FROM THE FIELD

On recovery accommodations: California sober and beyond

By Bill Stauffer

Recovery housing, aka sober living facilities, have long existed as safe, supportive places designed for people with severe substance use conditions to live while they build recovery capital. In recent years, shifts in drug use patterns and changing public policy definitions have created challenges to the safe environment within recovery housing. One example of how this is unfolding is the California Sober Lifestyle in which people stop all drug use but cannabis.

We also have a shifting focus on healing for the full continuum of substance use conditions, which is a positive development. This important shift is unfortunately limited by failing to categorically delineate different forms of healing but instead lumping it all within the overly broad term recovery. This creates confusion and ambiguity of what works for whom under which conditions and poses particular risks to those with the most severe forms of the condition.

Relatedly, the current [National Institute on Drug Abuse] NIDA Strategic Plan has an all-encompassing goal defining all resolution as recovery. In its 2022 to 2026 Strategic Plan, NIDA notes that *"Recovery from SUDs means different things to different people. Broadly speaking, it is a process of change through which people improve their health and well-being while abstaining from or lessening their substance use or by switching to less risky drug use. For some, this may mean complete abstinence; for others, recovery could be ceasing problematic drug use, developing effective coping strategies, improving physical and mental health, or experiencing some combination of those or other outcomes."* If everything is recovery, so is nothing. To move efforts forward, including in how we use recovery housing, we must develop more nuanced ways of delineating healing from a substance use condition other than terming any and all change in harmful substance use as recovery.

How we consider recovery has real world consequences, particularly for people with the most severe forms where continued use of any substance leads away from healing and can result in death. Recovery housing is one of the places in which these shifting views are playing out with real consequences. Drug use inside a home presents risks for all who live there. For people with the most severe forms requiring abstinence from drugs not appropriately prescribed and used, it presents clear and present danger to their very lives.

I have long been familiar with recovery housing. When I was just beginning to professionally work in the field, I was working with publicly funded clients in Bethlehem, Pennsylvania. At that time, a number of clients lived in one of the very first Oxford Houses established outside of Washington, D.C. What was occurring was impressive. They had safe and supportive housing and did very well. Oxford House and other forms of recovery housing began to be established in greater numbers across the region over the next two decades and they made a huge difference for many people.

Things are changing as well-meaning groups attempt to broaden opportunities for persons to heal by blurring the lines on how recovery housing is utilized. This includes sending people who are currently addicted to drugs and continue using, or persons who may have made progress in respect to healing from one substance but who use other drugs, including cannabis, to these homes. This is one way that the NIDA vision of recovery as delineated earlier in this piece is influencing care provision and it needs broader discussion to ensure we do not cause harm in the name of help. Market forces with the purveyors of addictive drugs influencing these definitions and minimizing risks to people in full remission from a severe substance use condition may also be a factor in these shifts.

Creating space for illicit drug use, or drugs improperly prescribed creates challenges in these homes. Consider this 2020 study (Turna, et al., 2020) which found that compared to recreational users, medical users reported more problematic cannabis use in addition to greater psychiatric symptomatology (anxiety, depression and trauma). There is also the ideological stance in which all persons who are using drugs deserve housing. For these groups, recovery housing is a tempting place to put people who have not yet resolved a substance use condition to the point that they are not using or who may not have any desire to do so but still seek supported housing. While we should treat all people in our society with dignity and respect, and housing may be viewed as a fundamental need, using recovery housing as a place for people to actively use drugs creates a risk to the very group of people these homes were designed to support.

Should evidence be considered that this is harmful to persons living in sober housing?

A new longitudinal study, "Cannabis use and alcohol and drug outcomes in a longitudinal sample of sober

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living house residents in California," (Subbaraman, et al., 2024) found that cannabis use in recovery housing is associated with resumption of drug use in residents who were not using and tends to lead the cannabis users into resumption of other, more destructive drug use for those who chose the "California Sober" pathway. The authors believe it to be the first study to examine how cannabis use relates to alcohol or other drug use outcomes. In their article they note that "sober living house managers and operators should consider the potential harm of cannabis use among residents when designing house policies related to cannabis use."

What the research by Subbaraman, et al. found and recommend:

- Almost one-fifth of individuals residing in sober living houses report having used cannabis in the past six months across all assessments;
- Past six-month cannabis use is related to significantly worse alcohol and other drug outcomes. Across all time points considered in the study, cannabis use was related to significantly higher odds of past-month alcohol use, more drinking days in the past six months, higher odds of alcohol problems, higher odds of past-month drug use, more drug use days in the past six months and higher odds of drug problems; and
- Given that sober living houses are designed to be sober, safe places for individuals to work on their recovery from SUD, the current findings do not support allowing cannabis use in sober living house.

Loss of sanctuary / Risk to other residents / Loss of community support

Under the Fair Housing Act (FHA), recovery house residents are protected from discriminatory treatment because people in them who are in recovery are defined as not using illegal substances. What happens when houses as described in the study above have persons who are using cannabis illegally or, as a result of using cannabis, find their way back to other illegal drug use within these homes? Under the FHA, "current use of illegal substances cannot constitute a disability under the FHA." Similarly, under the American with Disabilities Act, people who have been addicted to drugs are considered protected when they have been successfully rehabilitated, no longer engaged in the illegal use of drugs or no longer engaging in the illegal use of drugs. These houses and their residents lose their legal protection when there is active drug use within them. This highlights how different views of what recovery is within government can lead to problematic outcomes.

Community support for recovery housing is tenuous under the best of circumstances. When drug use is pervasive in these residences, as the study shows is a very real risk, they become less effective at helping people heal. There is also a loss of community support and targeting the houses for spot-zoning enforcement and extra-legal scrutiny is routinely and predictably the outcome. It is hard enough for stigmatizing neighbors to see that people living next door in recovery are not a risk to their families. We need to pay attention to how this housing is used moving forward. We need to pay attention to how our concepts and terms related to healing across the continuum of substance use conditions relate to what happens out in the field and consider more nuanced solutions that work for all groups.

In the clarion call to do evidence-based practice, will we heed the evidence of this longitudinal study and how it relates to recovery houses? I certainly hope so.

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