

Opioid Addiction and the Community

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Abstract

There are many different types of treatment programs for drug addicts. Each person needs their own individualized plan. Some people will need more than just treatment and will need to learn how to live in the community and remain drug free. Sober living houses are needed for some addicts to assist with the Opioid addiction that has plagued our communities. There is a need for the transitional housing, but there are concerns re: fraud and regulation of the houses. Available and reliable lists of sober living houses need to be accessible to anyone who is interested.

Introduction

Opioid addiction has become a community problem. As Sheriff Dennis Lemma stated “we can’t just arrest the problem”. If we arrested everyone, there would not be enough jail beds and the court system would be overrun. The number of those affected crosses all demographics. Drugs impact all walks of life and all professions.

Law enforcement arrests the drug addicts, they get placed on probation or serve jail or prison time. The people who do time and do not get treatment while incarcerated eventually return back to the criminal justice system. Those who are placed on probation have to voluntarily consent to treatment or ask for it. If they don’t ask for the help, they will not get the benefits of treatment and they have a greater likelihood of returning to their addiction and the criminal court system.

Drug court is an alternative to probation, this is a specialized court, assigned to one Judge that has the responsibility to handle cases involving substance-abusing offenders, no drug dealers, through comprehensive supervision, drug treatment, drug testing, AA/NA meetings, and immediate sanctions that can start with community service up to jail time. Drug court requires offenders to complete the requirements of the program and if successful, the criminal case is nolle prossed. Each drug court is run a little differently, but they share some basic functions.

Some addicts realize they have a problem and attempt to get help on their own. Some begin with outpatient drug treatment which is a difficult task for addicts, as they return to the neighborhood surrounded by the same triggers that contributed to their addiction in the first place. Drug dealers are opposed to their clients getting “clean” because that cuts into their profits. Outpatient drug treatment can work alongside of Medication Assisted Treatment (MAT). MAT is using a combination of counseling, behavioral therapy and medication to treat addiction. Examples of the medication are Vivitrol, an injectable antagonist that blocks opioid receptors in the brain; Suboxone, a buprenorphine that reduces opioid withdrawal symptoms and methadone, another full opioid agonist. Medication Assisted Treatment helps combat the cravings, but does not

recognize the problems or deal with the underlying issues which lead to the addiction. The counseling should address the underlying issue that led to the addiction.

Some addicts know that they cannot be in an environment where they are tempted by the drugs available in the neighborhoods, therefore these patients are more suitable for inpatient treatment. The addict has to start with detox, a licensed medical location where the drugs can safely leave the body and then treatment can begin. Detoxing beds are available, but once the addict completes the detox, they must start the treatment portion and inpatient beds are not always available. Inpatient treatment can be expensive, long, and structured. After inpatient treatment, it is recommended that addicts participate in programs that hold them accountable and assist in maintaining sobriety. If maintenance treatment is not continued there is a greater likelihood that the recovering addicts will return back to their drug addiction.

Sober housing or transitional housing is an option after inpatient treatment has been completed or during outpatient counseling. Sober housing can provide that ongoing accountability to maintain sobriety. The problem is, there is not enough of this alternative. Sober housing both during and after treatment is an important part of addiction recovery. This allows addicts not to return to their drug dealers or their enablers. An important part of this component is to offer structure, rules, support groups such as AA/NA, and job skills.

Financial resources are an issue in the criminal justice system when it comes to helping drug addicts who cannot afford treatment. County and state resources are overburdened and drug treatment is not always a budget priority. We know that many drug addicts steal in order to support their habit, and they end up in the criminal justice system. The addict does not get help, either- because they don't want it or they cannot get the help because there are not enough inpatient programs that are affordable. One of the challenges is how to divide the financial resources. Do we use the money for prevention, treatment, or housing? Sober housing is needed. Recovering addicts need a safe and healthy environment. The challenge is that the funds are not available to provide the housing necessary. Communities need to step up and open homes of this type for the addicts.

Literature Review

Introduction to Sober Houses or Transitional Housing

Inpatient treatment is costly and when the addicts have completed an intensive program, it is imperative to have a place to reside, conducive to maintaining their sobriety. People who are attending outpatient treatment find that it is very difficult to find a place to reside that offers safety. The environment that they came from may not be helpful to their situation; the drugs were available, and other addicts are there wanting them to get high. They need a place that is going to be healthy and offer structure. Sober living houses can provide a reinforcing environment. Most do not offer counseling services but do require rules to be followed including attendance in self-help groups such as AA and or NA (Polcin, 2009).

The purpose of sober living facilities is to give “sober, safe and healthy living environments that promote recovery” (Jason, Mericle, Polcin, & White, 2013). They should offer peer support, support a patient not using any drugs and support long term recovery. The exact number of recovery residences is unknown as they are not all certified and documented (Jason, et al, 2013).

Recovery homes studied in Texas are positioned in middle-class neighborhoods and are set up as typical homes that are shared (Mericle, Polcin, Hemberg, & Miles, 2017). The homes have rules, chores that must be completed, and requirements to attend weekly meetings. These recovery homes are staffed by a house manager and unlike other sober living homes, they provide treatment. Most recovery homes do not offer treatment. (Mericle, Polcin, Hemberg, & Miles, 2017).

Communities’ response to sober living houses in their neighborhoods is not always positive (Wittman, Jee, Polcin, & Henderson, 2014). The negative response can cause the residents living in the recovery home to behave poorly. Recovery is a difficult process and made more problematic with a negative community reaction. Some complaints from the neighbors of sober living houses commonly include fear of crime in the neighborhood, unsafe with drug addicts living nearby, and increased drug activity. A valid issue with sober houses was parking issues due to the number of people that reside in one home. The “architecture of residential recovery settings can significantly support or hinder recovery experiences of residents” (Wittman, Jee, Polcin, & Henderson, 2014). This will affect the public and how they respond to the recovery homes in their communities. (Wittman, Jee, Polcin, & Henderson, 2014).

“Location, appearance, design for sociability, design for personal space, facility oversight and security, care and upkeep are the six architectural considerations” for sober living facilities (Wittman, Jee, Polcin, & Henderson, 2014). Location is an important part of the recovery process. The recovery houses must be in areas that are not high in crime and easily accessible to public transportation and employment. The recovery house should not stick out and should have the same look as other homes in the neighborhood. The house must be open and designed to inspire conversations and each resident should have their own personal space. The home should be favorable for a healthy recovery and the house must be kept up to the neighborhood standards (Wittman, Jee, Polcin, & Henderson, 2014).

“Nationally, less than half of all “residential facilities” allow people to be on opioid maintenance medications” (NPR, 2018). Unlike treatment facilities, most recovery homes are not licensed and don’t provide MAT. Research shows that MAT is helping the Opioid user maintain sobriety and reduce the risk of overdoses (NPR, 2018). The National Association of Recovery Residences (NARR) are finding ways to educate recovery houses and implement best practices (NPR, 2018).

Most Sober living houses do not allow any type of medications in the homes, this includes any medication assisted treatment (MAT) drugs that are used as part of recovery. The owners or managers of the recovery houses do not want the medicines on the premises as they are concerned about the possibility of misuse in the home. Most recovery houses or sober homes are affiliated with AA/NA. AA/NA does not believe in the use of any drugs or alcohol for sobriety. Most sober homes require that residents who are on MAT therapy quit while they are living in the sober living homes. (National Public Radio, 2018).

Cost associated with the Sober Houses or Transitional Housing

Most sober houses are not associated with a specific treatment program and are available to anyone for a minimal charge. The rent that is paid helps cover the cost of the building and any other expenses associated with the residence. At the point someone enters a sober house, the residents should be able to be self-sustaining. Some, however, are on government assistance and will have the ability to pay for their share (Polcin, 2009).

Even the United States Department of Agriculture (USDA) recognizes that there are not enough recovery homes and assists nonprofits with obtaining homes that can be converted to transitional housing for recovering addicts. Rural communities are experiencing hardships due to the opioid crisis. Communities cannot attract new jobs if there is no one to work them. Companies do not want to hire drug addicts as they steal to support their drug habit and they are unreliable. The USDA allows organizations to buy homes in rural areas that are in foreclosure or vacant at a discount. The non-profits can then take these homes and convert them to transitional housing for individuals or families while providing treatment, other services that are needed for recovery, and job training (Delta Farm Press, 2018).

Substance Abuse Mental Health Services Administration (SAMHSA) has grant funding available for recovery housing as they realize that stable living is a part of the continuum of care. The State Targeted Response to the Opioid Crisis grant was a 2-year program in which SAMHSA sought to give up to \$485 million a year, in 2017 and 2018. This opioid grant was to assist states and help supplement funding. This would allow recovery homes to be established with peer mentoring which is an integral part of the recovery process (GAO, 2018).

If recovery housing is dependent on government funding, the residences will be unprotected by budget cuts. Budget cuts could cause closures of the facilities which would then place recovering addicts without a home and support that is needed for sobriety (Polcin, Korcha, Bond, & Galloway, 2010).

Research on Sober Housing

Affordable housing is the problem that creates a need for recovery houses. Research has shown that even back in 2008, sober living houses were needed and not given priority in the addiction process. The transitional houses are necessary for addicts to succeed in their long term recovery (Polcin & Henderson, 2008). It is reasonable for a group of people who have a common goal to share resources and support each other. Residents can use peer support to continue sobriety and learn from each other on where to find employment and other ways to “succeed in recovery” (Polcin & Henderson, 2008).

Over the last 10 years, 3 studies show that the majority of occupants living in the recovery houses are male and between the ages of 36.5 to 38. In 2008 and 2010, a study by Clean and Sober Transitional Living (CSTL), located in Sacramento County California showed that approximately 76-77% of those utilizing sober living houses were male. In 2017, Oxford Houses, Inc., conducted a study throughout the United States that indicated that 71% of occupants of recovery houses are male. (Polcin & Henderson,

2008), (Polcin, Korcha, Bond, & Galloway, 2010) and (GAO, 2018). The majority of males of the same age share sober living homes and they are able to offer peer support.

Recovery housing should be a supportive place for a drug free environment. The Substance Abuse and Mental Health Services Administration (SAMHSA) has the responsibility for promoting “prevention, treatment and recovery to reduce the impact of substance use disorders (SUD) on communities” (GAO, 2018).

There are different levels of recovery houses. The houses differ as to the support and staffing as well as what, if any resources they offer. Resources may consist of self-help groups, peer support and drug testing (GAO, 2018).

SAMHSA is reviewing recovery housing on a national level. They are trying to determine if recovery houses should be certified nationally. In addition, they are evaluating best practices, state programs, funding, and regulation of recovery homes. SAMHSA is working with the National Alliance for Recovery Residences (NARR) in training and presentations at national conferences (GAO, 2018).

The National Alliance for Recovery Residences (NARR) is a nonprofit that believes in recovery housing and offers training and education to personnel that own and operate these facilities. NARR conducts research and establishes standards for recovering housing. NARR collects data from across the United States, however, recovery houses are not required to be certified and there are many that are not documented (GAO, 2018).

In 2015, Florida allowed voluntary certification programs for recovery homes. An incentive for certification is that drug treatment providers can make referrals to these programs allowing them to receive secondary dollars such as grant funding and insurance money. The certification helps to make sure that standards are met. To become certified, staff must complete training, allow onsite inspections and have policies and procedures in place. There is a cost to being certified. In 2015, the year the program was implemented in Florida, where only 310 licenses were issued (GAO, 2018).

The United States Government Accountability Office (GAO) was asked to see how grant funding was being used. Florida was one of the states selected to participate. GAO found that oversight was necessary to ensure that there was no fraud. Patient brokering is when the programs are paying the treatment facilities in order to get the beds filled. Patient brokering is a common problem with recovery houses and insurance fraud (GAO, 2018).

Research shows that recovery housing helps with maintaining sobriety (Jason, et al, 2013). NARR is making sure that the quality of care is received, but not all recovery residences are affiliated with a certified entity. There is a funding issue to study what are the best practices, how to start up locations, and political opposition. NARR is aware that the first 90 days after discharge of treatment are vital for recovery. This should help with transitioning to being able to live by themselves in the community (Jason, Mericle, Polcin, & White, 2013).

Recovery housing is “an excellent example of an underutilized modality that could help provide clean and sober living environments to individuals completing residential treatment, engaging in outpatient programs, leaving incarceration or seeking alternatives to formal treatment” (Polcin & Henderson, 2008). Addicts, who are in need of support, with housing, are referred to sober houses by family who can no longer assist their loved ones. The criminal justice system uses recovery housing when they are unable to locate treatment programs for individuals who are being released from incarceration and when

a treatment program is unavailable. Inpatient treatment providers refer patients upon release to recovery homes, they understand if the addict returns home, relapse is most likely unavoidable (Polcin, Korcha, Bond, & Galloway, 2010).

In communities where substance abuse treatment programs are not adequately available, sober living houses can assist individuals who are inspired to stay sober and are able to maintain their sobriety with the help of being away from the neighborhoods that have fed their addiction and the peer support systems that are offered in the recovery houses. "Sober living houses might be a viable and effective option for recovery that is currently underutilized" (Polcin, Korcha, Bond, & Galloway, 2010).

Methods

The purpose of this research project was to determine if sober living houses are needed in the community and who recognizes that they exist. Do the recovery houses need to be certified to be recognized.

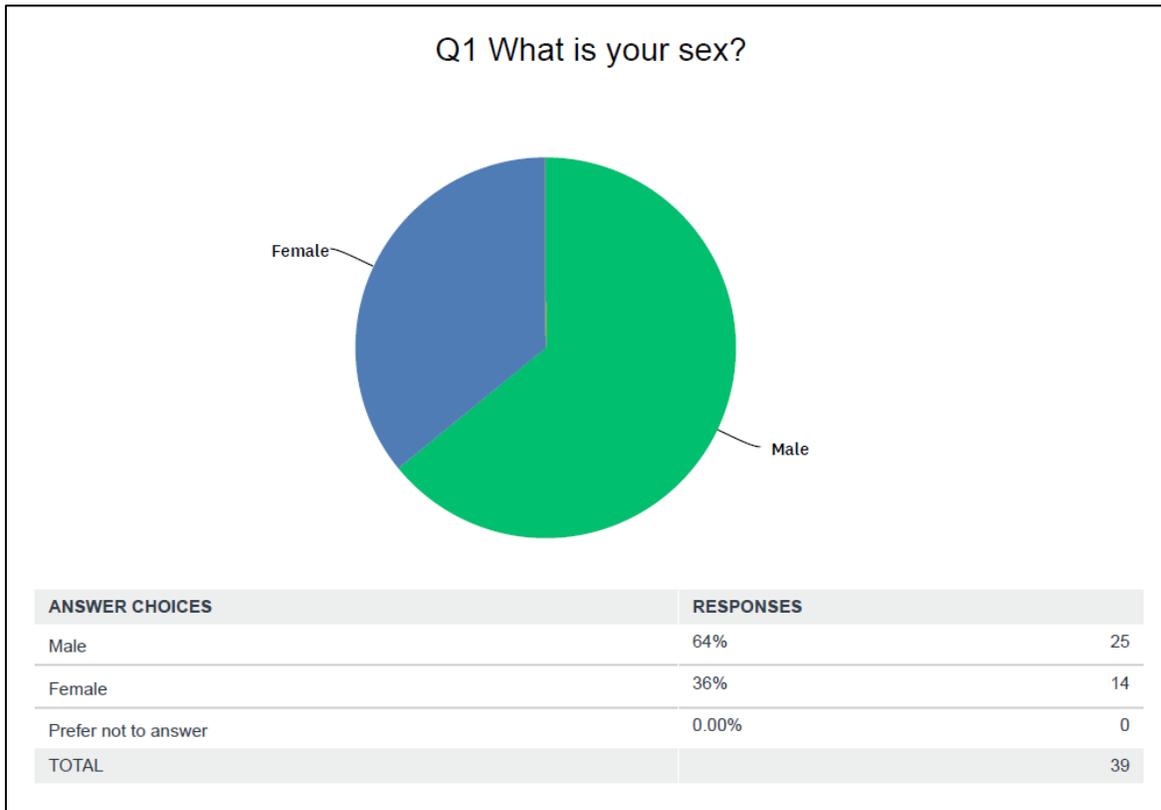
Data was gathered through surveys given to Misdemeanor probationers in Seminole County, FL who were on probation for a drug offense or have a history of drug use. They were asked if they knew about sober living houses and if they needed to use them, if they would. Data was also gathered by Drug treatment providers in Seminole County, FL who were interviewed to determine if they recommend patients to the recovery houses. If they felt that the houses should be certified and where they should be located.

The survey completed by probationers through survey monkey was anonymous. The interview questions to the treatment providers was not anonymous. A potential weakness in the data was that it was completed by misdemeanor probationers and felon probationers were not a part of this survey. The treatment providers that were interviewed were only in Seminole County and the recovery house issue is nationwide.

Results

The survey was offered to 50 misdemeanor probationers of the Seminole County Sheriff's Office Probation Division. 39 surveys were completed with a 78% response rate. There was no requirement to answer all of the questions and some did not respond to all questions. This survey was anonymous and offered to the probationer by their probation officer.

Question #1 of the survey asked for their sex. All 39 surveys provided an answer. 64.10% were male and 35.90% female.

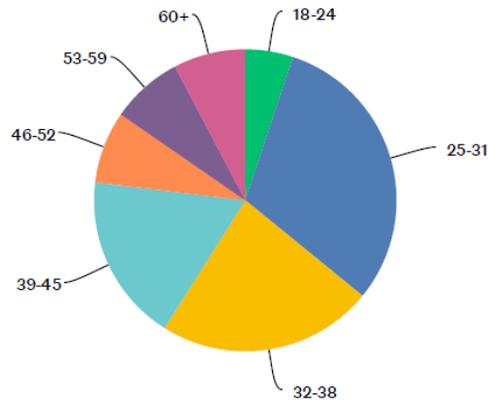


The 2nd question asked the respondents their age. There were 7 multiple choice answers to the question. All 39 answered this question.

- 2 (5.13%) reported they were between the age of 18-24;
- 12 (30.77%) reported they were 25-31 years of age;
- 9 (23.08%) reported they were 32-38;
- 7 (17.95%) reported 39-45;
- 3 (7.69%) reported age 46-52;
- 3 (7.69%) reported the age of 53-59 and
- 3 (7.69%) reported they were over the age of 60.

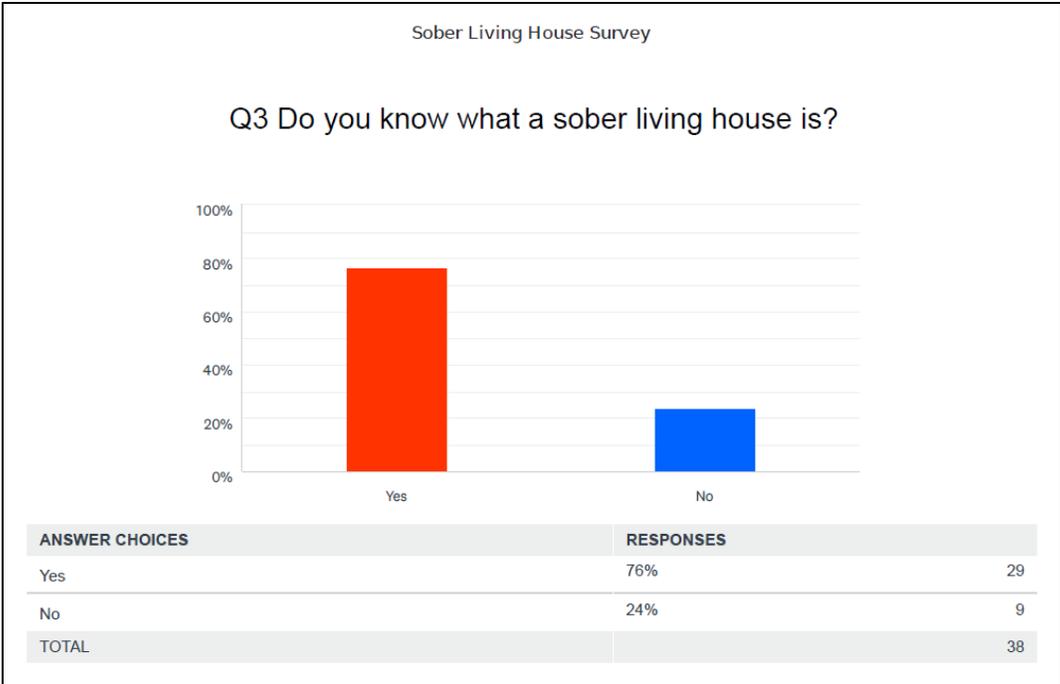
Sober Living House Survey

Q2 What is your age?



ANSWER CHOICES	RESPONSES	
18-24	5.13%	2
25-31	30.77%	12
32-38	23.08%	9
39-45	17.95%	7
46-52	7.69%	3
53-59	7.69%	3
60+	7.69%	3
TOTAL		39

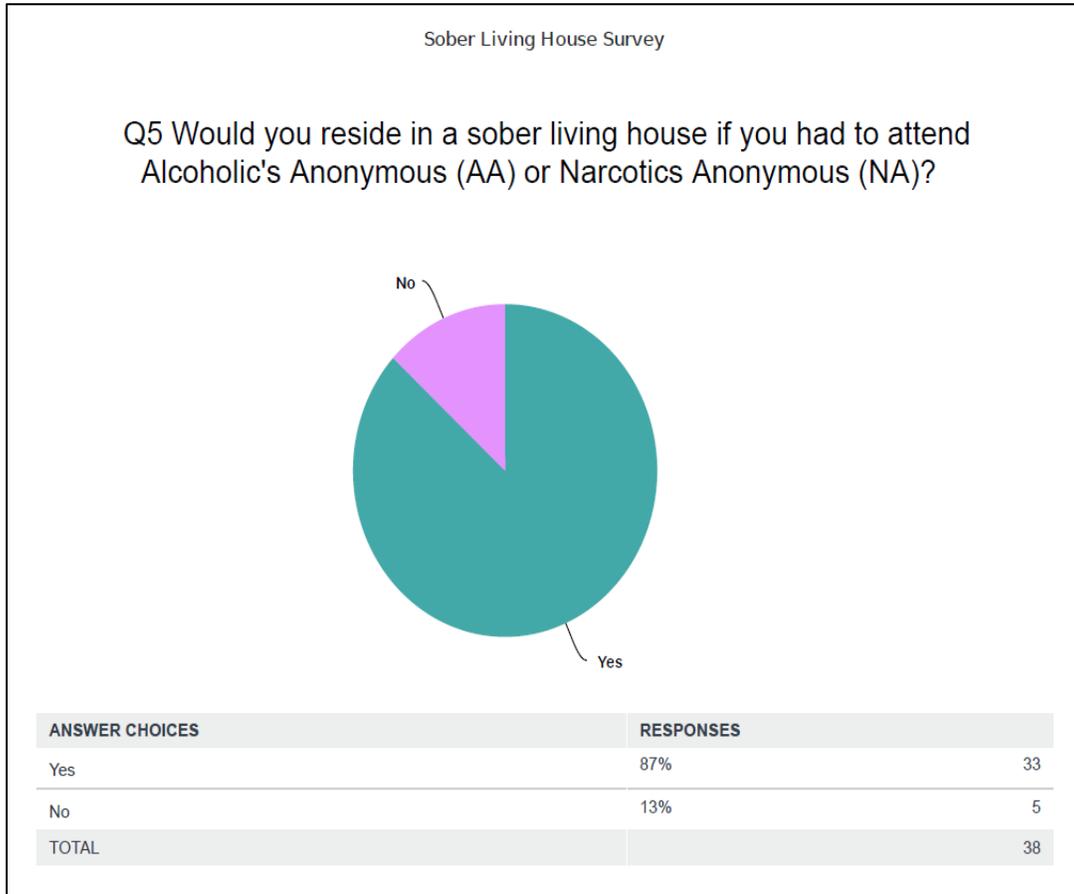
Question 3 of the survey asked the main question, do you know what a sober living house is. 38 of the 39 answered the question. 29 (76.32%) answered yes and 9 (23.68%) answered no.



Question 4 wanted to know if the participant would reside in a sober living house that is a safe place to live and stay sober if you had to pay for the room and board. 38 respondents answered the question. 30 (78.95%) answered yes and 8 (21.05%) answered no.



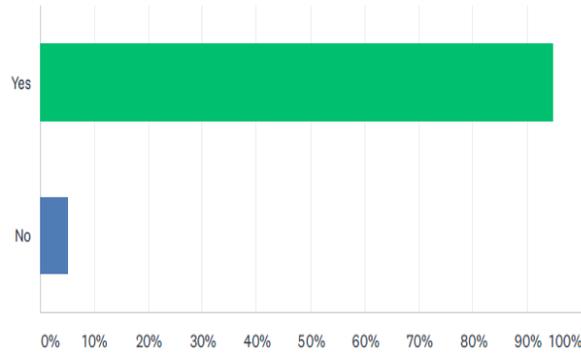
Question 5 asked if the participant would reside in a sober living house if you had to attend Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). 38 Answered the question. 33 (86.84%) answered Yes and 5 (13.16%) answered No.



Question 6 asked if they would reside in a sober living house if they had to follow house rules and maintain sobriety. 38 answered the survey. 36 (94.74%) answered yes and 2 (5.26%) answered No.

Sober Living House Survey

Q6 Would you reside in a sober living house if you had to follow house rules and maintain sobriety?

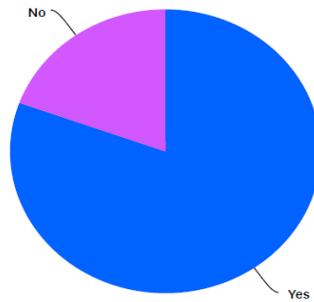


ANSWER CHOICES	RESPONSES	
Yes	95%	36
No	5%	2
TOTAL		38

The last question of the survey asked if they would take part in a sober living house. Only 36 answered this question. 29 (80.56%) stated Yes and 7 (19.44%) stated No.

Sober Living House Survey

Q7 Would you take part in a sober living house?



ANSWER CHOICES	RESPONSES	
Yes	81%	29
No	19%	7
TOTAL		36

Discussion

There is not a lot of information on sober living houses due to the fact that they are not all certified. Research shows that the information that is out there is mostly found in government publications. The information discusses how different each sober living home can be, as determined by who manages the homes. Some sober living homes are places where people co-exist without specific rules while others have a manager and guidelines that have to be followed.

The first question for the survey asked their sex and was answered by 39 probationers. Approximately 2 out of 3 were male. Research shows that approximately 75% of the occupants that reside in sober living houses are male. Men tend to live in sober living houses more than women as they have a more flexible lifestyle. They are able to live anywhere and locate jobs easily.

The second question asked their age. Of the 39 respondents, 31% were age 25-31 and the next highest category was age 32-38 with 23%. This researcher found that during the last 10 years the average age of the male living in a sober living house or recovery house was 36-38. With the Opiate crisis, one can only conclude that these numbers are ever changing.

One of the most important questions this researcher asked was if the survey takers knew what a sober living house was. The survey results indicate that of the 38 that answered that question, 3 out of 4 knew what a sober living house was. With 76% of the respondents knowing what a sober living house was, this was surprisingly high due to the fact there is very limited information available.

The participants of the survey were not afraid to pay for a place to stay, attend alcoholics anonymous or narcotics anonymous, follow house rules and maintain sobriety. Surprisingly over 80% agreed that they would take part in a sober living house.

While the survey was deployed, I had the opportunity to interview two therapists from different outpatient substance abuse programs in Seminole county and received different philosophies concerning sober living houses. Melissa agrees that there is a need for sober living houses and that the programs should be certified. She felt that the programs should be governed by the Florida Department of Children and Family services just as the substance abuse programs are. She mentioned one particular sober living house that she was familiar with in the community, stating they would recommend patients to sober living facilities depending on each individual and other factors; such as if a spouse was using, homelessness or if they had to live in a shelter. When asked if a list should be available if we didn't certify, she did not agree.

The second interview that was conducted with Marla, who works for another outpatient substance abuse program, who also agreed that there is a need for the sober living houses, but disagreed that they need to be certified. She believes that a place to live does not need to be certified. She was also familiar with a particular sober living house in the community. She would recommend patients to these programs. Their existence is important in order to satisfy their need for a place to live. She believes that a list of sober living houses should be available even if they are not certified, through a resource guide, community liaison, or court liaison.

Recommendations

Based on the information obtained during this research project, there needs to be additional funds to assist with sober living houses. We find there is a need for these facilities, but there is not enough of them to assist all the communities. Finding a resource list is difficult in the State of Florida. The Florida Department of Children and Family Services website only lists the Sober Living Houses that are certified through The Florida Association of Recovery Residences, Inc. (FARR). The list that is provided is very short for the state of Florida, while numerous locations are in South Florida there are very few in central Florida and the Panhandle. There needs to be a way to regulate or license the sober living homes that are out in the communities.

If the State of Florida can regulate or license the sober living homes, then they can list them all on a website. This will allow addicts and their families to locate a program that works for each individual. If all the sober living homes are licensed or regulated, then the State will not have issues with insurance scams or other problems.

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Appendix A

Introduction:

This survey was provided to misdemeanor probationers. Each individual was given the option of taking the survey or not.

1. What is your sex:
Male
Female

2. What is your age:

18-24
25-31
32-38
39-45
45-52
53-59
60+

3. Do you know what a sober living house is:
Yes
No

4. Would you reside in a sober living house that is a safe place to live and stay sober if you had to pay for room and board:
Yes
No

5. Would you reside in a sober living house if you had to attend Alcoholics Anonymous (AA) or Narcotic's Anonymous (NA):
Yes
No

6. Would you reside in a sober living house if you had to follow house rules and maintain sobriety:
Yes
No

7. Would you take part in a sober living house:
Yes
No