FADAP
Flight Attendant Drug and Alcohol Program

2022

Sober Living:

The New Crash Pad

Brighton
RECOVERY CENTER

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Definitions:

Crash Pad - A temporary, shared housing situation for Flight Attendants and Pilots ranging from $300 - $600 per month.
Sober Living – Also termed “Recovery Residence,” is a fairly broad term that describes a sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems.
Halfway House – Generally defined as a safe place for people transitioning from long-term treatment, prison, or homelessness.
Residential Treatment – A level of treatment where people receive 24-hour care for their primary issue(s) away from the stress of their home environment.
PHP– (Partial Hospitalization Program) – A level of outpatient treatment in which patients attend 5 days a week for 4-6 hours per session.
IOP – (Intensive Outpatient Program) - A level of outpatient treatment in which patients attend 3-4 days a week for 3 hours per session.
GOP – (General Outpatient) – Individual therapy once a week.

The Levels:

The Levels according to NARR

According to the National Association of Recovery Residences (NARR), there are essentially 4 levels of RR.

Level 1 houses provide the least amount of oversight and services. A good example of Level 1 houses is the Oxford House model. Oxford Houses are governed by a charter and rules that are agreed upon at the outset, but those are kept to a minimum and decisions ae made democratically. For instance, house members vote on whether to allow a certain individual into the house. Each member has one vote, and no outside supervisor or manager is hired.

Level 2 houses often have a supervisor elected, and he or she is responsible for ensuring that residents comply with the rules and works to resolve any community complaints. While Level 2 homes don't have recovery services onsite, there's usually a strict requirement for maintaining membership in a recovery group or sticking to an aftercare plan with a counselor. Additionally, strict sobriety test requirements are typically enforced. This differs from Level 1 homes which tend to have more relaxed policies on how often drug or alcohol tests are required. Slightly more expensive than Level 1.

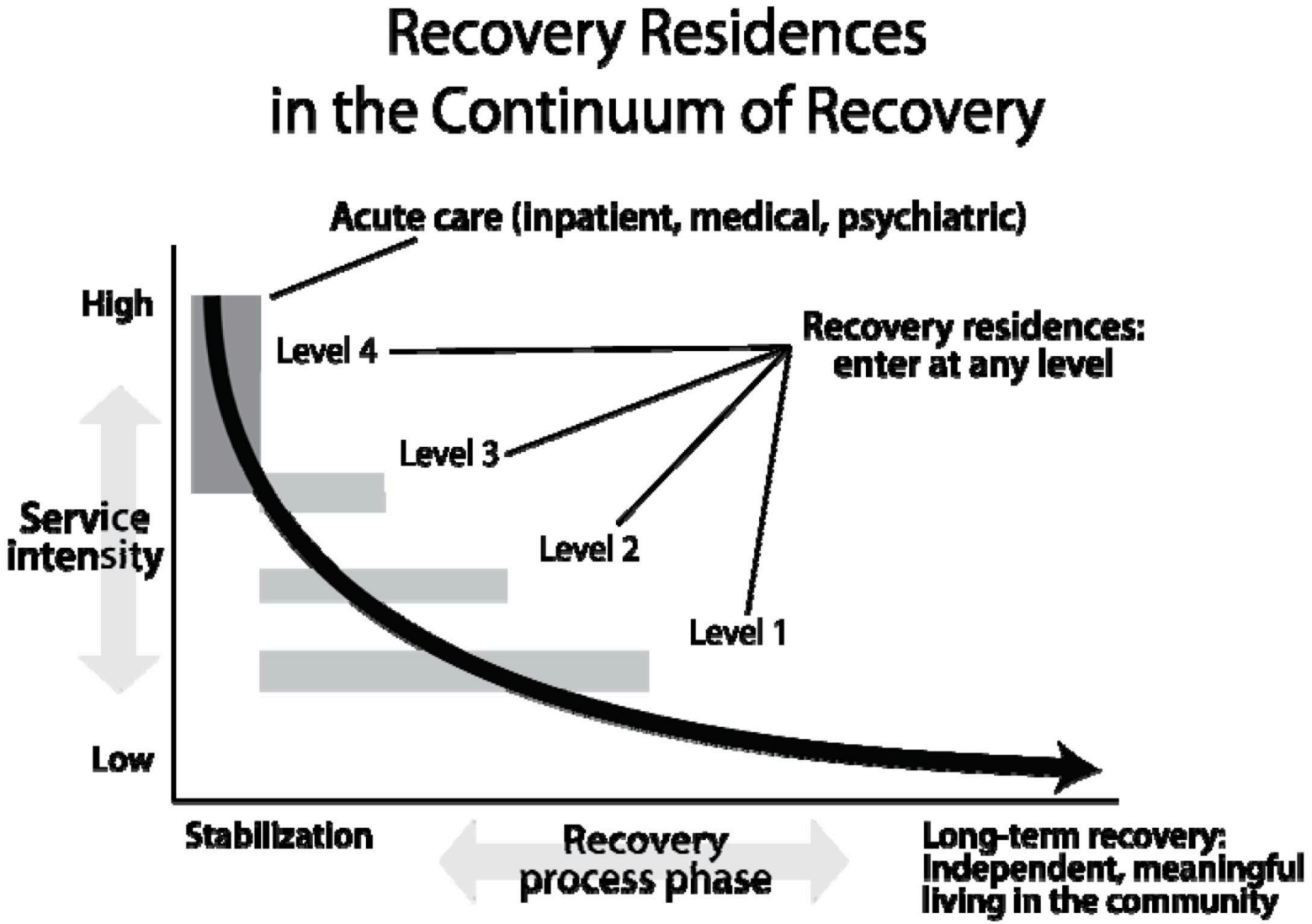
While **Level 3** houses are still considered "sober living homes," they do incorporate aspects of clinical treatment. Their primary purpose is still to provide a substance-free environment for people to live in, but the programs are more structured than Level 2 homes. They often include paid counselors and staff to assist patients in developing and following through with their aftercare plans. Most of the actual treatment doesn't happen on site, but certain life skills and support groups may be provided at the house.

The Levels according to NARR

Level 4 homes are included in “recovery residences,” but they wouldn’t typically be considered “sober living homes” since they fall into the category of inpatient treatment, rather than aftercare. They are most often referred to as Therapeutic Communities (TCs). TCs are a structured, clinical environment and are usually full-service, meaning that residents don’t have to go offsite for treatment.

Residents in Level 4 homes are usually not able to work (at least not full-time) since they are engaged in recovery activities throughout the day. Often residents are not allowed to come and go as they choose.

Levels of Recovery Residences

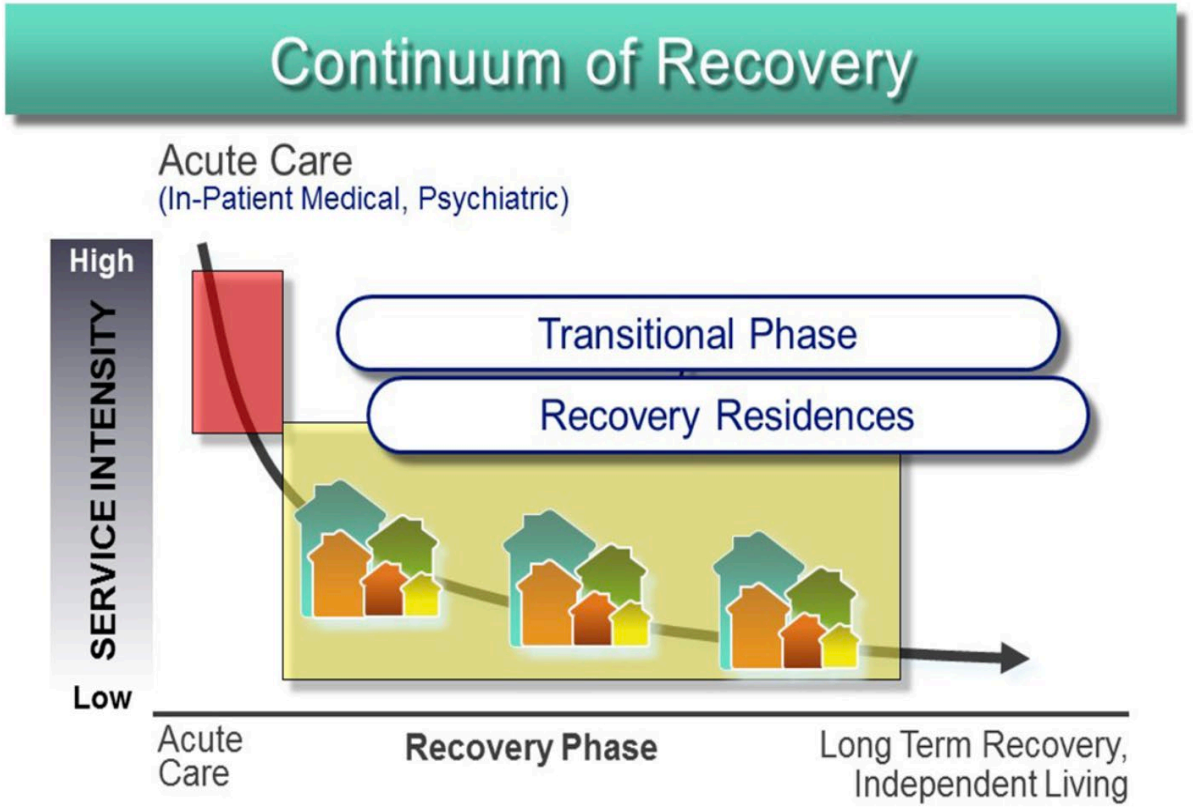


History:

- Recovery Residents have existed in the US since the mid- 19th century (1841).
- These were called “inebriate homes” at the time and they existed along side religiously sponsored “inebriate colonies,” and state sponsored “inebriate asylums.”
- These institutions thrived until the passage of state and national prohibition laws.
- Inebriate homes were replaced in the beginning decades of the 20th century with private hospitals and sanitaria catering to the affluent.
- These eventually gave way to recovery-supportive homes, retreats, and farms associated with Alcoholics Anonymous in the 1940’s and 50’s.
- This was made possible by the popularity and expansion of AA in addition to the tough housing market in metropolitan areas following WWII.
- In the 1960’s sober houses associated with mandated AA involvement exploded in Southern California.
- We re-focused the idea that people exiting inpatient treatment were “cured” or “treated” and created the concept of people engaging in long-term recovery while living and working in a specific community.

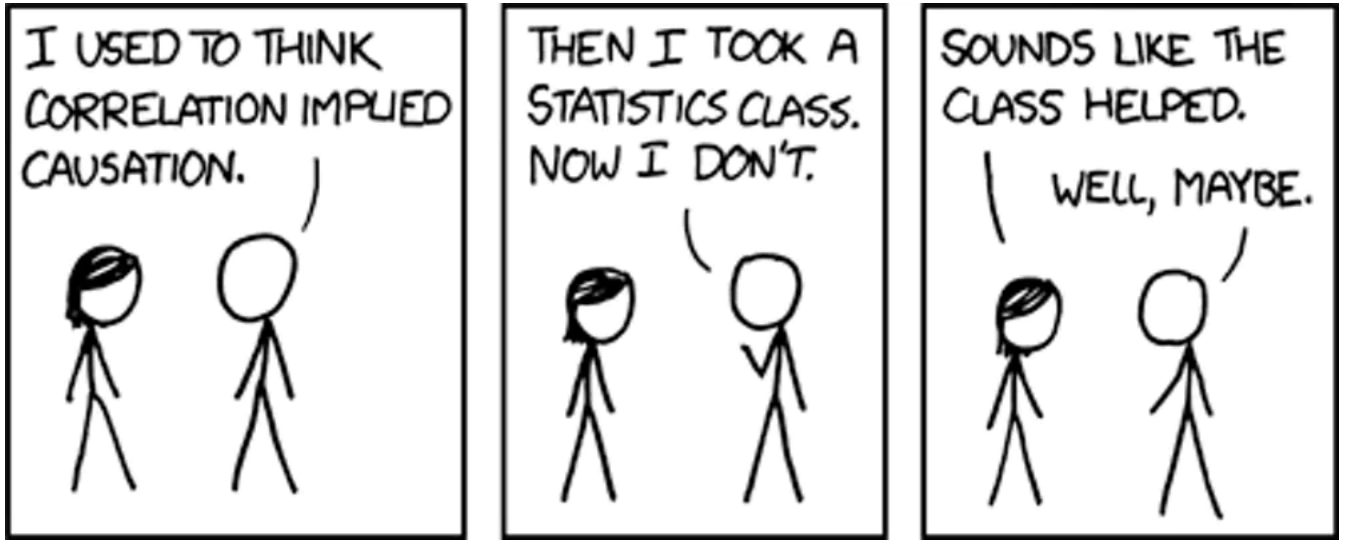
History:

- The recovery community has since moved to a continuum model that captures people at all stages of the disease and recovery. The concept aims to move people along the continuum into a long-term recovery and independent living.



The Research

Many studies have been done to try and highlight the benefits of SL. One caveat is that it is difficult to keep track of the control group when when clients live in an unstable or chaotic living environment that undermine their ability to remain abstinent.
Addressing the social environment of clients is one main aspect of SL which is based on a social support system with peer support and accountability built in to the process.



The Research

Beattie and Longabaugh (1999): Having positive people in one's support system is associated with improved abstinence outcomes, but the best outcomes were predicted by alcohol-specific social support that discourages drinking.
Zywiak et al. (2002): People with social networks that consisted of a higher number of abstainers and recovering alcoholics had the best results after treatment, and this persisted at the 3-year mark follow-up.
Moos and Moos (2006, 2008): Abstinence from alcohol was consistently associated with social support for sobriety and involvement in Alcoholics Anonymous.
Bond, et al. (2003): Social support = increased abstinence outcomes.
Polcin (2009): Outpatient programs feel their efforts are significantly undermined by destructive environments where clients reside. Despite best intentions, the odds of success are low for people that reside in housing situations where social support systems encourage use.
Polcin (2004): Residential programs are consistently up against the housing dilemma, "where are they going to live?"

The Research

The Meicle study was conducted in California in 2019 and was published in the Journal of Substance Abuse Treatment.

- This study followed 330 recovery residents though a course of recovery residence and assessed them at the 6 and 12 month marks of their experience.
- They measured progress by self report of the participants on abstinence of drugs and/or alcohol, criminal justice involvement, and employment (number of days worked).
- The participants were all involved in the CJ system, were HIV positive or had engaged in high risk HIV behaviors, and were majority male. Racial and ethnic background of the participants varied: 47% white, 24% black, 10% other/mixed, 19% Latino/Hispanic.
- The findings:
  - Results suggest better outcomes for residences affiliated with lager organizations or parent organizations, treatment facilities, and the houses that implemented a 12-step program.
    - These results might support standard house procedures, encouragement of residents' engagement in a recovery-focused mutual help program, and facilitate continued care transitions ensuring a good match between residents and houses.
  - They also found that houses with, lower capacity, male-only residents, fewer people on parole/probation, and that charged higher house fees and required 30+ days of abstinence before move in were all associated with better outcomes.
  - Other factors might play in to these findings.

Mericle study summary

Recovery Residence Characteristics & Their Relationship to Recovery Outcomes	
Recovery Residence Characteristics	**Associated Recovery Outcomes (increased/decreased odds)**
Affiliated Parent Organization or Group of Other Houses	Increased Abstinence
Affiliated Treatment Facility	Increased Abstinence Increased Employment
Affiliated Parole/Probation Referral Program	Decreased Arrest Increased Employment
Resident Capacity: ≤ 10	Increased Employment
Resident Capacity: ≥ 21	Decreased Employment
Geographic Region	Predicted Abstinence Predicted Employment
House fees: ≥ $600 per month	Increased Abstinence
Male-Only Houses	Increased Abstinence
Lower Percentage of Residents on Parole/Probation	Increased Abstinence
Largely 12-Step Oriented	Increased Abstinence Increased Employment
Requiring ≥ 30 days of Abstinence	Decreased Arrest
Requiring AA/NA Attendance	Increased Abstinence
The authors assessed these variables one at a time and analyses controlled for (i.e., were independent of) participant demographics (gender, race/ethnicity, age, education) and the duration of stay at the recovery residence.	

Things to consider from research

- **Do RR outcomes differ by resident characteristics (age, gender, ethnicity, co-occurring disorders, resources, etc.**?
  - The answer to this is complicated. The research shows that a wide variety of individuals can benefit from SL. The research is inconsistent in terms of who benefits the most.
  - An example is that one study found that people with higher severity of mental health disorders predicted worse outcomes (Korcha, Polcin, Bond, & Galloway (2010)).
  - But other studies found that acuity of mental health issues did not predict outcome.
  - One study analyzed the different types of Cluster B (personality disorders) disorders with respect to retention in SL. They found that borderline personality disorder was associated with the worse overall retention in SL, while antisocial and histrionic personality disorders were related to early attrition, but not overall retention (Samuel, LaPiglia, Maccarelli, Moore, & Ball (2011)).
  - Other predictors yield little consistency across SL outcomes. Race, gender, and age do not seem to predict outcomes, but it is clear that length of stay does.
    - So the best predictor of successful outcomes is length of time in the positive environment- the longer the better.
  - The only other consistent predictor of positive outcomes in early sobriety with respect to SL environment is involvement in 12-step groups.

Pros

Individuals who may benefit most from staying in a sober living home include:

People who suffer from medical or mental health issues in addition to problems with substance abuse and/or addiction

Individuals who have been through rehab previously on one or more occasions

Those without a strong support system in place at home

Individuals who may be resistant to treatment

The *Journal of Psychoactive Drugs* reported on a few different types of sober living homes and found that the average stay was between 166 and 254 days. Residence in a sober living home led to fewer problems with alcohol and drugs, lower arrest rates, higher employment rates, and more stable housing arrangements that were maintained as much as a year and a half later.

In general, individuals may stay in sober living homes as long as they want to if they continue to follow the house rules.

Substance abuse treatment programs may follow a continuum of care that provides for a step-down approach as individuals progress during recovery.

Psych Central postulates that a year or more is an ideal length of time to spend in long-term drug treatment. Sober living homes are often the last transition before returning home, and staying in residence for a longer period of time may improve the foundation for long-term recovery.

Pros

- **Sober living homes require complete abstinence as a stipulation for remaining a resident.** Generally speaking, the longer a person remains abstinent, the lower relapse rates may be. Relapse rates for drug addiction are high, between 40 and 60 percent, NIDA publishes, and sober living homes may help to prevent and minimize relapse with continual peer support and the encouragement to attend 12-Step meetings regularly.
    - These groups also promote complete abstinence.
- While attending 12-Step meetings may not be mandatory, more than 75 percent of individuals residing in an Oxford House, a specific type of sober living home, were studied and found to attend 12-Step meetings weekly or even more often, the *Journal of Psychoactive Drugs* publishes.
- Individuals who remain abstinent for at least a year, according to studies published by *Psychology Today*, have lower relapse rates than those who don't. For example, the study found that individuals who were abstinent for less than a year relapsed two-thirds of the time while those who were sober for an entire year did so less than half the time. Individuals who were abstinent for a period of five years remained sober and avoided relapse 85 percent of the time.
- Sober living homes provide a community feel, as residents all strive for the same goals and face many of the same challenges.
- Residents can rely on each other and learn to become part of a group as well as more self sufficient. Each sober living home may have its own set of rules, chore expectations, and structure in place. Individuals are expected to help with meals, cleaning, and other household chores. While in a sober living home, individuals may be subject to regular drug tests, which may encourage compliance as well.

Pros

- While residing at a sober living home, individuals may attend regular counseling, therapy, and support group meetings as well as receive care for any co-occurring medical or mental health issues.
- The social aspect of sober living homes provides security and structure before returning back to family, work, school, and societal obligations entirely. Individuals may slowly return back to regular life while still residing in a sober living home. They are able to then gradually reintroduce aspects of daily life in an effort to manage potential triggers or stressors along the way.

Cons

Recovery Residences are an important part of the recovery continuum, but they still face some challenges:

Most are located in densely populated residential neighborhoods, making access for rural clients difficult.

Incidents or negative experiences (a drug overdose, for example) can create or perpetuate a stigma among civic leaders or neighbors, that makes establishing or running a recovery home difficult. NIMBY

The criminal justice system (particularly judges and probation officers) tend to ignore recovery homes as a sentencing option.

Lack of government oversight has allowed the proliferation of poorly-run recovery homes.

Poorly-run recovery homes, or unscrupulous owners, have given the industry a bad reputation in some circles, which can complicate the decision to choose a recovery home.

Cost

RR is **not** covered by insurance so the cost of an RR is directly out of pocket for the individual and/or their family.

In my inquiries across the US, rents can vary immensely. In general the following are estimated ranges:

Level 1 housing: $300 - $450 per month

Level 2 housing: $400 - $800 per month

Level 3 housing: $1000 - $3500 per month

Level 4 housing: $4000+

Length of Stay

As stated before – A minimum of 6 months in SL tends to yield better outcomes in recovery

- Jason et al., 2007 studied OH residents and found that residents that stayed more than 6 months had relapse rates of 16.6% compared to relapse rates of 45.7% for those who stayed less than 6 months.
- Greater LOS of six months or more may allow individuals to stabilize and adapt to their post-treatment circumstances at a self-defined pace (DiClemente, Schlundt, & Gemmell, 2004; Jason et al., 1997).
- Also supporting this contention are studies comparing programs lasting from 14 to 90 days, which found no differences in sobriety outcomes based on LOS (Etheridge et al., 1995).

Medication

Are people taking medications such as MAT, prescription or OTC's in the RR environments?

- The short answer is YES. But like many of the other questions, answers vary across different models.
  - When seeking RR the medication question should be asked due to the varying types of RR policies around medication.
- The reality is that both over-the-counter (OTC) and prescription medications can be abused and jeopardize an individual's recovery. Moreover, not taking medications as prescribed can undermine one's recovery.
- NARR requires each recovery residence (RR) to establish and clearly communicate its policy and procedures around both OTC and prescription medications. These policies and procedures are designed to maintain a safe living environment and support the recovery of everyone in the home, including the resident(s) taking medication.
- The use of methadone, buprenorphine, and other medication-assisted recovery pharmaceuticals are allowed in some RRs, but not in others. This is in part due to the logistics, staffing, and cost of managing these types of medications, but it also may reflect philosophical differences within the recovery community and consumer choices. There is a demand for both RRs designed for individuals using medically assisted products in their recovery and for those that dis-allow medically assisted recovery.

Who is not a good fit?

A RR is not appropriate for an individual:

- If they are not an eligible population. RRs are designed only for people in recovery from substance use and/or co-occurring issues. Often they are designed for an even more specific population in recovery (e.g., gender, sexual orientation, age).
- If they are unwilling or unable to support the recovery culture of the RR by adhering and upholding the house rules for themselves and others.
- If their needs exceed the scope of service provide. RR's 4 Levels of Support offer a wide range of choices, but even still, there are needs that go beyond what an RR can provide.
- If they pose a threat to themselves, others, or property.
- If they are engaged in criminal activity.

How to engage in the process

For those considering a recovery home there are a few steps that can go a long way toward determining whether it's a good recovery home or not:

Do a site visit, if possible. Or have a friend or relative visit. Is it clean and orderly? Are the residents there relatively comfortable, alert and stress-free? Are rules, expectations and consequences clearly spelled out?

Is the director or house manager available to be interviewed? Are they forthcoming, and do they answer questions thoroughly?

Is the intake process thorough? Are there in-depth interviews with prospective clients?

Most importantly, do patients in reputable rehab facilities regularly get referred to the home?

Does the home have a good reputation in the recovery community?

Specific questions to ask when seeking a RR

What is the location like?
Access to local community attributes (stores, restaurants, etc)?
Do I need a car? Public transportation access?
What is the cost? Is there a deposit? Is the deposit refunded upon departure?
What is the RR model (Level 1, 2, 3)?
What is the relapse policy?
What are the general meeting attendance/service requirements?
What is the current population like?
When did the last on-property relapse happen? How often do these happen?
Who is the house manager/ what is the leadership structure on property?
Can I take medications? What medications are allowed, and which ones are not?
How are medications managed?
Do you have any information on overall outcomes/success rates?
Where are the local 12-step meetings?
What are the requirements around employment?
Is there a curfew/overnight pass structure?
What is your reputation in the community?
Can I use my insurance in any way?
Is the property Co-Ed?

How do I find a local SL?

This can be tricky as there are not many services that can help you determine who is good and who is not. The best way to determine a good fit is to make contact, directly ask many of the questions addressed here, and make a determination based on on-line reviews or word of mouth within a specific recovery community.

National Association of Recovery Residences (NARR):
www.narronline.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.SAMHSA.gov

Contact your state DHS – usually posted on the web for licensed facilities.

How does this all relate to FA'S?

- A stable housing environment poses a significant challenge to many Flight Attendants going through the recovery process.
- Many Flight Attendants are driven to return to work as soon as possible after an inpatient episode of treatment.
- Baring the immediate need to earn money to cover expenses, getting back to work too soon can prove to be problematic for FA'S.
    - Risk Factors vs Protective factors
- This behavior perpetuates the cycle of addiction and ultimately can lead to job loss.
- Is there a way to meet the problem in the middle somewhere and allow FA's to live in a RR while they incrementally complete treatment while easing back to work?
- A FA in SL can have a safe place to come back to that contains other people that are supporting each other along the journey to sustain recovery.
- This can enhance or provide a monitoring system for FA's after treatment, which can increase accountability and therefore increase the likelihood of success.
- Is there a way to bring FA's into the fold of the research analysis that promotes living in an RR residence for at least 6 Months?

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