



The Effect of Post-Detoxification Housing on Substance Abuse

Key Messages

- While many studies assess the efficacy of housing among individuals with substance use problems, researchers for this rapid review were only able to identify one study that examined the efficacy of post-detox housing and its effect on substance use.
- Providing abstinence-based housing to individuals exiting a substance use treatment program appears to produce positive outcomes including reduced substance use and increased monthly earnings from employment.
- Providing housing to individuals dealing with a substance abuse problem during or post-treatment appears to produce better outcomes than treatment with no housing.
- Providing housing with additional therapy appears to produce better outcomes for the individual than simply housing alone.

Context

Research indicates that assessment and referral to follow-up treatment programs is important to achieving long-term reductions in substance use following detoxification (detox). Some programs operate on the assumption that providing safe housing to individuals exiting a detox program can positively affect their substance abuse (e.g., reduction in use, abstinence).¹ A rapid review of the research literature was conducted to assess the evidence supporting this assumption.

The review sought to answer the following question: Does providing housing to clients exiting a detox program, compared to providing no housing, affect substance use in persons ages 15 to 64 with substance abuse problems?

The Issue

A variety of substance abuse treatment methods and models are available to help people reduce or abstain from substance use. Some methods involve out-patient or community-based services, while others involve in-patient or residential services. Research supports the need for a comprehensive,

¹ For the purpose of this review, “post-detox housing” is defined as safe housing that is provided by service providers to individuals who have recently completed a substance-use detox program. Post-detox housing **does not** include housing supplied by friends or family members, or housing supplied by non-service based providers or agencies.



multi-sectoral, continuum-of-care approach with services that target needs throughout the treatment process (National Treatment Strategy Working Group, 2008). For those entering treatment who are actively using drugs and who have a physical or psychological dependence, detox is often the first step. Detox is a treatment method whereby an individual with a substance abuse problem stops using the substance. The process often results in the client experiencing withdrawal. Depending on the substance, withdrawal symptoms can include nausea, vomiting, insomnia, depression and seizures. Similarly, the duration of these symptoms can vary depending on the substance from which the client is withdrawing (Center for Substance Abuse Treatment, 2006). Due to the adverse side effects of withdrawal, detox might involve medication and be supervised by medical and social service personnel. Detox can take place in a hospital, specialized detox centre or home-based setting (Canadian Centre on Substance Abuse, 2013).

Research indicates that following detox, assessment and referral to a follow-up treatment program is important for achieving long-term reductions in substance use. Some programs operate on the assumption that providing safe housing to individuals exiting a detox program can help them to reduce their substance use or abstain. The current rapid review was conducted to assess the evidence supporting this assumption.

Approach

The published and grey literature was searched (Appendix B) and only randomized studies written in English and published after 2007 with participants 15 years of age or older were included in this review. A total of 114 articles were initially assessed for relevance. Based on the screening of title and abstract, 17 articles (approximately 15%) were retrieved and the full text reviewed for relevance.

Findings

Of the 17 articles reviewed, only Tuten, DeFulio, Jones and Stitzer (2012) examined post-detox housing and its effect on substance use. This study was conducted among individuals 18 to 60 years of age who met the criteria of the *Diagnostic and Statistical Manual of Mental Disorders* (fourth edition) for opioid dependence and had recently completed a residential, medication-assisted detox program. A total of 243 individuals were randomly assigned to one of the following three conditions: usual care (UC), residential housing (RH) and residential housing with reinforcement-based intensive treatment (RH+RBT).²

The findings indicated that the RH+RBT and RH conditions produced better drug abstinence outcomes than the UC condition at the one- and three-month follow-ups. The study also found that RH+RBT and RH participants were significantly more likely to report earning more income than the UC participants at the three- and six-month follow-up periods. The limitations of this study include that participants self-selected for the study, which could have contributed to positive outcomes for all three conditions. Furthermore, participants who relapsed between follow-up periods were still included in the study if they met certain conditions, which resulted in an overstatement of the term abstinent.

Although only one article met this study's inclusion criteria, two additional articles were included that provide relevant information despite not specifically assessing post-detox housing. Lo Sasso, Byro,

² The UC condition consisted of patients being referred to after-care treatment and other community resources. RH consisted of abstinence-based housing and RH+RBT consisted of abstinence-based housing in addition to meeting with a therapist and participating in treatment activities.



Jason, Ferrari and Olson (2012) examined the benefits and costs associated with the Oxford House (OH) model.³ The study participants consisted of adults 18 and older leaving a substance abuse treatment program. Participants were randomly assigned to OH or UC and followed up every six months for a total of 24 months. OH participants had fewer days of illegal activities, fewer incidents of alcohol and drug misuse, and earned more income than participants in UC. The limitations of this study include high levels of non-response, a small sample size and self-reported data.

Majer, Jason, Aase, Droege and Ferrari (2013) investigated involvement in categorical 12-step programs in relation to continuous abstinence among individuals exiting an in-patient substance use treatment program. Participants were randomly assigned to OH or UC. Findings indicate that OH participants were 5.6 times more likely than UC participants to maintain abstinence at the two-year follow-up. Further, participants who were involved in categorical 12-step programs were 2.8 times more likely to maintain continuous abstinence at two years than individuals who were not involved in categorical 12-step programs.

Discussion

While a number of studies have examined the importance of providing housing for individuals with substance use problems, very few have specifically assessed the effect of providing housing after treatment. The three studies included in this rapid review indicate that providing abstinence-based housing to individuals exiting a substance abuse treatment program appears to produce a variety of positive outcomes including drug abstinence, increased employment earnings and fewer illegal activities. None of the included studies examined non-abstinence-based housing, so it is not possible to discern the effect of an abstinence-based housing environment on an individual's behaviour and respective outcomes.

Limitations

Although some grey literature was identified, the researcher for this study was unable to examine its contents because of time restraints. The studies included in this review did not undergo a quality appraisal.

Conclusion

Based on the results of one study, there is insufficient evidence to determine with confidence whether providing post-detox housing affects substance using behaviour among people with a substance abuse problem.

³ Oxford Houses are self-run, abstinence-based recovery homes for individuals dealing with substance abuse problems.



References

- Canadian Centre on Substance Abuse. (2013). *Key questions to consider when seeking substance abuse treatment*. Ottawa, ON: Author.
- Center for Substance Abuse Treatment. (2006). *Detoxification and substance abuse treatment*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 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.
- Majer, J.M., Jason, L.A., Aase, D.M., Droegge, J.R., & Ferrari, J.R. (2013). Categorical 12-step involvement and continuous abstinence at 2 years. *Journal of Substance Abuse Treatment*, 44(1), 46–51.
- National Treatment Strategy Working Group. (2008). *A systems approach to substance use in Canada: Recommendations for a national treatment strategy*. Ottawa, ON: Canadian Centre on Substance Abuse.
- Tuten, M., DeFulio, A., Jones, H. E., & Stitzer, M. (2012). Abstinence-contingent recovery housing and reinforcement-based treatment following opioid detoxification. *Addiction*, 107(5), 973–982.



Appendix A: Study Characteristics

The three studies described below were designed as randomized controlled trials.

Citation	Purpose	Population	Relevant Outcomes
Tuten, DeFulio, Jones, & Stitzer (2012)	To determine whether abstinence-contingent recovery housing is an effective intervention for sustaining abstinence in opioid-dependent patients exiting residential detoxification.	Individuals 18–60 who met <i>DSM-IV</i> criteria for opioid dependence and completed a medication-assisted detoxification program. <ul style="list-style-type: none"> n=243 (74.1% male) UC: n=80 (75% male) RH+RBT: n=80 (68.7% male) RH: n=83 (78.8 male) 	Percentage of participants that met drug abstinence criteria at the 1, 3 and 6 month follow-ups: RH+RBT = 50%, RH=37%, UC=13%. RH+RBT participants were 10 times more likely than UC participants to meet abstinence criteria for opioids and cocaine at all 3 follow-ups (25.9% vs. 2.5%). RH participants were nearly 5 times more likely than UC participants to meet abstinence criteria for opioids and cocaine at all three follow-ups (12.3% vs. 2.5%). RH+RBT participants stayed in recovery housing longer than RH participants (mean days= 49.5 vs. 32.2). 54% of RH+RBT participants stayed in housing for more than 60 days as compared to 31% of RH participants. Participants in both RH+RBT and RH were significantly more likely than UC participants to be earning money from employment at 3 months.
Lo Sasso, Byro, Jason, Ferrari, & Olson (2012)	To conduct a systematic cost benefit analysis of the OH program relative to usual care.	Adults exiting a substance abuse treatment program. <ul style="list-style-type: none"> n=129 (38% male) 	Participants assigned to OH had fewer days of illegal activities than participants in UC; this gap narrowed at 19–24 months. A higher proportion of UC participants reported drug or alcohol use at each of the follow-up points: <ul style="list-style-type: none"> 0–6 months = 43% vs. 34% 7–12 months= 44% vs. 37% 13–18 months= 48% vs. 32% 19–24 months=66% vs. 29%
Majer, Jason, Aase, Droege, & Ferrari (2013)	To investigate categorical 12-step involvement in relation to continuous abstinence among substance dependent persons exiting in-patient treatment who were randomly assigned either to a self-run, communal-living setting or UC condition.	Clients recruited from inpatient substance use treatment centres who had a history of substance use dependence based on <i>DSM-IV</i> criteria. <ul style="list-style-type: none"> n=150 (38% male) 	Participants who were randomly assigned to the OH condition were 5.6 times more likely to maintain continuous abstinence at 2 years than participants in the UC condition. Participants involved in categorical 12-step programs were 2.8 times more likely to maintain continuous abstinence from both alcohol and other drugs at 2 years.



Appendix B: Detailed Search Strategy

Project Cork, PubMed, PsycINFO, Health Evidence, Cochrane Library, Health Systems Evidence, Centre for Reviews and Dissemination, and Google Scholar were searched using variations of the terms: housing, residential facilities, substance-related disorders, addiction and detoxification on December 3 and 4, 2013, for studies published since 2004. Articles were pre-screened by the Information Specialist; duplicates and articles unrelated to the topic of housing and substance abuse were removed. Additional websites were searched for grey literature on December 3 and 4, including the Homeless Hub, Homeless Resources Centre, Summit (Simon Fraser University) and the Canadian Centre on Substance Abuse (CCSA) library catalogue, as well as Grey Matters Light, Google and the Centre for Addiction and Mental Health's Google Custom Search for mental health and addiction information.

All search results were combined by the Information Specialist into a master list containing 297 records. Forty-three duplicates were removed; sixteen records were added based on a follow-up PubMed search. 169 records were excluded for being unrelated to the topic of substance abuse and housing. A total of 101 titles and abstracts were forwarded to the Researcher for further screening.

Project Cork

Keyword field: housing

63 hits

PubMed

Search 1 (Dec. 3)

((("Residential Facilities"[MeSH]) OR "Housing"[MeSH])) AND "Substance-Related Disorders/rehabilitation"[MeSH] Filter: 10 years

96 hits

Search 2 (Dec 4)

((("Residential Facilities"[MeSH]) OR "Housing"[MeSH])) AND "Substance-Related Disorders/therapy"[MeSH] Filter: 10 years

285 hits

16 unique hits added to master list

PsycINFO

Index terms: drug abuse OR addiction OR drug rehabilitation AND Index terms: housing AND Year: 2004 TO 2013

19 hits

Health Evidence

Housing

Filter: 2004-2013

39 hits

Cochrane Library

MeSH descriptor: [Substance-Related Disorders] explode all trees AND (MeSH descriptor: [Housing] explode all trees OR MeSH descriptor: [Residential Facilities] explode all trees)

Filter: 2004-2013

36 hits (Trials)



Health Systems Evidence

Housing (Title/abstract)

19 hits (2 relevant records imported into master list)

Centre for Reviews and Dissemination

(MeSH DESCRIPTOR Housing EXPLODE ALL TREES OR MeSH DESCRIPTOR Residential Facilities EXPLODE ALL TREES) AND MeSH DESCRIPTOR Substance-related Disorders EXPLODE ALL TREES
38 hits

Google Scholar

Search 1 (Dec. 3)

allintitle: housing addiction (2004-2013): 17 hits (1 unique, relevant article added to master list)

allintitle: housing substance abuse (2004-2013): 19 hits (3 unique, relevant article added to master list)

allintitle: housing detoxification (2004-2013): 1 hit

Search 2 (Dec 4)

allintitle: substance use housing (2004-2013): 26 hits

Grey Literature

12 resources were forwarded to the Research & Policy Analyst for further screening.

The Homeless Hub (<http://www.homelesshub.ca/>)

Browsed Homeless Hub library

3 relevant resources found

Homelessness Resource Center (<http://homeless.samhsa.gov/>)

Tags: substance use AND housing

No relevant resources found

Google Custom Search

(<https://www.google.com/cse/home?cx=008023727091548743558:9cruu8dh9sc>)

allintitle:housing "substance abuse"

allintitle:housing substance use

allintitle:housing addiction

allintitle:housing post-detoxification

No relevant resources found

Summit, Simon Fraser University (<http://summit.sfu.ca/>)

Housing addiction

Housing substance abuse

1 relevant resource found

CCSA Resources (<http://www.ccsa.ca/Eng/resources/Pages/default.aspx>)

Public housing

No relevant resources found

Grey Matters Light

(<http://www.cadth.ca/en/resources/finding-evidence-is/grey-matters/grey-matters-light>)

1 relevant resource found



Google

housing addiction evaluation filetype:pdf

4 relevant resources found

post-detoxification housing filetype:pdf

1 relevant resource found

Google Scholar

2 relevant resources found

Disclaimer

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Canadian Centre
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