

# Recovery Residences

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## INTRODUCTION

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A recovery residence is “a ... sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems.”<sup>1</sup> Recovery residences are commonly referred to by a number of names, including sober living houses, sober living environments, and recovery homes. Facilities designated as halfway houses or three-quarter houses may also qualify as recovery residences. The primary purpose of recovery residences is to provide a safe, home-like environment for individuals in recovery from substance use disorder to help sustain that recovery. Recovery residences allow residents to support each other in their recovery journeys and “build resources ... that will continue to support their recovery as they transition to living independently and productively in the community.”<sup>2</sup> Residents pay fees, typically in the form of rent, and can remain in the recovery home as long as they wish so long as they do not violate any of the residence’s rules. Recovery residences act as a bridge between early recovery to a healthy, stable, and engaged life in the community.

## HISTORY OF RECOVERY RESIDENCES

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Evolving out of the “Temperance Movement,” a movement dedicated to promoting moderation and abstinence from consuming alcohol in the early 1800s, early recovery residences began in the 1830s and were often run by religious organizations. In those early years, unlike now, residents had very little input as to how the residence operated. Following World War II and the advent of Alcoholics Anonymous, “twelfth step” houses proliferated in places like California. Residents were either required or strongly encouraged to attend AA meetings, while house operations were directed by the house manager or owner.

The prevalence of recovery homes decreased in the 1970s due to a decline in the availability of affordable housing, rooming houses, and single room rentals. However, it was during the mid-1970s that the first Oxford House, a democratically run recovery residence, was established (see section on Oxford Houses in this fact sheet for more information on the operation of Oxford Houses). The first Oxford House was established in 1975, and 17 more were established by people in recovery in the years between 1975 and 1988. The Anti-drug Abuse Act of 1988 was enacted by Congress and required states to establish “a revolving loan fund” for “groups wishing to open sober living environments based on the Oxford House model” (a requirement that was changed to be permissive rather than mandatory in 1990).<sup>3</sup> In the 1980s and 1990s, “self-governed, financially self-supported recovery residences” spread rapidly across the United States.<sup>4</sup>

With the growing body of evidence reflecting the success of recovery homes and peer support among people in recovery, recovery residences have become more prevalent in the United States. However, primarily due to zoning and “nuisance law” issues, in certain areas they face some obstacles in their operation.

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<sup>1</sup> “A Primer on Recovery Residences: FAQs from the National Association of Recovery Residences,” National Association of Recovery Residences 5, Sept. 20, 2012, [Microsoft Word - NARR FAQ & Research Project Master Long Version Final 09-20-2012a \(narronline.org\)](#). (The National Association of Recovery Residences is now the National Alliance for Recovery Residences – NARR.)

<sup>2</sup> *Id.*

<sup>3</sup> Anti-drug Abuse Act of 1988, Pub. L. No. 100-690, 102 Stat. 4181 (1988).

<sup>4</sup> *Id.* at 7.

## TYPES OF RECOVERY RESIDENCES – OXFORD HOUSE MODEL™

Oxford Houses are democratically run, self-supporting, and substance-free. Each Oxford House is independently operated by the residents of the house. Each Oxford House is chartered by the residents with the umbrella organization, [Oxford House, Inc.](#), and must abide by the procedures as set forth in the Oxford House Manual©.

The number of residents in each house varies from a low of six to a high of 15, and houses may be for men, women, or women with children. There are more than 2,000 houses across the United States today.

Usually, individuals become residents of an Oxford House following a period in a rehabilitation facility or after going through a detoxification program. Residents pay rent, utilities, and other household expenses to maintain the house. Residents elect officers to run the household, with each officer serving a six-month term. Oxford House, Inc. chose a democratically run model so that residents have the opportunity to learn responsibility in their new recovery journey and to keep costs down.

## TYPES OF RECOVERY RESIDENCES – NATIONAL ALLIANCE FOR RECOVERY RESIDENCES (NAAR)

Various other types of recovery residences also exist in the United States, which the [National Alliance for Recovery Residences](#) (NARR) categorizes into one of four levels of support ranging from self-governing/peer run (Level I; Oxford Houses fall within Level I) to service provider (Level IV), which provides on-site clinical services. According to NARR, the characteristics of each level of recovery residence are as follows:

- Level I (peer-run) – democratically run. Offers drug screening, house meetings, and attendance at self-help meetings (e.g., 12-step programs) is encouraged. There are no paid positions on staff, it is an all voluntary, peer-run organization.
- Level II (monitored) – house manager or senior resident acts as administrator. Offers peer-run groups, drug screening, house meetings, and involvement in self-help and/or treatment services. Includes at least one compensated staff position.
- Level III (supervised) – generally administered by an organization which provides oversight for service providers and may be licensed by the state. Provides life development skills, clinical services, and service hours are provided in-house. Includes a facility manager and certified staff or case managers.
- Level IV (service provider) – organizational hierarchy that provides clinical and administrative supervision. Must be licensed. Clinical services and programs are provided in-house. Offers life skills development. Staff is credentialed.

## SUCCESS OF RECOVERY RESIDENCES

Although the success rate of recovery residences has not been extensively studied, studies reflect that individuals who reside in a recovery residence following time spent in a rehabilitation or detoxification program have a better rate of maintaining their recovery than those who do not.<sup>5</sup>

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<sup>5</sup> See Amy A. Mericle, Jennifer Miles, and Fred Way, “Recovery Residences and Providing Safe and Supportive Housing for Individuals Overcoming Addiction,” *Journal of Drug Issues* 45 (Sept. 2015): 368-384 (Sept. 2015); Leonard A. Jason, Margaret I. Davis, and Joseph R. Ferrari, “The Need for Substance Abuse After-care: Longitudinal Analysis of Oxford House,” *Addictive Behaviors* 32, no. 4 (Apr. 2007): 803-818; Leonard A. Jason, Bradley D. Olson, Joseph R. Ferrari, and Anthony T. Lo Sasso, “Communal Housing Settings Enhance Substance Abuse Recovery,” *American Journal of Public Health* 96, no. 10 (Nov. 2006): 1727-1729; Douglas L. Polcin, Rachael A. Korcha, Jason Bond, and Gantt Galloway, “Sober Living Houses for Alcohol and Drug Dependence: 18-month Outcomes,” *Journal of Substance Abuse Treatment* 38, no. 4 (June 2010): 356-365; Douglas L.

Two studies funded by the National Institute of Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse of Oxford Houses show that residents in Oxford Houses are more successful in their recoveries than those who simply receive outpatient care in the community.<sup>6</sup> Of note, only 31.3 percent of Oxford House residents reported a return to substance use in the 24 months following a period of inpatient rehabilitation and their subsequent entry into an Oxford House versus almost 69 percent of individuals who only received outpatient care or attended self-help groups following their release from an inpatient rehabilitation program. Further, Oxford House residents were more likely to be employed and regain custody of their children.

In another study conducted by the Ohio Council of Behavioral Health & Family Services Providers of monitored (Level II) recovery residences, the authors found that residents with moderate to severe substance use were able to make and maintain improvements to assist in their recovery through the 12- and 18-month follow-up, and residents with low severity substance use were also able to maintain improvements. In addition, residents showed positive improvements with respect to employment, mental health disorders, and arrests, with participation in a 12-step program being the biggest predictor of success.

## ISSUES FACED BY RECOVERY RESIDENCES

Recovery residences, like many other types of programs for individuals with substance use disorders (*e.g.*, harm reduction programs like syringe services programs), often face resistance from community members and local governments, often in the form of zoning regulations and complaints regarding violations of nuisance laws. Although individuals with substance use disorders fall within the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA), local governments have a history of attempting to put restrictions on recovery residences in their jurisdictions through the use of zoning regulations by, for example, limiting the number of individuals that can reside in a residential property or by imposing spacing requirements between recovery residences (*e.g.*, no recovery residence may be within 400 feet of another). However, because individuals with substance use disorder fall within a class of people with disabilities that are protected by the ADA and FHA, zoning laws cannot deem individuals with disabilities differently than it deems those without, and any implemented zoning requirement must not discriminate against the residents of a recovery residence, either intentionally or unintentionally. Recovery residence owners routinely ask courts to determine the validity of locally enacted zoning regulations, and those court decisions vary considerably and are very fact specific.<sup>7</sup>

The most common complaints from community members include the number of vehicles parked in and around the recovery residence, excessive outdoor cigarette smoke, and noise. Most nuisance complaints are easily resolved; however, in some cases, localities will file suit against recovery residence property owners and operators in order to abate the perceived nuisance.

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Polcin, Rachael A. Korcha, Jason Bond, and Gantt Galloway, "What Did We Learn From Our Study on Sober Living Houses and Where Do We Go From Here?," *Journal of Psychoactive Drugs* 42, no. 4 (Dec. 2010): 425-433.

<sup>6</sup> See Leonard A. Jason, Bradley D. Olson, Joseph R. Ferrari, and Anthony T. Lo Sasso, "Communal Housing Settings Enhance Substance Abuse Recovery," *American Journal of Public Health* 96, no. 10 (Nov. 2006): 1727-1729 and Leonard A. Jason, Margaret I. Davis, and Joseph R. Ferrari, "The Need for Substance Abuse After-care: Longitudinal Analysis of Oxford House," *Addictive Behaviors* 32, no. 4 (Apr. 2007): 803-818.

<sup>7</sup> See, *e.g.*, *Oxford House-Evergreen v. City of Plainfield*, 769 F. Supp. 1329 (D.N.J. 1991) (challenging limitation on number of tenants in single-family home); *Oxford House, Inc., et. al. v. H. "Butch" Browning, State Fire Marshal*, 266 F. Supp. 3d 896 (2017) (finding that Oxford House residents should be treated as a "family" for purposes of fire code enforcement); *Human Res. Research & Mgmt. Grp. v. Cty. of Suffolk*, 687 F.Supp.2d 237 (E.D.N.Y. 2010) (finding statute facially discriminatory for requiring (1) notice and approval of site location; (2) a certified site manager living on-site; (3) limiting occupancy to six tenants; and (4) licensing requirement); *Cherry Hill Twp. v. Oxford House, Inc.*, 621 A.2d 952 (N.J.Sup. 1993) (finding township's definition of "family" unconstitutionally vague); *Brockton Fire Dep't v. St. Mary Broad Street, LLC*, 181 F. Supp. 3d 155 (enjoining enforcement of state sprinkler law on state law and FHA grounds); *City of Edmonds v. Oxford House, Inc.*, 514 U.S. 725 (1995) (finding that "rules designed to preserve the family character of a neighborhood, fastening on the composition of households rather than on the total number of occupants living quarters can contain" do not fall within the FHA's absolute exemption); *Harmony Haus Westlake, LLC v. Parkstone Prop. Owners Ass'n, Inc.*, 440 F. Supp. 3d 654 (W.D. Tex. 2020) (homeowners association's refusal to grant reasonable accommodation violated FHA).

## CONCLUSION

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Recovery residences that adhere to either the Oxford House Model or one of the National Alliance for Recovery Residences levels of support, provide a bridge for those in the early stages of recovery to enter the community with the support many need. Although recovery residences face some obstacles to their operation, more residences are opening across the country to serve individuals with substance use disorder in their recovery journeys.

## RESOURCES

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Jason, Leonard A., Bradley D. Olson, Joseph R. Ferrari, and Anthony T. Lo Sasso. "Communal Housing Settings Enhance Substance Abuse Recovery." *American Journal of Public Health* 96, no. 10 (Nov. 2006): 1727-1729.

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Paquette, Kristen, Neil Greene, Lisa Sepahi, Katherine Thom, and Laura Winn. "Recovery Housing in the State of Ohio: Findings and Recommendations from an Environmental Scan." *The Ohio Council of Behavioral Health & Family Services Providers, Center for Social Innovation* (June 2013). [Ohio-Recovery-Housing-Enviromental-Scan.pdf \(narronline.org\)](http://Ohio-Recovery-Housing-Enviromental-Scan.pdf).

Polcin, Douglas L. and Diane Henderson. "A Clean and Sober Place to Live: Philosophy, Structure, and Purported Therapeutic Factors in Sober Living Houses." *Journal of Psychoactive Drugs* 40, no. 2 (June 2008): 153-159, [A Clean and Sober Place to Live: Philosophy, Structure, and Purported Therapeutic Factors in Sober Living Houses - PMC \(nih.gov\)](http://A-Clean-and-Sober-Place-to-Live-Philosophy-Structure-and-Purported-Therapeutic-Factors-in-Sober-Living-Houses-PMC.nih.gov).

Polcin, Douglas L., Rachael A. Korcha, Jason Bond, and Gantt Galloway. "What Did We Learn from Our Study on Sober Living Houses and Where Do We Go from Here?" *Journal of Psychoactive Drugs* 42, no. 4 (Dec. 2010): 425-433.

## ABOUT LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

The Legislative Analysis and Public Policy Association (LAPPA) is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include law enforcement/community engagement, naloxone laws, alternatives to incarceration for those with substance use disorders, medication for addiction treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.

For more information about LAPPA, please visit: <https://legislativeanalysis.org/>.