ATTITUDES TOWARD RECOVERY HOMES AND RESIDENTS: DOES PROXIMITY MAKE A DIFFERENCE?

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The present study investigated the attitudes of neighborhood residents toward a particular type of substance abuse recovery home (i.e., Oxford House). Individuals who lived next to these recovery homes versus those who lived a block away were assessed regarding their attitudes toward substance abuse recovery homes and individuals in recovery. The vast majority of those living next to a self-run recovery home knew of the existence of these recovery homes, whereas most residents living a block away did not know of their existence. Findings suggest that well managed and well functioning substance abuse recovery homes, such as Oxford Houses, elicit constructive and positive attitudes toward individuals in recovery and recovery homes. © 2005 Wiley Periodicals, Inc.

Beginning in the 1960s, community-based programs replaced many stigmatizing institutions for individuals with mental illness, developmental disabilities, and substance abuse disorders (Michelson & Tepperman, 2003). However, situating relatively small group homes in residential communities has sometimes generated significant opposition because some community members feel that group homes might either cause property values to decline or lead to increases in criminal behavior (Zippay, 1997). Nonetheless, research findings indicate that fully staffed group homes for those with mental illness or developmental disabilities do not have a negative impact on the

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attitudes of neighbors (Cook, 1997; Wahl, 1993) or on the economic values of neighboring homes (Ryan & Coyne, 1985).

Assessing the reactions of community members to other types of group homes, particularly those with less supervision, is also important. For example, Oxford House is a substance abuse recovery home that operates democratically rather than being managed professionally (Jason, Davis, Ferrari, & Bishop, 2001). Oxford House offers a community where residents can live without the involvement of professional treatment staff and where there are no restrictions on length of stay. The Oxford House members maintain financial independence, with each resident paying rent and doing chores. Deviations from financial responsibilities to the House, disruptive, antisocial behaviors, or resuming drugs or alcohol use results in eviction. Grassroots movements have helped expand the number of Oxford Houses to over 1,100 in 48 states, and many have been confronted with opposition from neighborhoods. In fact, one Oxford House challenged a city's laws that prevented the establishment of an Oxford House. The case was decided at the U.S. Supreme Court, and the judgment indicated that the city's laws violated the Fair Housing Amendments Act of 1988, which protects group homes and affords them the same rights as single-family residences.

Thus far, research has not been conducted that documents how neighbors feel about Oxford Houses. In the present study, individuals living directly next to an Oxford House and those a block away from an Oxford House were surveyed about their knowledge and opinions of substance abuse recovery, substance abusers, and substance abuse recovery homes. It was hypothesized that those neighbors living next to an Oxford House versus those living a block away would have more favorable opinions of self-run recovery homes and individuals with substance abuse disorders.

METHOD

Participants

Individuals living in 64 separate houses in northern Illinois were interviewed. Individuals living in 32 houses lived directly next to an Oxford House, and the interviewees in the other 32 houses lived one block away from the Oxford House (defined as not being on the immediate block where the Oxford House was located). In general, the comparison houses were approximately 100 to 150 yards away from the Oxford House. The houses were chosen randomly from a grouping of residences that was based on proximity to Oxford Houses in the area. If a member of a house declined to be interviewed, the house next to it was selected. Houses were mainly 2–4 bedroom, single-family, residential homes in middle-class neighborhoods. Interviews were granted voluntarily and all participants signed consent forms before participating in the study.

Materials

A survey, the Neighborhood Questionnaire, was developed for this study. It contains 19 questions and is divided into two parts (copies of it may be obtained by writing to the first author). The first part of the questionnaire consists of three questions asking the participants to indicate their length of residency in the area and the value of their homes, as well as the average value of other homes in the neighborhood. The remaining five questions in the first section of the inventory were answered on 5-point Likert scales (1 = very negative, 3 = neutral, 5 = very positive), and assessed the participants'
attitudes toward people in substance abuse recovery and substance abuse recovery homes.

To avoid bringing attention to any Oxford Houses that were unknown, if an individual was not aware of the self-run recovery house being in the neighborhood, the interviewer did not administer the second half of the questionnaire that contained questions about specific Oxford Houses. This section included six free-response questions assessing the person’s experiences with a self-run, recovery home in his or her neighborhood and opinions about this house (e.g., “Do you have any concerns about this house being in your neighborhood?”). Nine true/false questions assessed the participant’s knowledge of Oxford House policies (e.g., “Do you know whether self-run recovery homes are: democratically run by the residents rather than by staff?”). In addition, one Likert-style question asked about the individual’s overall attitudes toward the recovery homes (e.g., “How, in general, do you feel about a self-run recovery home that has all the above characteristics?”).

Procedure

Two interviewers collected all data. Ninety-five percent of the homes approached had at least one adult present when the interviewers visited the homes, and that person agreed to take part in the study. We did not collect age information, but the ages of the adults who were interviewed varied considerably. We interviewed only individuals who were the home owners, and if there were two home owners in the house, we interviewed the first person who answered the door.

RESULTS

For the 64 respondents, there were no significant differences between the two conditions (living next to or a block away from an Oxford House) regarding how long individuals had lived in their residences, the approximate perceived values of their homes, and the approximate value of homes in their neighborhood. Overall, the residents had lived in their houses for 8.3 years. The approximate value of their homes was $128,800, and the approximate value of homes in their neighborhood was estimated to be $122,850.

Of the individuals interviewed, 21 were male and 43 were female. Because gender might influence attitudes, it was treated as an independent variable in the analyses. To test the main hypotheses, we used a gender by condition (house adjacent to the Oxford House vs. being one block away) between-subjects multivariate analysis of variance (MANOVA), with the five questions tapping attitudes toward people in substance abuse recovery and substance abuse recovery homes as dependent variables. There were no significant gender effects or Gender × Condition interactions. There was a significant condition main effect, however, indicating that those who lived next to an Oxford House versus those a block away had significantly more positive scores on the following variables: attitudes toward recovery homes ($M_s = 4.1$ vs. $3.6$, $p = .03$), concerning the importance of substance abusers being able to live in residential neighborhoods ($M_s = 4.2$ vs. $3.6$, $p = .006$), about the importance of neighbors in providing a supportive environment to those in recovery ($M_s = 4.3$ vs. $3.5$, $p = .002$), and regarding attitudes regarding a self-run recovery home on their block ($M_s = 4.1$ vs. $3.2$, $p < .001$). For one of the five questions, attitudes toward people in substance
abuse recovery, those living next to Oxford Houses had directionally but not significantly more positive attitudes ($M_s = 4.2$ vs. $4.0, p = .25$).

We were also interested in exploring whether neighbors next to an Oxford House were more likely to know whether such a house existed in their neighborhood. We found that residents in 69% of houses next to an Oxford House knew of the existence of this recovery home versus only 9% of those that were a block away. When we reanalyzed the data using those who knew of the existence of an Oxford House versus those who did not, the MANOVA was significant, and this time, all five dependent variables were significant, indicating that knowledge of the existence of an Oxford House led to improved attitudes toward those in substance abuse recovery and self-run substance abuse recovery homes.

**Responses to Part 2 of the Neighborhood Questionnaire**

The 25 interviewees who knew of the existence of a self-run substance abuse recovery home had lived in the neighborhood for a mean of 3 years, and they judged their houses to have appreciated by $\$17,694 during this period. They thought that 56% of other neighbors knew of the existence of the self-help recovery home, and they rated their general attitude toward recovery homes as 4.6 on a 5-point scale (1 = *very negative*, 3 = *neutral*, 5 = *very positive*).

In regard to these interviewees' knowledge about the self-run recovery home, 92% knew that members attended AA or NA meetings, 92% knew residents were responsible for chores for maintaining the house, 88% knew that the homes were democratically run, 88% knew that residents were responsible for paying rent, 84% knew that residents were voted to leave if they used illicit substances, 80% knew that this was a place where no professional staff lived-in or controlled the operation of the house, and 70% understood that new members were voted accepted into the house by a vote of existing residents. In addition, 50% knew that residents could be voted out of the house if they engaged in disruptive behavior, and 44% knew that residents were asked to leave if they did not pay rent on time.

**Qualitative Data**

We also collected qualitative data from those 25 participants who had knowledge of the existence of the self-run recovery home in their community. These interviewees were asked if there were any actions taken in their neighborhood to educate residents about the self-run recovery home, and if so, what these actions were. Eleven stated that they had heard from an Oxford House member (e.g., "Resident spoke with neighbor and me before opening the house to make neighbors aware of and educate neighbors about the home."; "Resident of the home was hired to do handyman repairs and explained how the house was run.",), and nine mentioned that they had learned indirectly (e.g., "Other neighbors told me.", "My kids told me.", "Alderman told us about it."). When asked whether members of the block had responded in any organized fashion to the establishment of the self-run recovery home on this block, none of the interviewees were aware that any organized activity had taken place.

When asked if they had any concerns about this house being in their neighborhood, 21 said no (e.g., "Guys are friendly.", "They just proved to be good neighbors.", "No trouble from them.") and four said yes (e.g., "Sometimes cars block my driveway, only when first opened, no problems now.", "Sometimes a lot of new faces.", "Louder,
more people on street."). Finally, when asked if they could see any benefits to having this house in their neighborhood, 17 responded yes ("Good lookouts, watch everything."); "Upkeep of outside is good."; "No drugs, no parties going on."; "Take care of property well outside"; "My son plays basketball with guys out in their yard, keeps them out of trouble."); "Glad to see it's being done to rehabilitate women, especially who have children."); "They keep up the yard better than last owner."); and the other respondents did not know of any benefits.

DISCUSSION

The study's major finding was that residents who lived next to an Oxford House versus those who lived a block away had significantly more positive attitudes concerning the need to provide a supportive environment to those in recovery, the importance of allowing those in substance abuse recovery to live in residential neighborhoods, the need for recovery homes, and the willingness to have a self-run recovery home on their own block. These findings suggest that Oxford Houses, which are well managed and well functioning, self-run, substance abuse recovery homes, do elicit positive attitudes from those who reside next to them. Living in closer contact with the residents of these recovery homes probably led community residents to feel comfortable with the need for these types of community-based homes, as well as possess a greater willingness to see the houses located in their own neighborhoods.

Another important finding was that there were no significant perceived differences in housing prices for those next to and those a block away from the Oxford Houses. In addition, among those interviewees who knew of the existence of the self-run recovery home, the values of their houses had actually increased over a mean of 3 years. These findings suggest that the presence of the Oxford Houses did not lead to reduced values for houses in these communities.

When we examined the data for those 25 interviewees who were aware of the presence of the recovery homes versus those who were not aware, findings also indicated that those who were aware of the homes were significantly more positive toward both the recovery houses as well as those in recovery. In addition, for those who were aware of the presence of the recovery home, most of the democratic-based, self-run characteristics of Oxford Houses were also known. However, only 50% knew that residents could be voted out of the house if they engaged in disruptive behavior and only 44% knew that residents were asked to leave if they did not pay rent on time.

Given the importance of these two rules for guaranteeing that inappropriate behaviors are dealt with quickly and effectively, in the future, Oxford House residents might need to devote more time to ensuring that neighbors are aware of these Oxford House rules. Particularly after Oxford Houses are established, active efforts by the residents to meet the neighbors and inform them of their presence, purpose, and rules might have many benefits.

On the qualitative items, it was interesting that most residents had heard about Oxford Houses directly from the residents and that there were no efforts made by residents to protest or oppose the opening of these houses. When asked to specify benefits, 17 of the 25 interviewees had gained either resources, friendships, or even a greater sense of security after coming in contact with the residents of Oxford Houses. Still, 4 of the 25 respondents did mention concerns about the Oxford Houses, and these included levels of noise and the number of new people living in their
neighborhood; perhaps these issues need to be discussed and addressed by Oxford House residents in the future.

Residents in most houses adjacent to the Oxford Houses knew of the existence of the recovery home, whereas neighbors situated a block away generally did not know of the presence of these houses. It is possible that next door neighbors did not talk about the recovery house with their neighbors, in an effort to preserve the confidentiality and privacy of the residents. Also of interest was that Oxford House residents preferred that questions specific to Oxford House were not asked to neighbors who were unaware of the recovery homes in their community. Clearly, many Oxford House residents were concerned about what might occur if neighbors knew about the existence of their recovery home.

In fact, when the authors originally raised the idea of assessing attitudes toward neighbors, there was a considerable debate among the Oxford House residents about whether this study should even occur. Several Oxford House members felt that the information that would be gathered about neighbor attitudes would be most important, whereas others felt that the study would inadvertently inform neighbors of the presence of Oxford Houses, and this might incite a backlash against the Oxford House residents. After discussing these issues during several meetings, a solution arose that both the authors and the Oxford House community felt would preserve their anonymity (i.e., the interviewers would not mention the fact that there was an Oxford House or recovery community on the block if the residents were not aware of the presence of the Oxford House). This joint decision allowed the study to proceed with the support of the Oxford House community. Once the study results were disseminated to the members of the recovery community, there was a sense of relief that no negative community response had occurred. The residents were also quite pleased to learn that the attitudes of their neighbors who knew of the existence of the Oxford Houses were so positive toward them and recovery homes in general.

There were several methodological limitations in the present study. The sample sizes were small for both groups, and yet, the fact that significant findings emerged suggests that the results were robust. Also, future studies should use reliable and valid multi-item scales to measure attitudes of neighbors. Estimates of housing prices were not independently confirmed, so it is also possible that the results were not accurate; however, despite this possibility, it does not appear that the housing in the two areas was significantly different. Still, the price valuation findings need to be interpreted with some caution, because it is possible that the presence of these recovery homes might have led to slower increases in home values for both those on the block as well as those a block away. Finally, the data are cross-sectional, and to make more causal statements, future studies need to assess attitude change over time for residents who have an Oxford House next to them as well as residents who do not have an Oxford House in their vicinity.

The findings from the present study indicate that once residents of neighborhoods become acquainted with the occupants of Oxford Houses, their attitudes toward locating these houses within their neighborhoods may become even more positive. Oxford Houses, as stated earlier, are different from most other types of community group homes because they are democratically run and have no professional staff. Shared housing initiatives such as Oxford House represent an important housing option for individuals being released from substance abuse treatment facilities (Olson, Jason, Ferrari, & Hutcheson, in press), and this model could potentially be applied to other types of problems, such as homelessness. Given the dearth of housing for so
many individuals being released from treatment facilities (Ahrentzen, 2003; Koebel & Murray, 1999), there is a continuing need to locate community based group houses in neighborhoods and to assess how neighbors respond to these important initiatives.

REFERENCES


