

Recovery Housing Issue Brief: Information for State Policymakers

May 2017

Recovery from addiction to alcohol and other drugs is defined as a dynamic change process through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.ⁱ In other words, recovery is not solely based on abstinence from using drugs and alcohol, but involves improved functioning across all sectors of person's life such as work, physical health, and relationships with friends and family.

One essential resource that enables individuals to achieve and maintain a life in recovery is recovery housing. Recovery housing refers to a range of housing models that create mutually-supportive communities where individuals improve their physical, mental, spiritual, and social well-being and gain skills and resources to sustain their recovery.ⁱⁱ Recovery housing is a part of the larger continuum of housing and treatment options available to individuals in recovery from addiction.

This brief provides an overview of recovery housing for state policymakers. Topics covered include the definition and importance of recovery housing, evidence for recovery housing outcomes, cost-effectiveness of recovery housing programs, and recommendations for how states can support recovery housing and recovery housing quality standards. For more information on recovery housing, refer to [the National Alliance of Recovery Residences \(NARR\)](#).

What is Recovery Housing?

Recovery Housing refers to safe, healthy, and substance-free living environments that support individuals in recovery from addiction. 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 and recovery services and supports.

Many residents live in recovery housing during and/or after outpatient addiction treatment. Length of stay is self-determined and can last for several months to years. Residents often share resources, give experiential advice about how to access health care and social services, find employment, budget and manage finances, handle legal problems, and build life skills. Many recovery homes are organized under the leadership of house manager and require residents to participate in a recovery program, such as 12-step and other mutual aid groups.ⁱⁱⁱ

Recovery housing ranges from independent, resident-run homes to staff-managed residences where clinical services are provided. The National Alliance of Recovery Residences (NARR) has classified four levels of recovery residences; the levels are differentiated by the rules and organizational structure of the house, and the types of services and supports that are provided within the home. Additionally, NARR provides ethical principles and measurable quality standards for operating recovery housing across the four levels (see <https://narronline.org/resources/>).

Why is Recovery Housing Important?^{iv}

Individuals with histories of addiction lack essential recovery capital, which inhibits their ability to secure stable housing. Recovery capital refers to the internal and external resources needed to help individuals initiate, stabilize, and sustain long-term recovery.^v Individuals with histories of addiction often face factors that contribute to low recovery capital: barriers due to criminal backgrounds; low or no income; poor rental history; poor credit limited education; and minimal work history. As a result, many of these individuals have difficulty accessing private or public rental housing, or obtaining mortgages.

Without the availability of flexible, supportive, recovery-focused housing options, people are less likely to recover from addiction and more likely to face continued issues that impact their well-being, families, and communities. These issues include higher health care costs stemming from unaddressed substance use; high use of emergency departments and public health care systems; higher risk for involvement with law enforcement and incarceration; and an inability to obtain and maintain employment. These challenges are compounded by an overall lack of affordable housing nationwide.

Further, because most federal policy does not classify addiction as a disability, individuals with histories of addiction cannot access the same income, employment, and housing benefits available to people with mental illness or other disabilities. For example, people in addiction recovery cannot access Medicaid coverage through the Aged, Blind, and Disabled category, nor can they access disability income, vocational rehabilitation services, and Section 8 rental assistance.

What is the Evidence that Recovery Housing is Effective?

Research indicates that recovery housing provides individuals with substance use disorders a greater chance of achieving long-term recovery than those who do not live in recovery-oriented environments.^{vi,vii} Recovery housing has been associated with numerous positive outcomes including:

- Decreased substance use^{viii,viii,ix}
- Reduced probability of relapse/reoccurrence^{vii}
- Lower rates of incarceration^{ix,ix}
- Higher income^{vii}
- Increased employment^x
- Improved family functioning^{xi}

As discussed earlier, a major factor in the success of recovery housing is the ability for residents to build recovery capital.^{xii} Social support, such as that provided through 12-step and other mutual aid programs, as well as peer recovery support services, is a key component of recovery housing and has been shown to directly affect recovery outcomes and help to support continuous, long-term recovery.^{vii,xiii,xiv,xv}

Oxford Houses are the most extensively studied recovery housing model. Oxford Houses most closely resemble NARR Level I democratically peer-run recovery residences. Oxford Houses have a long history of producing positive recovery outcomes for residents as evidenced by numerous peer-reviewed studies^{xvi} and their inclusion as an evidence-based practice on [SAMHSA's National Registry of Evidence-based Programs and Practices](#).

How Cost-effective is Recovery Housing?

In addition to the evidence establishing positive recovery outcomes for recovery housing residents, studies calculating the economic costs and benefits of establishing recovery homes have overwhelmingly found that the benefits far outweigh the costs.^{xvii} For example, researchers have documented a **cost savings of \$29,000 per person**, when comparing residency in a peer-run recovery home to returning to a community without recovery supports. This factors in the cost of substance use, illegal activity, and incarceration that might occur.^{xviii}

Additionally, a cost analysis of the peer-run Oxford House model compared to a traditional, fully staffed halfway house model identified significant cost savings.^{xix} A more recent study examined costs and benefits from a randomized, controlled study of Oxford House and usual aftercare conditions.^{xviii} Results indicated an overall cost-savings with Oxford House due to reduced rates of incarceration, substance use, and illegal activity.^{xviii}

How Can States Support Recovery Housing and Quality Standards?

Until recently, there was no standard mechanism for ensuring quality across recovery housing programs. However, in 2011, NARR developed an extensive set of quality standards to ensure that best practices are followed when operating a recovery residence. The NARR Quality Standards provide metrics for evaluating a recovery home's peer support component, governance, ethical and safe operation, physical property, and good neighbor policy. Without adherence to the quality standards, residents may encounter homes that function more as rooming or boarding houses, with little to no recovery support offered. Government support is critical to ensuring the availability of quality recovery housing options for people recovering from substance use disorders. States governments can support the expansion of the recovery housing quality standards in a variety of ways:

1. **Supporting or Creating a NARR Affiliate:** [NARR state affiliates](#) are the organizations responsible for certifying recovery residences as meeting the NARR standards, yet few states have active and fully operational NARR affiliates. Some states lack a NARR affiliate altogether, while others have affiliates but these organizations lack the resources necessary for carrying out the certification process. Establishing a strong NARR affiliate is a critical first step in expanding the use of quality standards within a state.

2. **Technical Assistance:** Most recovery housing providers are small, community-based organizations with significant technical assistance needs and few available resources. Across the country and within local communities, there are few opportunities for recovery housing providers to connect, share challenges, and learn best practices. Providing training and technical assistance is important to helping recovery housing providers, who may be unfamiliar with the existence of quality standards, come into compliance with nationally-recognized standards. Some states have provided training and technical assistance opportunities directly through their state department of substance use services and/or contracted with their state NARR affiliate to provide these services.

3. **Prioritize Funding or Referrals to Certified Homes:** Some states have encouraged the adoption of recovery housing quality standards by making the receipt of state and local funds dependent upon meeting quality standards. Another effective strategy states have used is to require that licensed alcohol and drug treatment providers refer clients only to recovery residences that are certified as meeting the NARR standards. Either strategy provides strong incentives for uncertified homes to work towards meeting quality standards.

In states where the NARR quality review process is not available to recovery housing operators, policymakers should look to support recovery residences that adhere to other nationally-recognized recovery housing models. For example, in a recent policy brief, the U.S. Department of Housing and Urban Development (HUD) outlined characteristics and effective practices for recovery housing programs ([see pg. 5 of HUD brief here](#)). HUD's principles align closely with NARR's quality standards as an indicator of quality recovery housing operations. Additionally, Oxford Houses follow their own standard criteria outside of the NARR standards. Oxford Houses should be prioritized alongside NARR-certified homes.

Questions? For more information, please contact Stephanie Pellitt at The National Council for Behavioral Health at stephaniep@thenationalcouncil.org.

-
- ⁱ U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's Working Definition of Recovery*. p. 3. Washington, D.C.: HHS, Retrieved from: <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>
- ⁱⁱ National Association of Recovery Residences. (2012). *A Primer on Recovery Residences: Frequently asked questions*. Retrieved from: www.naronline.com
- ⁱⁱⁱ U.S. Department of Health and Human Services (HHS), Office of the Surgeon General (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. p.5-11. Washington, D.C.: HHS, Retrieved from: <https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>
- ^{iv} Criss, Lori. (2014) *Housing as a Recovery Support in Ohio: Promoting Residential Stability and Wellness for Persons Recovering from Substance Use Disorders*. Unpublished Issue/Project Brief.
- ^v White, W. & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor*, 9(5), 22-27.
- ^{vi} Laudet A. B., Humphreys K. (2013). Promoting recovery in an evolving policy context: What do we know and what do we need to know about recovery support services? *Journal of Substance Abuse Treatment*, 45, 126-133.
- ^{vii} Mericle A. A., Miles J., Way F. (2015). Recovery residences and providing safe and supportive housing for individuals overcoming addiction. *Journal of Drug Issues*, 45, 368-384.
- ^{viii} Jason, L. A., Davis, M. I., & Ferrari, J. R. (2007). The need for substance abuse after-care: Longitudinal analysis of Oxford House. *Addictive Behaviors*, 32(4), 803–818.
- ^{ix} 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.
- ^x 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 (4), 356–365.
- ^{xi} Jason, L. A., Aase, D. M., Mueller, D. G., & Ferrari, J. R. (2009). Current and Previous Residents of Self-Governed Recovery Homes: Characteristics of Long-Term Recovery. *Alcoholism Treatment Quarterly*, 27(4), 442–452. <http://doi.org/10.1080/07347320903209715>
- ^{xii} Cloud W., Granfield R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. *Substance Use & Misuse*, 43, 1971-1986.
- ^{xiii} Polcin, D., Mericle, A., Howell, J., Sheridan, D., & Christensen, J. (2014). Maximizing social model principles in residential recovery settings. *Journal of Psychoactive Drugs*, 46(5), 436– 443.
- ^{xiv} Bond, J., Kaskutas, L., & Weisner, C. (2003). The persistent influence of social networks and Alcoholics Anonymous on abstinence. *Journal of Studies on Alcohol*, 64(4), 579–588.
- ^{xv} Reif, S., George, P., Braude, L., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Recovery housing: Assessing the evidence. *Psychiatric Services*, 65(3), 295–300.
- ^{xvi} National Association of Recovery Residences. (2012). *A Primer on Recovery Residences: Frequently asked questions*. Retrieved from: www.naronline.com
- ^{xvii} Center for Social Innovation. (2013). *Recovery Housing in the State of Ohio: Findings and Recommendations from an Environmental Scan*.
- ^{xviii} 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. <http://dx.doi.org/10.1016/j.evalprogplan.2011.06.006>
- ^{xix} Oxford House, Inc. (2007). Annual report, 2007. Retrieved from <http://www.oxfordhouse.org/userfiles/file/doc/ar2007.pdf>