reside in self-help residential settings like Oxford House. Furthermore, residents with high psychiatric severity reported decreased psychiatric outpatient treatment utilization over the course of the study.[77]

[74] Jason, L. A., Olson, B. D., Ferrari, J. R., & Lo Sasso, A. T. (2006). Communal Housing Settings Enhance Substance Abuse Recovery. *American Journal of Public Health, 96*(10), 1727-1729.
[75] Borkman, T. J., Kaskutas, L. A., Room, J., Bryan, K., & Barrows, D. (1998). An Historical and Developmental Analysis of Social Model Programs. *Journal of Substance Abuse Treatment, 15*(1), 7-17.
[76] *Id.*
[77] Majer, J. M., Jason, L. A., North, C. S., Ferrari, J. R., Porter, N. S., Olson, B., Davis, M., Aase, D., & Molloy, J. P. (2008). A Longitudinal Analysis of Psychiatric Severity upon Outcomes Among Substance Abusers Residing in Self-Help Settings. *American Journal of Community Psychology, 42*, 145-153.

Kaskutas, Ammon, and Weisner conducted a naturalistic, longitudinal comparison of outcomes for individuals in social model programs and clinical programs.[78] Researchers obtained 12-month follow-up data with 164 social model clients from two public detoxification programs and two public residential recovery homes and 558 clinical model clients from a mix of inpatient and outpatient programs. After controlling for demographics and baseline problem severity, social model program clients were less likely than clinical model clients to report alcohol and other drug problems at the 1-year follow-up. More specifically, 57% of social model clients reported no alcohol problems, compared to 49% of clinical model clients, and 59% of social model clients reported having no drug problems, compared to 51% of clinical model clients.[79]

Data from a randomized controlled study was used to conduct a cost–benefit analysis. Economic cost measures were derived from length of stay at an Oxford House residence, and derived from self-reported measures of inpatient and outpatient treatment utilization. Economic benefit measures were derived from self-reported information on monthly income, days participating in illegal activities, alcohol and drug use, and incarceration.[80]

> While treatment costs were roughly $3000 higher for the OH group, benefits differed substantially between groups. Relative to usual care, OH enrollees exhibited a mean net benefit of $29,022 per person. The result suggests that the additional costs associated with OH treatment, roughly $3000, are returned nearly tenfold in the form of reduced criminal activity, incarceration, and drug and alcohol use as well as increases in earning from employment… even under the most conservative assumption, we find a statistically significant and economically meaningful net benefit to Oxford House of $17,800 per enrollee over two years.[81]

California Studies

Polcin, Korcha, Bond, and Galloway have undertaken comprehensive studies in Calfornia, focusing on Sacramento and Berkley.

Berkley

Polcin et. al., reviewed 55 individuals entering four different sober living homes in Berkeley, California, operated by a specific provider.[82] These houses were different from free-standing sober living houses because all clients are required to attend outpatient treatment in order to be admitted. However, residents can remain at these houses after they complete treatment for as long as they want as long as they follow the house rules. All participants were interviewed during their first week of entering the houses between January 2004 and July 2006. They were interviewed again 6-months, 12-months, and 18-months, with follow-up rates of 86%, 76%, and 71%, respectively.

[78] Kaskutas, L. A., Ammon, L., & Weisner, C. (2003-2004). A Naturalistic Comparison of Outcomes at Social and Clinical Model Substance Abuse Treatment Programs. *International Journal of Self Help and Self Care, 2*(2), 111-133.
[79] *Id.*
[80] Lo Sasso, A. T., Byro, E., Jason, L. A., Ferrari, J. R., & Olson, B. (2012). Benefits and Costs Associated with Mutual-Help Community-Based Recovery Homes: The Oxford House Model. *Evaluation and Program Planning, 35*(1), 47-53.
[81] *Id.*
[82] Polcin, D. L., Korcha, R., Bond, J., & Galloway, G. (2010). Eighteen-Month Outcomes for Clients Receiving Combined Outpatient Treatment and Sober Living Houses. *Journal of Substance Use, 15*(5), 352-366.

Polcin et. al., used generalized estimating equations models in order to include all participants in their analyses even if they missed follow-up interviews. In the year before entering the program, the most common substances residents were dependent on were cocaine, alcohol, cannabis, heroin, and amphetamines. Residents entered the homes with relatively low average Alcohol Severity Index[83] scores that were generally maintained at follow-up time points.[84] According to the researchers, it is important to note that residents were able to retain their improvements even after leaving the residence. Among the residents contacted for follow up interviews, 71% had left the residence at 12 months and 86% had left at 18 months.[85]

Specifically, Polcin et. al., found:

- Residents at 6 months were 16.4 times more likely to report being abstinent.
- Residents at 12 months were 15.0 times more likely to report being abstinent.
- Residents at 18 months were 6.5 times more likely to report being abstinent.[86]

Sacramento County

Polcin, et. al., also studied 245 individuals entering 16 sober living homes in Sacramento County, California, operated by a specific provider.[87] Participants were recruited and interviewed during their first week of entering the houses between January 2004 and July 2006.[88] Among the total sample of 245, 89% participated in at least one follow-up interview. Polcin et. al., used the same methodology as with the prior Berkley study. In the year before entering the program, the most common substances residents were dependent on were methamphetamine and alcohol. Residents entered the homes with low average ASI alcohol scores that showed significant improvement at 6 months and then were generally maintained at subsequent follow-up time points.[89]

There was a statistically significant decrease in the number of months they used drugs or alcohol, from about 3 out of the 6 months before entering the sober living houses to about 1.5 months on average. Even among the 78 individuals who relapsed, there was a significant reduction in the intensity of substance use. The number of days of substance use during the month of heaviest use decreased from an average of 23 days at baseline to 16 days at the 6-month follow up. Furthermore, there were significance improvements in the number of days worked, the percent arrested, and the severity of psychiatric symptoms.[90]

---

[83] The Addiction Severity Index Lite (ASI) is a standardized, structured interview that assesses problem severity in six areas: medical, employment/ support, drug/alcohol, legal, family/social, and psychological. The ASI measures a 30-day period and provides composite scores between 0 and 1 for each problem area. *Id.*

[84] 0.07 (baseline), 0.06 (6 months), 0.5 (12 months), and 0.11 (18 months). The same pattern was observed for drug severity: 0.05 (baseline), 0.03 (6 months), 0.05 (12 months), and 0.11 (18 months). *Id.*

[85] *Id.*

[86] *Id.*

[87] Polcin, D. L., Korcha, R. A., Bond, J., & Galloway, G. (2010). Sober Living Houses for Alcohol and Drug Dependence: 18-Month Outcomes. *Journal of Substance Abuse Treatment, 38*, 356-365.

[88] They were interviewed again at 6-months, 12-months, and 18-months, with follow-up rates of 72%, 71%, and 73%, respectively. *Id.*

[89] 0.16 (baseline), 0.10 (6 months), 0.10 (12 months), and 0.10 (18 months). The same pattern was observed for drug severity: 0.08 (baseline), 0.05 (6 months), 0.06 (12 months), and 0.06 (18 months). *Id.*

[90] Polcin, D. L., & Hendersen, D. (2008). A Clean and Sober Place to Live: Philosophy, Structure, and Purported Therapeutic Factors in Sober Living Houses. *Journal of Psychoactive Drugs, 40*(2), 153–159.

> purchasing a property. The cost of capital improvements and fully furnishing a household to accommodate on average 10 residents is the largest start-up cost. Marketing, maintenance, and utilities are the largest operational expenses for the lower Levels of Support, RR 1s and 2s. Higher Levels of Support, RR 3s and 4s, have higher staffing and administrative expenses as well as higher initial capital outlays. In general, RRs are NOT very profitable. By the time someone is ready to embrace recovery, they have often lost the financial means to afford to live in an RR at any price. Plus, occupancy rates can be inconsistent, and operational costs can be high. It may take several years for an RR to recoup start-up costs and achieve a positive cash flow. As a result, a single financial challenge, like defining housing rights, can easily cause an RR to close.[110]

In the Massachusetts study, with regard to the consequences of no action:

> It appears that complaints and concerns will continue to be handled through existing resources. BSAS has determined that all complaints about ADF homes fall into specific categories and have existing avenues for resolution. For example:
>
> - All nuisance complaints (such as noise), disruptive behavior of residents, and drug use complaints are typically handled by the local police;
> - Complaints regarding occupancy and substandard living conditions are typically handled by municipal Building and Fire Departments;
> - Complaints regarding unlicensed substance treatment programs are typically handled by the DPH, specifically BSAS;
> - Complaints regarding unfair housing practices, including eviction practices, are typically handled in housing court; and
> - Complaints regarding unscrupulous ADF Housing operators are typically handled through the Attorney General's Consumer Protection Division within the Consumer Protection and Advocacy Bureau.[111]

[110] *Supra,* note 61.
[111] *Supra,* note 73.