



# Recovery Housing Research Brief

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## Peer-run Housing



### Abstinence Rates

**Generally, participants in recovery housing have twice the abstinence rates compared to “care as usual”.**

Research consistently demonstrates that individuals living in recovery housing achieve higher rates of continuous abstinence and accumulate more days of abstinence than comparable individuals who do not live in recovery housing. Contemporary studies often measure “days of abstinence” over a given period rather than expecting uninterrupted abstinence, recognizing that relapse can occur during recovery. Findings show that residents in recovery housing have significantly higher abstinence rates compared to those receiving usual care without housing support. Conversely, relapse rates are nearly twice as high among individuals who are not in recovery housing.

With Recovery Housing	Without Recovery Housing	
Recovery Housing abstinence rates ranging from 6 months to 18 months	Abstinence among similarly matched “care as usual” individuals with no recovery housing ranging 6 months to 18 months	
69% abstinent	35% abstinent	(Jason, et al, 2006)
62% abstinent	27% abstinent	(Reif, et al, 2014)
50% abstinent	37% abstinent	(Tuten, et al, 2017)

*\*Other studies in recovery housing show abstinence rates of ~68% (45.5%-91%) assessed at varying lengths of time (Korcha et al., 2016; Lo Sasso et al., 2012; Mericle et al., 2019).*



### Treatment Retention Rates

**Generally, participants in recovery housing have twice the treatment retention rates compared to “care as usual”.**

Research indicates that outpatient clients who live in recovery housing remain in treatment significantly longer than those who do not (Mericle et al., 2022). One study found an outpatient retention rate of 89% among residents in recovery housing, compared to a national average of approximately 43% for outpatient treatment completion (Polcin et al., 2010). Similarly, individuals receiving medication-assisted treatment (MAT) demonstrate higher retention rates when residing in recovery housing (Miles et al., 2020).



### Recidivism Rates

Numerous studies have found that recovery housing is associated with reduced recidivism and lower arrest rates (Polcin, 2010, 2018; Hiller et al., 1999; Prendergast et al., 2004; Martin et al., 2011). For example, a 2015 study reported that residents of recovery housing had a 3% incarceration rate, compared to 9% among participants receiving usual care without housing support.



### Mental Health Symptoms

Many studies have shown that residents of recovery housing experience significant improvements in mental health symptoms (Guerrero et al., 2022; Polcin et al., 2010, 2017, 2018, 2023; Reif et al., 2014; Wilkerson et al., 2024).



## Employment Rates

Numerous studies show participants in recovery housing have significantly higher rates of employment and number of days of work. These studies also show higher income among recovery housing residents compared to “care as usual”.

With Recovery Housing	Without Recovery Housing	
Employment rates with recovery housing 1 month to 24 months	Employment rates among similarly matched “care as usual” individuals with no recovery housing ranging 1 month to 24 months	
43% were employed	27% were employed	(Reif, et al, 2014)
37.7% were employed	29.5% were employed	(Tuten, et al, 2017)
76.1% were employed	48.6% were employed	(Jason, et al, 2010)
Income with Recovery Housing	Income without Recovery Housing	
Average \$989/month	Average \$440/month	(Jason, et al, 2015)



## Research supports NARR Standards of Practice

There have been many studies on general “sober living residences” and Oxford Houses. There have been few studies that have specifically examined NARR Accredited “sober living residences”. However, one major study examined the characteristics of Oxford Houses and sober living residences, including NARR accredited recovery residences (Mericle, 2019). The findings reveal housing characteristics with the elements of NARR accredited recovery housing:

- 1. Recovery Housing Programs:** Homes affiliated/under the umbrella of a larger organization with multiple houses were associated with improved outcomes. This is likely due to economies of scale where cost savings can be reinvested into house improvements as well as more or better-trained managers. These homes presented higher abstinence rates and employment rates (aOR=2.92, p=0.003, 2.9x greater odds of employment) and were more likely to be affiliated with a treatment program.
- 2. Affiliated with Treatment:** Recovery homes that were affiliated with a treatment program were associated with increased odds of total abstinence (aOR=2.56, p=0.045, 2.6x greater odds of total abstinence).
- 3. Working with Probation & Parole:** Recovery homes with referral agreements with parole/probation were associated with decreased odds of arrests (aOR=0.55, p=0.025, half the odds to be arrested) and increased odds of employment (aOR=2.43, p=0.006, 2.4x greater odds to be employed). Also, homes that required prospective residents to have 30 or more days of sobriety prior to entry were associated with decreased odds of arrests (aOR=0.43, p=0.003, nearly half the odds to be arrested).
- 4. Recovery Community within Housing “The Social Model of Recovery”:** Recovery homes that facilitated a Social Model of Recovery similar to 12-communities (capitalizing on peer residents supporting each other) and mandated participation in mutual aid community recovery meetings had superior outcomes. Crucially, peer-based recovery capital matters more than individual readiness—highlighting how much “where you recover” can shape “how you recover” (Jason et al, 2020).



## 2025 Systematic Review

Gold  
Standard  
Research

Recovery housing has been shown to outperform “care as usual” across several outcomes, including abstinence, employment, income, and reduced criminal charges (incarceration effects smaller). In one head to head direct comparison, recovery housing also outperformed other residential settings in alcohol abstinence and days of use. Additionally, recovery housing demonstrated greater cost-effectiveness than alternative models of care. Despite these positive findings, the overall evidence base remains limited by a lack of high-quality controlled studies. As a result, researchers rated the scientific support as “moderate.” Nonetheless, they concluded that recovery housing is at minimum a “promising intervention” that can support individuals with substance use disorders (SUD)—particularly those with limited resources, high clinical needs, and histories of criminal legal involvement—by increasing their chances of remission and long-term recovery (Vilsaint et al., 2025).



## Specialty Recovery Housing

**MOUD Recovery Housing:** Many studies show that residents utilizing Medication for Opioid Use Disorder (MOUD) specialty housing feel more accepted, less stigmatized, and have significantly higher retention rates in both housing and MOUD treatment services. Studies show superior outcomes (lower relapse, better employment) and reduced overdoses with MOUD retention. (Gallardo et al., 2024; Majer et al., 2020; Miles et al., 2020; Soto-Nevarez et al., 2023; Wilkerson et al., 2024; Wood et al., 2022). A 2025 study of recovery houses in Florida showed that 53% of houses refused admission to those in MOUD, 31% had conditional admission (often including taper), and 16% had unconditional admission (Guido et al., 2025).

***NARR Accreditation  
requires unconditional  
admission for those in  
MOUD, and all NARR  
houses must have  
Naloxone overdose kits***

**Family Recovery Housing:** Research shows that recovery housing with children present is associated with higher rates of long-term abstinence, regardless of whether the resident is a parent. The presence of children fosters greater responsibility in the home, which is linked to positive recovery outcomes (Legler et al., 2012).

**African American/Black Recovery Housing:** Longitudinal, multi-level studies indicate that African American/Black residents benefit as much—and often more—from recovery housing than other groups. Recovery housing not only supports individual recovery but also helps reduce racial health disparities in substance use outcomes (Jason et al., 2022).

**Latinx Recovery Housing:** Studies of culturally specific recovery housing show that collectivist values among Latino residents are linked to longer stays and reduced relapse risk. These findings support the importance of culturally tailored housing models that emphasize communal engagement and collective support (Jason et al., 2018).

**American Indian Recovery Housing:** Multiple studies highlight the effectiveness of recovery housing in Native communities. The democratic principles and communal structure within recovery housing align closely with traditional tribal decision-making, fostering acceptance and engagement. Outcomes in Native American recovery housing are comparable to those in other recovery housing models (Jason et al., 2006, 2019).

**LGBTQ Recovery Housing:** LGBTQ-specific recovery housing addresses syndemic needs through culturally informed approaches and intentional community-building. Outcomes are generally comparable to recovery housing overall, but one study reported a 91% abstinence rate—well above the average for general recovery housing (Beasley et al., 2017; Mericle et al., 2019, 2020).



## Oregon NARR Accredited Recovery Housing Providers

### 4D Recovery

Addictions Recovery Center

Bay Area First Step

Bridges to Change

Free on the Outside

Iron Tribe Network

Juntos

Lasko Refuge

Miracles

Mountain View Recovery

### Oasis Treatment

PineStreet

Premiere Sober Living

Project Patchwork

Project Quest

ReConnections Alcohol & Drug Treatment

Soaring Heights

Transcending Hope

West Coast Sober Housing

Women First Transition & Referral Center





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