



A SYSTEMATIC REVIEW OF THE SCIENTIFIC LITERATURE ON RECOVERY RESIDENCES

Corrie Vilsaint, PhD.

Addiction Health Services Research Conference, October 17,

2019



RECOVERY
RESEARCH
INSTITUTE



MASSACHUSETTS
GENERAL HOSPITAL



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Center for Addiction Medicine

Overview

- Purpose, scope, prevalence
- Inclusion criteria and search results
- Results from 22 articles and four models:
 - Oxford House
 - Sober Living Homes
 - Recovery Housing
 - Halfway Houses
- Summary of Findings

RECOVERY RESIDENCES *Nature & Scope*

- Recovery residence is a sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems (National Association of Recovery Residences, NARR).
- Offer peer and abstinence support, some provide professionally delivered clinical services.
- Sober living, halfway house, three-quarter house or transitional house.
- Residents often engage in (Dept. Health and Human Services, 2016):
 - decision making
 - facility management
 - financial self-sufficiency
 - informal case management for each other
 - advice on how to access health care
 - find employment
 - manage legal problems
 - interface with the social service system

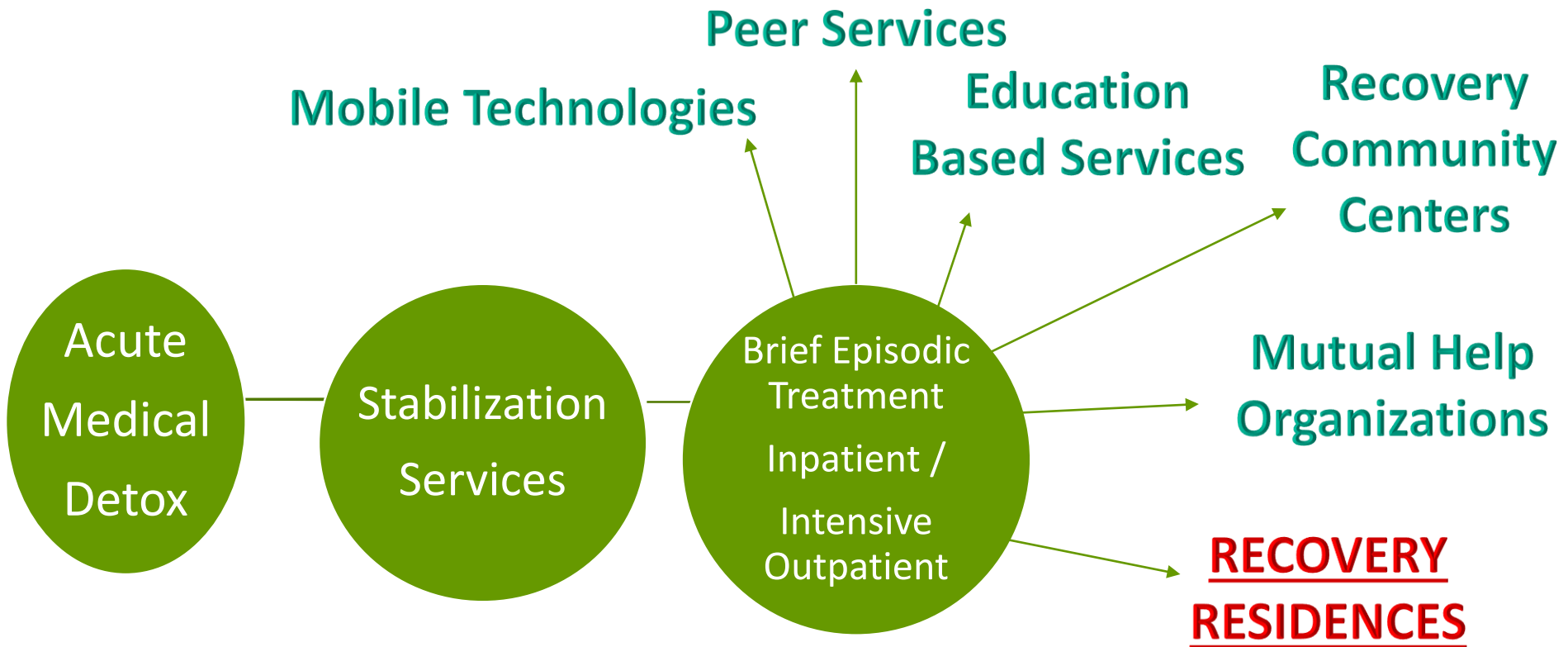


RECOVERY RESIDENCES *Origin & Prevalence*

- Over 100 years old.
- NARR is the largest recovery housing organization, supports more than 25,000 persons in recovery across 2,500 certified recovery residencies in 26 states.
- 22.6 million people who have resolved a problem with alcohol or other drugs, 8.5% or nearly **2 million people** have used recovery residences (Kelly, Bergman, Hoepfner, Vilsaint, & White, 2017).
- Recovery residence emerged not from the medical literature, but from a recognized need among persons with lived experience.
- Systematic quantification of the magnitude of the potential impact will inform how to build an effective public health infrastructure to combat substance use disorders and support recovery.

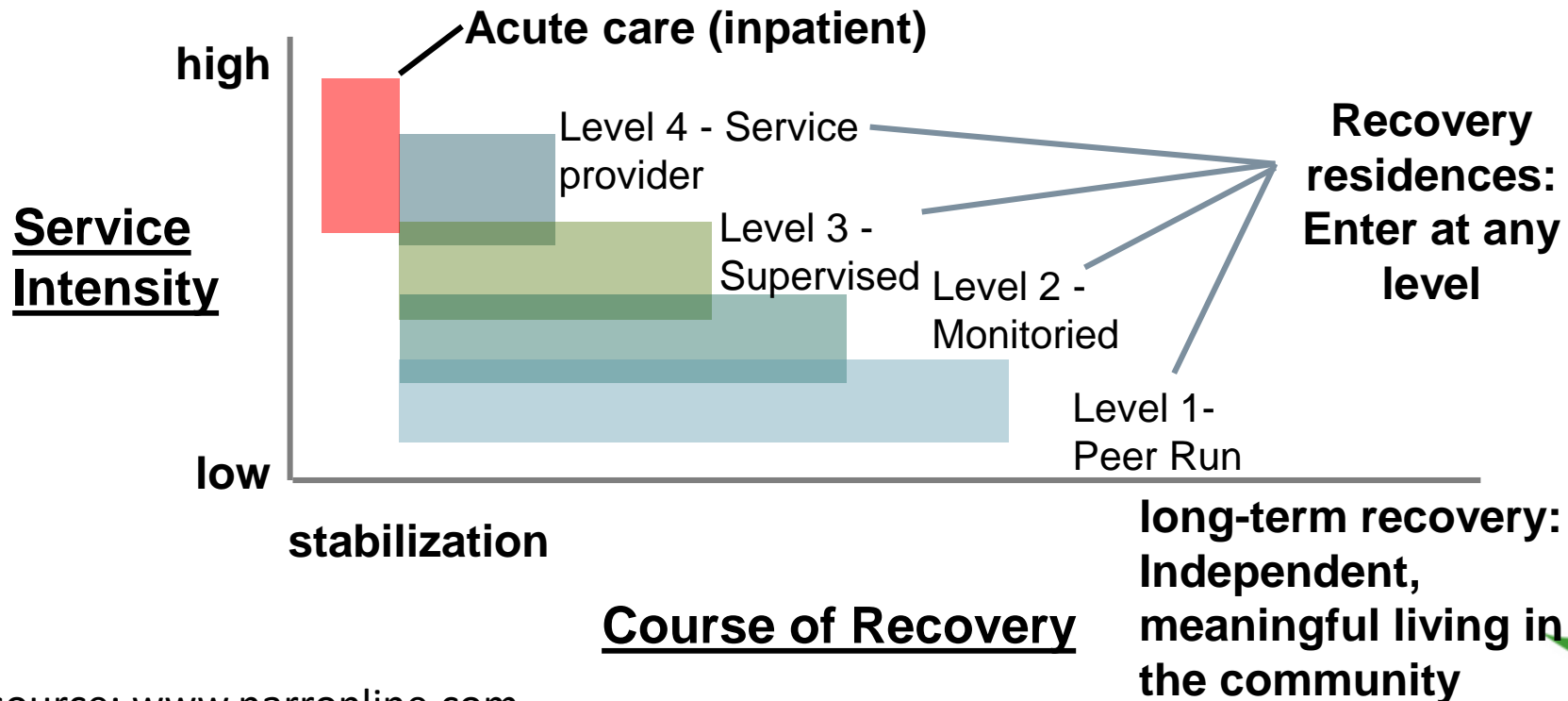
How do Recovery Residences Fit In a Medical Model?

Paradigm Shift: Episodic to Continuing Care



RECOVERY RESIDENCES

- Levels of recovery residences are defined by the National Association of Recovery Residences (NARR) according to standards of support.
- Models of recovery residences that met inclusion criteria of RCT or quasi experimental:
Oxford House, Recovery Housing, Sober Living Houses, Halfway Houses

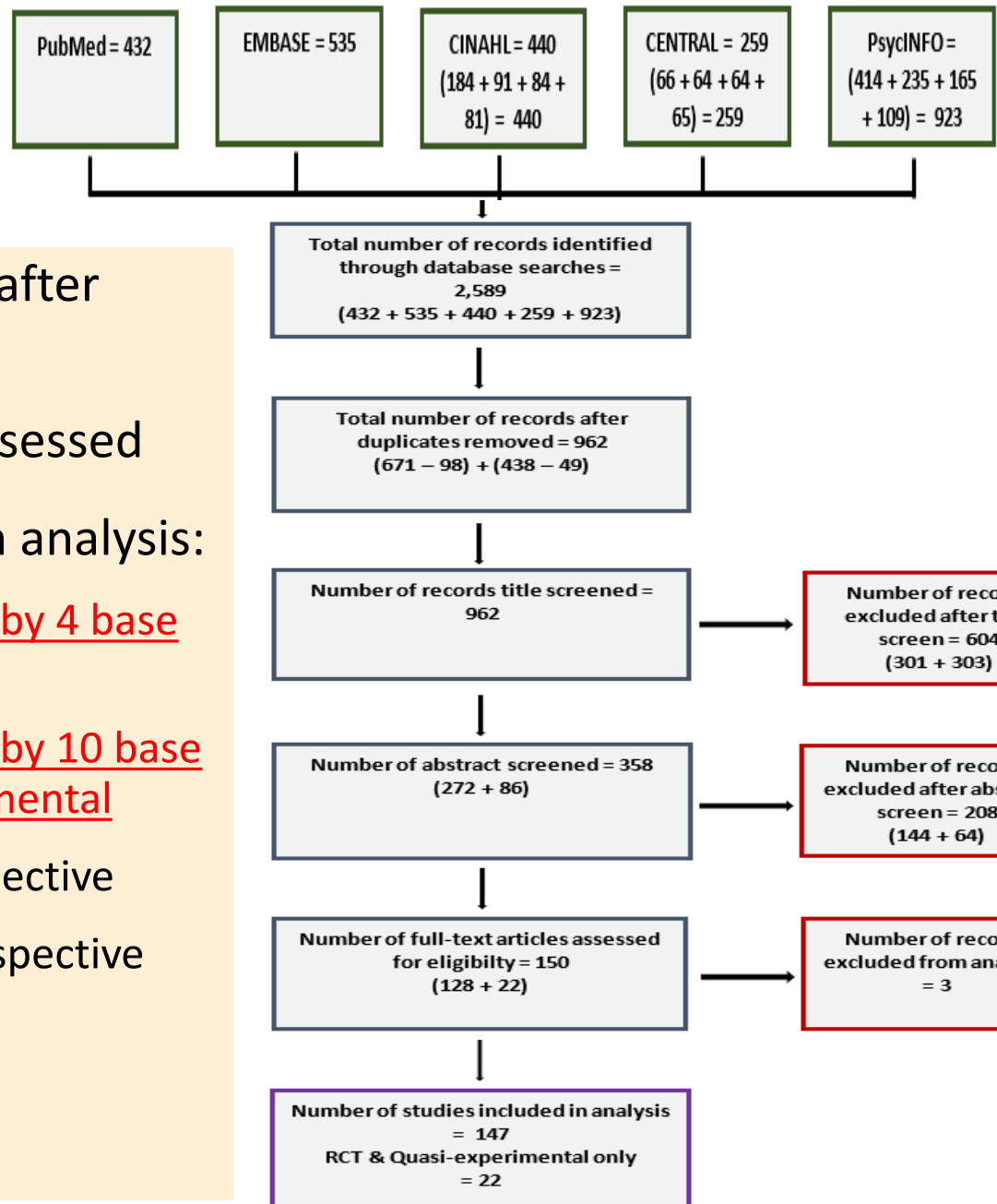


Variations on a theme: overarching goal to provide a safe/sober living environment with other peers in recovery and to support and sustain remission and increase recovery capital (principles are likely similar/practices may differ)



Recovery Residences

CONSORT Diagram



- **962** records identified after duplicates removed
- **150** full-text articles assessed
- **146** articles included in analysis:
 - 11 articles generated by 4 base studies, RCT
 - 11 articles generated by 10 base studies, quasi-experimental
 - 50 single-group prospective
 - 40 single-group retrospective cross-sectional
 - 13 cross-sectional
 - 22 descriptive

Model of Recovery Residence: Oxford House

BASE STUDY n=5	COMPARISON GROUP	SUBSTANCE USE IMPROVED			RECOVERY IMPROVED		
			Social Network	Mortality	Employment or Income	Criminality	Cost Benefit
Jason 2006	Participant decided	✓ 31% 65% Not PTSD	✓		✓ \$440 \$989	✓ 9% 3%	✓ \$29t
Jason 2015	Therapeutic community	✓ 40% 66%	✓		✓ 6, 11 days		✓ \$13t
Jason 2013	Latino culturally modified house	✓ -14,-35 days			✓ \$733 \$325		
Jason 2016	Participant decided (incarcerated women)			✓ 4,0			
Majer 2016	Participant decided or therapeutic com	✓ 14, 12,-10, change days					

Model of Recovery Residence: Sober Living Houses (SLH)

BASE STUDY n=3	COMPARISON GROUP	SUBSTANCE USE IMPROVED	RECOVERY IMPROVED	
			Employment	Criminality
Mericle 2019	SLH affiliated w/ organization or groups of houses	✓ Abstinence 4 times as likely		
“	SLH affiliated w/ treatment program		✓ 3 times as likely	
Polcin 2018	SLH w/ motivational interviewing case management			✓ Reduced arrests by 26% 7%, incarceration 30% 13%, convictions 19% 5%
Polcin 2010	SLH affiliated w/ treatment program			

Model of Recovery Residence: Recovery Housing

BASE STUDY n=2	COMPARISON GROUP	SUBSTANCE USE IMPROVED	RECOVERY IMPROVED
			Employment
Tuten 2012	Usual care or recovery housing w/ reinforcement based treatment	✓ 13% 50% 37% abstinence	
Tuten 2017	Reinforcement-based treatment (RBT) vs. RBT plus recovery housing (no recovery housing alone condition)	✓ Abstinence 4 times as likely, post-hoc among everybody who actually accessed recovery housing	✓ Post-hoc among everybody who actually accessed recovery housing

Model of Recovery Residence: Halfway House

BASE STUDY n=4	COMPARISON GROUP	SUBSTANCE USE IMPROVED	RECOVERY IMPROVED	TREATMENT RETENTION IMPROVED
			Social	
Hitchcock 1995	discharged to community			✓ two months longer
Ross 1995	discharged to community veterans	✓ 2.5 times more likely to be abstinent		
Annis 1979	discharged to community			
Pattison 1969	medical hospital or outpatient clinic		✓ (abstinent patients only)	

RECOVERY RESIDENCES *Main Findings*

- EVIDENCE FOR THE EFFECTIVENESS
 - Drug and alcohol use outcomes
 - Employment (income, days employed)
 - Criminality (rearrests, incarceration, convictions)
 - Cost-effective up to \$30,000 mainly from criminal reductions (Oxford Model).
- INGREDIENTS OF BETTER OUTCOMES
 - Length of stay longer than 6 months
 - House associated with larger organization
 - Mutual aid group attendance
 - House capacity of 20 or less
- MIXED FINDINGS
 - Residents with PTSD
 - Women only houses from criminal justice (evidence of mortality reduction but not reduced alcohol use)
 - Culturally-adjusted homes (better employment not alcohol use)
 - Halfway houses, older literature, limited usefulness.



RECOVERY RESIDENCES

References

- A primer on recovery residences: Frequently asked questions. (2012). National Association of Recovery Residences. Accessible at www.narronline.com.
- Annis, H. M., & Liban, C. B. (1979). A follow-up study of male halfway-house residents and matched nonresident controls. *Journal of Studies on Alcohol*, 40(1), 63-69. doi:10.15288/jsa.1979.40.63
- 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.
- Chavarría, J., Stevens, E.B., Jason, L.A., & Ferrari, J.R. (2012). The effects of self-regulation and self-efficacy on substance use abstinence. *Alcohol Treat Q*, 30(4), 422-434.
- Groh, D. R., Jason, L. A., Ferrari, J. R., & Davis, M. I. (2009). Oxford House and Alcoholics Anonymous: The Impact of Two Mutual-help Models on Abstinence. *Journal of Groups in Addiction & Recovery*, 4(1-2), 23-31. doi:10.1080/15560350802712363
- Hitchcock, H. C., Stainback, R. D., & Roque, G. M. (1995). Effects of halfway house placement on retention of patients in substance abuse aftercare. *Am J Drug Alcohol Abuse*, 21(3), 379-390.
- Hohman, M. M., & Galt, D. H. (2001). Latinas in treatment: Comparisons of residents in a culturally specific recovery home with residents in non-specific recovery homes. *Journal of Ethnic & Cultural Diversity in Social Work: Innovation in Theory, Research & Practice*, 9(3-4), 93-109. doi:10.1300/J051v09n03_05
- Jason, L. A., Olson, B. D., Ferrari, J. R., & Lo Sasso, A. T. (2006). Communal housing settings enhance substance abuse recovery. *Am J Public Health*, 96(10), 1727-1729. doi:10.2105/ajph.2005.070839
- Jason, L.A., Olson, B.D., Ferrari, J.R., Majer, J.M., Alvarez, J.S. (2007). An examination of main and interactive effects of substance abuse recovery housing on multiple indicators of adjustment. *Addiction*, 102, 1114-1121.
- Jason, L. A., Mileviciute, I., Aase, D.M., Stevens, E. & DiGangi, J. (2011). How type and treatment and presence of PTSD affect employment, self-regulation, and abstinence. *North American Journal of Psychology*, 13(3), 175-186.
- Jason, L.A., DiGangi, J.A., Alvarez, J., Contreras, R., Lopez, R., Gallardo, S. & Flores, S. (2013). Evaluating a bilingual voluntary community-based healthcare organization. *J Ethn Subst Abuse*, 12(4), 321-338.
- Jason, L.A., Olson, B.D., Harvey, R. (2015). Evaluating alternative aftercare models for ex-offenders. *J Drug Issues*, 45(1), 53-68.
- Jason, L. A., Salina, D., Ram, D. (2016). Oxford recovery housing: Length of stay correlated with improved outcomes for women previously involved with the criminal justice system. *Subst Abuse*, 37(1), 248-254.
- Jason, L. A., Luna, R. D., Alvarez, J., & Stevens, E. (2016). Collectivism and individualism in Latino recovery homes. *J Ethn Subst Abuse*, 1-14. doi:10.1080/15332640.2016.1138267
- Johnson, R.; Marin, N.; Sheahan, T.; Way, F. & White, W. 2009. Recovery Resource Mapping: Results of a Philadelphia Recovery Home Survey. Philadelphia: Philadelphia Department of Behavioral Health and Mental Retardation Services.



RECOVERY RESIDENCES

References

- Laudet A.B., Humphreys K. Promoting recovery in an evolving context: what do we know and what do we need to know about recovery support services? *Journal of Substance Abuse Treatment*. 2013;45(1):126–133.
- 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. *Eval Program Plann*, 35(1), 47-53. doi:10.1016/j.evalprogplan.2011.06.006
- Majer, J. M., Jason, L. A., & Olson, B. D. (2004). Optimism, abstinence self-efficacy, and self-mastery: a comparative analysis of cognitive resources. *Assessment*, 11(1), 57-63. doi:10.1177/1073191103257139
- Majer, J.M., Jason, J.A., Darrin, M.A., Droege, J.R., Ferrari, J.R. (2013). Categorical 12-step involvement and continuous abstinence at 2 years. *Journal of Substance Abuse Treatment*, 44, 46-51.
- McLellan AT, Woodworth AM. The affordable care act and treatment for 'Substance Use Disorders:' implications of ending segregated behavioral healthcare. *Journal of Substance Abuse Treatment*. 2014;46(5):541–545.
- Mueller, D.G. & Jason, L.A. (2014). Sober-living houses and changes in the personal networks of individuals in recovery. *Health psychology research*, 2(988), 5-10.
- Pattison, E. M., Coe, R., & Rhodes, R. J. (1969). Evaluation of alcoholism treatment. a comparison of three facilities. *Arch.Gen.Psychiat.*, 20(4), 99-100.
- Polcin, D., Mericle, A., Callahan, S., Harvey, R., & Jason, L.A. (2016). Challenges and rewards of conducting research on recovery residences for alcohol and drug disorders. *J Drug Issues*, 46(1), 51-63.
- Polcin, D., Korcha, R., Witbrodt, J., Mericle, A. A., & Mahoney, E. (2018). Motivational interviewing case management (MICM) for persons on probation or parole entering sober living houses. *Criminal Justice and Behavior*, online.
- Ross, R., Booth, B. M., Russell, D. W., Laughlin, P. R., & Brown, K. (1995). Outcome of domiciliary care after inpatient alcoholism treatment in male veterans. *J Subst Abuse Treat*, 12(5), 319-326.
- Tuten, M., Defulio, A., Jones, H.E., & Sitzer, M. (2012). Abstinence-contingent recovery housing and reinforcement-based treatment following opioid detoxification. *Addiction*, 107(5), 973–982, 2012.
- Tuten, M. Shadur, J.M., Stitzer, M., & Jones, H.D.(2017). A comparison of reinforcement based treatment (RBT) versus RBT plus Recovery Housing (RBT^{RH}). *Journal of Substance Abuse Treatment*, 72, 48-55.
- U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.



RECOVERYANSWERS.ORG

RECOVERY RESEARCH INSTITUTE



SIGN UP FOR THE FREE
RECOVERY BULLETIN



@RECOVERYANSWERS



RECOVERY
RESEARCH
INSTITUTE



MASSACHUSETTS
GENERAL HOSPITAL



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL