



Evidence Snapshot

Community impacts of residential alcohol and drug rehabilitation services

An Evidence Snapshot rapid review brokered by the Sax Institute for the NSW Ministry of Health.
June 2023.

This report was prepared by: Peter Bragge, Veronica Delafosse, Ngo Cong-Lem, Diki Tsering and Suzanne Nielsen. Monash Sustainable Development Institute Evidence Review Service & the Monash Addiction Research Centre, Monash University.

June 2023
© Sax Institute 2023

This work is copyright. It may be reproduced in whole or in part for study training purposes subject to the inclusions of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the copyright owners.

Enquiries regarding this report may be directed to the:

Deputy Director
Evidence Connect
Sax Institute
www.saxinstitute.org.au
evidence.connect@saxinstitute.org.au

Suggested Citation:

Bragge P, Delafosse V, Cong-Lem, N, Tsering D and Nielsen S. Community impacts of residential alcohol and drug treatment facilities: an Evidence Snapshot rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for the NSW Ministry of Health, 2023.

doi:10.57022/jgsk1115

Disclaimer:

This Evidence Snapshot Review was produced using the Evidence Check methodology in response to specific questions from the commissioning agency.

It is not necessarily a comprehensive review of all literature relating to the topic area. It was current at the time of production (but not necessarily at the time of publication). It is reproduced for general information and third parties rely upon it at their own risk.

Community impacts of residential alcohol and drug rehabilitation services

An Evidence Check rapid review brokered by the Sax Institute for the NSW Ministry of Health. June 2023.

This report was prepared by Peter Bragge, Veronica Delafosse, Ngo Cong-Lem, Diki Tsering and Suzanne Nielson. Monash Sustainable Development Institute Evidence Review Service, Monash University.

Contents

Evidence Snapshot	1
Executive Summary	3
Background and Introduction	4
Review question	4
Methods	5
Type and method of review	5
Searching	5
Data extraction (selection and coding)	5
Eligibility criteria	6
Results	7
Search and selection	7
Study characteristics	8
Service types	8
Study findings	8
Discussion	11
Gaps in the evidence	12
Further studies of interest	13
Table 1: Characteristics of included studies	14
Appendix: Search Strategies and yields	22
References	23

Executive Summary

Residential rehabilitation for alcohol and other drug dependence aims to provide a structured environment for people to break addiction and reintegrate into society within a community rather than in outpatient or other settings. However, whilst moderate quality evidence exists supporting this approach, disapproving responses are often observed in communities where such facilities are planned or established. This Evidence Snapshot, commissioned by the New South Wales Ministry of Health, Centre for Alcohol and Other Drugs (CAOD) through the Sax Institute, addressed the question: *“What are the community impacts of residential alcohol and drug rehabilitation services?”*

Four academic databases and Google Scholar were searched using systematically developed search strings, with screening and full-text selection undertaken by two reviewers independently against pre-specified inclusion and exclusion criteria co-developed with CAOD and the Sax Institute. Screening of 544 citations yielded 10 included studies. No quality appraisal was undertaken. The included studies were diverse with respect to setting, study design, included populations and outcomes.

A consistent theme across five studies examining **community perceptions and impact** was that initial concerns around the potential impacts of drug treatment facilities, including residential rehabilitation, were largely unfounded or did not materialise in the long term. Studies also reported a number of positive impacts on communities as reflected by participation in events at community rehabilitation centres, residents making contributions to communities through volunteering, and longer-term employment and associated economic impacts stemming from successful reintegration into the community following rehabilitation.

Three studies examining impacts on **property values** reported mixed findings. One study reported negative impacts, however two studies demonstrated either no effect or higher sales in houses close to sober-living houses over time. A large study examining **crime rates** showed that drug treatment centres had similar crime rates to areas around liquor stores and lower rates than near corner and convenience stores. A US-based study of **economic impacts** reported positive impacts of over USD\$14m and creation of 209 jobs.

The review findings raise a number of important considerations for CAOD. First, initial community concerns are not based on lived experience of residential rehabilitation in their area and appear to diminish once the centres are established. This is consistent with other research that social contact is effective in reducing stigma. Education is also a proven intervention for reducing stigma – however this need to be delivered thoughtfully; large town-hall style forums are potentially counterproductive as they give a platform to strong opponents, whereas visits to neighbours and / or invitations to smaller groups to visit rehabilitation centres may be more effective. A number of gaps in the evidence - including a dearth of studies; lack of exploration of community knowledge; and potential under-measurement of complex outcomes such as community attitudes and sentiment – should be borne in mind when interpreting review findings.

Background and Introduction

Residential rehabilitation facilities, also known as 'therapeutic communities', provide structured interventions and support for people who have alcohol and other drug (AOD) dependence with the aim of reintegrating them into society in a manner that may not be present in outpatient settings.(1, 2) A challenge with these facilities, however, is finding an appropriate location to establish them.

Evidence for the effectiveness of residential rehabilitation services is mixed; whilst moderate quality evidence exists supporting residential treatment across a number of outcomes, (3) randomised controlled trials (RCTs) and studies of specific population groups are lacking. (4) Furthermore, such services are often the subject of community anxiety and debate driven by the perceived impacts of residential rehabilitation on crime rates and property values.(5, 6) For these reasons, it is important to identify reported community impacts of such services.

To this end, the New South Wales Ministry of Health, Centre for Alcohol and Other Drugs (CAOD), who are actively engaged in establishing such facilities, commissioned this Evidence Snapshot to identify and synthesise relevant research addressing this issue. The results of this review will aid CAOD in developing a public policy / position statement to:

- inform current application to develop and locate an alcohol and drug residential rehabilitation service within a residential area in NSW; and
- provide relevant evidence to a community near a new alcohol and drug residential rehabilitation service, and for future new service planning and development.

Review question

What are the community impacts of residential alcohol and drug rehabilitation services?

Methods

Type and method of review

This review was conducted using the Sax Institute's Evidence Snapshot approach, defined as "a rapid review of existing evidence tailored to the individual needs of an agency." Established methods of rapid reviews were therefore employed.

Searching

The literature on residential rehabilitation and treatment mainly focuses on clinical areas rather than impact on the community. Initial searching aimed to be unbiased with respect to the pros and cons of locating a facility in communities. Search terms were hampered by double meanings e.g., the terms for locating and siting were bringing up where to inject on the body (i.e., location); the use of community in both the therapeutic community synonym for residential rehabilitation and the actual people in the surrounding community whose reactions to the rehabilitation we want to gather. **The searches were adjusted (broadened) per database. Documents were searched for keywords e.g., local, impact, conflict. The databases searched were:**

- SCOPUS
- Overton
- Informit: Humanities and Social Sciences Collection, Australian Criminology (CINCH)
- Alcohol and Drug Foundation Library Portal

In addition, Google Scholar (first 100 by relevance) was searched and screened by one reviewer (PB).

Search strings and yields are reported in the Appendix.

Data extraction (selection and coding)

Search results were exported into Covidence (Cochrane technology platform). Duplicates were automatically removed from the total number of identified records. Each title/abstract was independently screened by two reviewers for eligibility against inclusion and exclusion criteria. Following title/abstract screening, two reviewers independently applied the inclusion and exclusion criteria to remaining full-text records. Conflicts and uncertainties were resolved through discussion with the review client and with input from content-area (SN) and methodological experts (PB) from the review team.

Data was extracted on study aim, study type, participants, focus and timeframe of study, key findings, effect on community and implications in the context of the presenting issue. Risk of bias / quality assessment was beyond the scope of this review.

Eligibility criteria

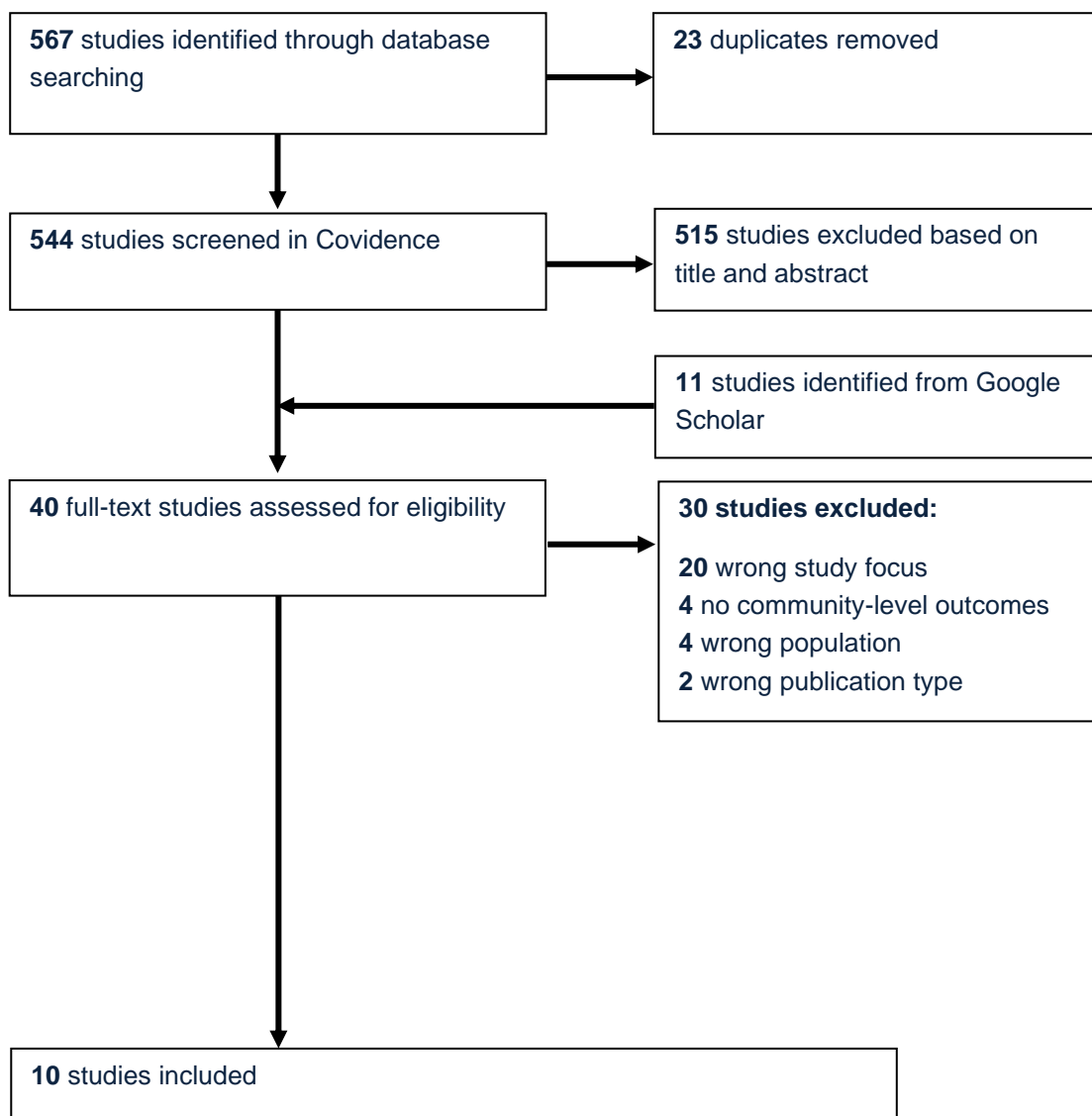
	Include	Exclude
Study Type	Reviews Primary studies	Theses Book chapters
Population	Communities in which there are residential alcohol and drug rehabilitation services, defined as services in which clients are abstinent from alcohol and drugs while at the facility and immediately after Refuges / group homes would be comparable facilities in terms of the impact of clients of these facilities	Facilities with the aims of harm minimisation for AOD addiction – those with clients who may attend to receive drugs or who may use drugs immediately following attendance at the facility Services related to safe drug use (e.g., medically supervised injecting centres)
Study focus	Studies that evaluate positive and negative community impacts of residential alcohol and drug facilities or comparable facilities. Outcomes include, but are not limited to: Community safety / wellbeing Amenity (traffic, congregation of people, noise) Property values The issue of distance travelled to treatment services, particularly for indigenous communities, will be flagged in the data extraction as a secondary area of interest and tabulated	Client outcomes e.g., success of rehabilitation and other individual-level outcomes are not the focus of the review
Outcome	Community impacts (e.g., crime increase?) and perceptions	
Publication Status	Peer-reviewed journals Grey literature (reports) Pre-print articles All years were included as the search yield was relatively low in the project timelines	Theses Book chapters

Results

Search and selection

A total of 544 citations were identified from searching after removal of duplicates. Forty studies, including 11 from Google Scholar (first 100 citations screened by relevance) were identified for full text screening. Ten studies were included in the review. The PRISMA flow diagram is below:

Figure 1 - Study selection



Study characteristics

Table 1 presents characteristics of included studies.

Seven of the 10 included studies were based in the United States, (5, 7-12) two in Australia (13, 14) and one in Sweden. (15) Study designs were highly variable, comprising:

- Four cross-sectional dataset analyses (5, 7, 9, 12)
- Two qualitative focus group studies (8, 13)
- One qualitative one-on-one interview study (10)
- One descriptive case study (14) and
- One mixed method study (interviews and economic analysis) (11)

Service types

The terminology used to describe services that provide residential care for substance use disorders differs across countries and jurisdictions. All included studies met the criteria of providing data relevant to residential alcohol and drug treatment, with some also providing mental health or other services, or additionally including non-residential forms of treatment in the study analyses. Terminology used to refer to residential alcohol and other drug treatment services includes sober living houses, drug treatment centres, treatment services, therapeutic communities, residential care facilities and residential rehabilitation. Six studies provided data that related specifically to residential drug treatment facilities, three further studies included residential drug treatment alongside other non-residential forms of drug treatment, and one study focused only on residential care but included both mental health and drug treatment.

Study findings

Findings are summarised below based on the key outcomes reported across the included studies – community perceptions / impact; property values; crime; and other economic impacts.

Community perceptions / impact

Two studies used qualitative methods to explore perceptions of community members expectations, beliefs and experiences with different forms of residential treatment programs. In describing inception of a service in suburban Melbourne, Poll (2002), reported that neighbours strongly opposed the service location, expressing a range of amenity and safety concerns (noise, property damage and decreased values, traffic congestions) and highly stigmatised views of the potential residents who would use the service. Initial community stigma and fears were successfully addressed with communication/engagement (14).

Polcin et al.'s 2012 exploration of community-based sober living houses in the USA identified similar concerns about traffic and noise, and fears relating to crime, noting however that interviewees found it challenging to provide concrete examples of these fears being realised. Neighbours of these services also held favourable views of them, particularly when respondents considered the benefits of effectively responding to people needing treatment for alcohol and drug use, and alternatives including the use of incarceration within the criminal justice system. Strategies to minimise negative impacts

included engagement of residents in community activities and providing information to neighbours about the purpose of the centre. Ultimately, attitudes towards the services appeared to improve over time, with negative expectations countered by positive experiences. Instances of neighbours becoming more supportive, attending events at these services and mutual benefits between service and community were described. For example, neighbours supported residents of service through contributing Christmas celebrations, and residents volunteered in communities, providing community benefits. (10)

Despite both of these studies reporting on community fears prior to opening, there was limited evidence that these community fears were realised beyond nuisance issues such as parking impacts, and examples of positive impacts on community demonstrated after services opened.

Three further studies examined community impact of residential services using data collected through service providers. A pilot study by Best and colleagues (2014) examined how to improve connection between two Australian treatment centres and their communities in two centres - Dooralong Transformation Centre on the Central Coast of New South Wales; and Fairhaven in the Gold Coast hinterland of Queensland. The study focused on identifying resources in the community to support recovery from substance use disorders ('recovery capital') and through this process identified numerous opportunities for mutual benefits to community and community benefits from people completing residential drug treatment to give back to the community they live in. This model, which has been established in the UK, and explored in Australia through this study, provides opportunity for people in residential drug treatment to gain connections to community prior to re-integrating to the community using an approach described as 'rehabilitation without walls.' (13)

A large study examining experiences of staff from of 867 'Homes for Care and Residences' in Sweden echoed findings the studies above - service providers experienced fears expressed by the community centred around insecurity, damage to property, crime, real estate value impacts, substance use and negative role models for young people in the area. Also consistent with previous research, authors found the "strongest reactions occurred in the early planning phase" [p. 76] – that is, based on perceived outcomes rather than actual events. Positive neighbour reactions were also described, with empathy for client groups, followed by the importance of creating employment opportunities for people in the community, and a recognition of economic benefits for the community "keeping the community alive by consuming local products and giving the local shops their business" [p. 68]. The most common reactions from neighbours after opening were classed as 'mostly positive' (reported by 45%) with few (4%) services experiencing 'mostly negative' reactions from neighbours; 23% reporting no contact at all from neighbours, and the remainder reporting a balance or neutral reactions. (15)

Similarly, a US-based study of operators of 'sober living homes' conducted focus groups with people living in residential care and service operators to examine how they responded to community stigma. Again, opposition from neighbours during the initial months after establishment were resolved over time through negotiation and trust building. Awareness of the potential for conflict with neighbours motivated the residents and operators of the sober living homes towards community participation (e.g., cleaning up the street and gardening) and activities such as hosting 'open house' parties provided an opportunity for community members see the service and manage perceptions of the service. Positive benefits were identified as residents were able to make tangible contributions in those communities. (8)

Property values

Three studies used large economic datasets to examine the potential impact of drug treatment services, with conflicting findings.

La Roche et al. (2014) analysed more than 110,000 property sales between 2001 and 2011, reporting an 8% reduction in real estate prices within 200m of a residential treatment centre. (5)

In contrast, Horn et al. (2021) examined the relationship between 162,361 residential property sales from 2003-2018 and locations of substance abuse disorder treatment centres in Seattle, finding no statistically significant evidence that substance use treatment services have an impact on residential property values. (9)

Finally, Zahirovic-Herbert and colleagues retrospectively explored relationships between sober living homes and house prices from 2002 – 2015. They reported that potential benefits (e.g., reduction in crimes associated with substance use) may offset potential costs to the community in the shorter term. Specifically, the authors concluded that “negative perceptions of [sober living homes] diminish when neighbours get used to their presence.” In the longer term, houses close to a sober-living house sold for a higher price than the rest of the market. (12)

Crime

Analysis of over 1000 crime reports across drug treatment centres, liquor stores, corner stores and convenience stores in Baltimore City demonstrated that drug treatment centres do not attract more crime than liquor stores and have lower crime rates than convenience and corner stores. Authors concluded that drug treatment centres “have an unfairly poor reputation as being magnets for crime and a threat to community safety that is not backed up by empirical evidence” (Furr-Holden 2016, p. 23). (7)

Other economic impacts

A US-based community and economic impact study of Odyssey House treatment programs conducted by consulting firm Tripp Umbach focused on the financial and social benefits of Odyssey House operations and services on the State of Louisiana, its communities, and residents. Community impact was measured in terms of the costs of substance use disorders on the community and the benefits returned to the community through effective treatment. The study reported significant positive economic impact - over USD\$14.7 million annually in addition to creating 209 jobs. (11)

Summary

The search identified research demonstrating positive community economic and social impacts of community-based drug and alcohol rehabilitation centres. Social benefits for communities resulted from the social engagement and contribution of people who were residents to the local community in the form of volunteering, and through contributions as workers in the alcohol and other drug treatment field after completing residential programs.

A consistent theme across all included studies was that initial concerns around the potential impacts of drug treatment facilities, including residential rehabilitation, were largely unfounded or did not materialise in the long term. For example, crime around these facilities was shown to be lower than seen around other business such as convenience and corner stores, which contrasts with community

expectations and fears reported in several studies. (10, 14) One large economic study on real estate prices also found no evidence of impact of drug treatment facilities on property prices. (5)

Positive economic impacts included evidence of increased real estate sale prices after establishment of services in one study, the economic benefits of treating substance use disorders, and through employment opportunities created through establishing residential treatment services. When placed in smaller communities, local businesses also noted economic benefits from increased retail trade.

Evidence to support negative impacts was limited, with one study finding a short-term impact on property prices that was reversed in the longer term with an increase in property prices after service establishment. (12) A second cross-sectional study found an 8% reduction in property prices associated with being located near a residential rehabilitation facility; (5) however unlike the previous example this study did not follow prices in the longer term.

It is of note that community expectations around crime and safety, which appeared to drive short term price impacts, were not supported by evidence in this review. This may be associated with the other key finding that initial community concerns do not persist once services are established, and the community become familiar with them. Finally, it is important to emphasise that the overall evidence base in this review is small and this should be borne in mind when interpreting review conclusions.

Discussion

The finding that communities often express anxieties and opposition about residential rehabilitation services in their neighbourhood is consistent with evidence from other studies that people who use drugs are amongst the most stigmatised populations globally. (16) However, these fears are abstract rather than based in lived experience, and the included studies demonstrated that these fears do dissipate over time. Objective measures over the long term such as impacts on property prices and crime rates mirror, and possibly contribute to, this attitudinal change over time; research in this review reported that the long-term impact on property prices is positive, and crime rates are either equivalent or lower than rates in the area of other community organisations such as retail stores.

The studies included in this review did not reveal a consistent intervention strategy, because the included literature was highly context-specific to case studies and there were not enough studies overall to establish a consistent pattern. However, there is evidence from related fields that can be instructive. For example, a review by Thornicroft et al. (2016) published in *The Lancet* reported that social contact-based interventions, which involve exposure to and interaction with stigmatised communities, are one of the most effective strategies for reducing stigma. (17) This finding has clear resonance with the themes reported in this review – once communities actually come into contact with people residing in drug and alcohol residential rehabilitation facilities, their initial fears about negative impacts diminish.

Thornicroft's review also reported that education was effective in reducing stigmatising attitudes and intended behaviour. In this review, it appears that while information for the community is important, there is the possibility that investing in additional large forums for community prior to opening of services may be counter-productive. (15) This may be because there has been no opportunity for communities to experience the lived reality of residential rehabilitation in their district. In this context, the *medium* by which education is delivered is potentially critical. Specifically, the study reporting on the potential downsides of community meetings stated that by Gerdner and Borell (2003) stated

“one may wonder if large meetings are really the best way to inform the people who may be affected by the establishment of the facilities. It may be effective if you really want to come into contact with a possible opposition, but at the same time, you may contribute to the protests by providing a platform for those with the loudest voices, a platform which they would not necessarily have otherwise. Other methods of disseminating information may be more suitable, such as personal visits to the future neighbors or inviting them to visit the facility in smaller groups and meet the staff and clients in informal ways.” [p. 76]

Ongoing opportunities for engagement with communities after services have opened also appears important. Poll (2002) reported that *“gradually, through a lot of time, empathy and diplomacy, a majority of the neighbours and all of the nearby service providers began to accept the Norana program as being a part of their community.”* [p. 8] (14) Although evidence to support frequently-voiced community concerns about negative impacts of residential rehabilitation is generally lacking, it may be challenging to counter these negative perceptions prior to services being established. This reinforces the need to invest in building trust between the community and residential facilities over the long term. It may even be advantageous to explicitly share the insight from research that communities are initially anxious about such facilities but that these anxieties are generally not borne out and lower over time - however it is important to emphasise that no evidence to support this approach was found in the present review. There may also be a role for broader efforts to address stigma at the community level, though this is outside the scope of the current review.

Gaps in the evidence

A number of limitations in the evidence base in this area should be borne in mind when interpreting review findings.

This Evidence Snapshot has identified and characterised a body of research addressing the review question in a limited time frame. The evidence has not been appraised for methodological quality. Therefore, a more in-depth review may yield different insights flowing from greater literature coverage and information about research quality.

Notwithstanding the review parameters, there was little recent Australian research identified. Descriptions of the residential rehabilitation services were generally short. Details of eligible / participating populations in the studies, as well as their focus on harm reduction (where the aim of the services is to reduce harm as opposed to reducing drug use *per se*) vs. abstinence (where no drug use is permitted) were lacking. Relating to this, some studies included a range of different types of residential services; for example Gerdner and Borell (2003) included a range of different types of residential services (largely those who experienced substance use disorders or psychiatric problems) and a broad age range from children to older adults (however neither of these factors were significantly associated with community concerns or complaints).(15)

Studies conducting in-depth exploration of community knowledge were also lacking, and relatively few studies were longitudinal in nature. Although the role of community engagement at the planning stage of residential rehabilitation facilities was reported to have promise, important caveats relating to the form of engagement and possible unintended consequences were also described.

Finally, the outcomes examined across the included studies were neither consistent nor broad in range. There was a potential skew towards easily measured variables such as real estate prices and crime rates, whereas more complex outcomes relating to community and related economic benefits

are harder to conceptualise and measure. Further research on these measures – including in more specific populations such as people with intersectional disadvantage and / or complex ongoing needs – is required.

Further studies of interest

During screening, several studies that did not meet inclusion criteria for the review were identified that were of potential interest to CAOD. The references to these studies are listed below, but no analysis of this literature has been undertaken.

Alameri, Saad. “Architecture of Drug Addiction Rehabilitation,” 2018.

<https://doi.org/10.13140/RG.2.2.22090.21442>.

Davidson, Peter J., and Mary Howe. “Beyond NIMBYism: Understanding Community Antipathy toward Needle Distribution Services.” *International Journal of Drug Policy* 25, no. 3 (May 2014): 624–32.

<https://doi.org/10.1016/j.drugpo.2013.10.012>.

Murray, Tim. “Residential Drug Treatment Services: Good Practice in the Field.” NHS National Treatment Agency for Substance Misuse, 2009.

Strang, John, Thomas Babor, Jonathan Caulkins, Benedikt Fischer, David Foxcroft, and Keith Humphreys. “Drug Policy and the Public Good: Evidence for Effective Interventions.” *The Lancet* 379, no. 9810 (January 2012): 71–83. [https://doi.org/10.1016/S0140-6736\(11\)61674-7](https://doi.org/10.1016/S0140-6736(11)61674-7).

Wittman, Friedner D., and Douglas L. Polcin. “The Evolution of Peer Run Sober Housing as a Recovery Resource for California Communities.” *International Journal of Self Help and Self Care* 8, no. 2 (January 1, 2014): 157–87. <https://doi.org/10.2190/SH.8.2.c>.

Table 1: Characteristics of included studies

Citation, location, study type	Aim	Focus and timeframe Participants	Overall effect on community (positive, negative, neutral, mixed) Key findings	Implication (review team commentary on study findings in relation to CAOD)
Best et al. 2014 (13) Australia Qualitative focus group	Describe the method used for a pilot project that aimed to connect treatment centres and the communities they are situated in, and to improve therapeutic community (TC) staff and resident participation in local community life. Preliminary findings of active community engagement beliefs and expectations were also described.	Alcohol and other drugs (AOD) 60 people connected to two abstinence based TCs run by the Salvation Army (e.g., current employees, former residents who had settled in the community, etc.)	<p>Overall positive impact on community</p> <p>NOTE: pilot study</p> <p>Residential TCs have the potential to play active and significant roles in the communities and “promote the growth of recovery capital in their residents by doing so.”</p> <p>Both TCs had existing strong connections in their local areas and participants agreed that a system mapping and engagement strategy would help build on these existing ad hoc relationships as community engagement was often done in an unstructured way.</p> <p>Both TCs were able to act as “community resources” through which residents and ex-residents who had settled in the community could give back and enhance their communities and, develop social and community capital to help with reintegration and positive contributions to the experience of living in the local community.</p>	Demonstrates a model for a residential rehabilitation service to be able to provide service to the community, while also benefiting the residents. Leverages the opportunities and mutual (community and resident) benefits provided by having a residential rehabilitation service embedded in a community instead of being isolated outside it.

Citation, location, study type	Aim	Focus and timeframe Participants	Overall effect on community (positive, negative, neutral, mixed) Key findings	Implication (review team commentary on study findings in relation to CAOD)
Furr-Holden et al. 2016 (7) USA Cross-sectional dataset analysis (regression modelling)	Examine whether publicly funded drug treatment centres (DTCs) were associated with increases in violent crime. Treatment programs included 37% outpatient and intensive outpatient treatment programs (including medication-assisted programs with buprenorphine and methadone); 29% halfway houses; 19% primarily opioid maintenance therapy programs; 9% medium-intensity residential programs; and 6% therapeutic communities, intermediate care facilities, or inpatient detox facilities.	Violent crime, 2011 9,378 Violent crime reports Violence around 53 DTCs matched and compared to violence around 476 Liquor stores 396 Corner stores 186 Convenience stores	Overall neutral effect on community This study found that (after matching venues based on neighbourhood disadvantage) compared to DTCs, the mean level of violent crime was significantly higher around liquor and corner (independently owned stores that lack national franchise affiliation) stores. There was no statistically significant difference in mean levels of violent crime between convenience stores and DTCs. DTCs often have a poor reputation as facilities that are a threat to the local community and attract crime even though out of all the facilities studied, DTCs had the smallest mean rates of crime “proximal” to the venue. The other commercial businesses studied were conversely associated with more crime, yet they are often “solicited by communities to locate within their neighbourhoods”.	Impact appears less on the community than businesses like alcohol retailers. Analysis included non-residential services so results are likely to be conservative and it would be reasonable to assume results would favour long-term residential rehabilitation services.

<p>Gerdner and Borell 2003 (15)</p> <p>Sweden</p> <p>Cross-sectional survey</p>	<p>Investigate different expressions of neighbourhood reactions toward the establishment of residential care facilities and predictive factors that may have an impact on the emergence of protests.</p>	<p>867 Homes for Care and Residences (residential services for people who substance use or mental health disorders, from children to older adults)</p>	<p>Negative perceptions but overall positive impact on community</p> <p>Hostile reactions from the community opposing the facilities (i.e., NIMBYism) was experienced by a minority of services and was mainly expressed as fears related to increases in property damage, criminal offenses, distribution of alcohol and drugs, negative examples for youth in the local community and a decrease in neighbouring real estate values. More opposition was associated with concerns around real estate values. Most opposition began in the planning phase as opposed to in response to services once they were established.</p> <p>Meetings to provide neighbours with information at an early stage were strongly related to more intensive protests. Community support for facilities was more common than solely negative reactions and interaction with the community can provide the facilities with positive resources. Positive impacts on communities included local economic support and training opportunities. The main tendency after initial hostile reactions is that relationships between the services and community improved, and that problematic events after establishment were uncommon and did not reflect fears.</p>	<p>The finding that additional information for community in the planning phase does not appear to increase support may suggest larger investments in these kinds of activities may not improve outcomes. It has also been found in other studies that once established, perceptions of residential rehabilitation facilities become more positive.</p>
<p>Heslin et al. 2012 (8)</p>	<p>Understand how sober living home (SLH) residents and</p>	<p>AOD</p>	<p>Initial opposition but positive effect on community identified</p>	<p>Positive impacts appear to flow from the opportunity for interactions</p>

Citation, location, study type	Aim	Focus and timeframe Participants	Overall effect on community (positive, negative, neutral, mixed) Key findings	Implication (review team commentary on study findings in relation to CAOD)
USA Qualitative focus group	operators perceive and respond to threats to the viability of SLHs and the recovery of residents by their neighbours.	Jan 2009 – Mar 2010 68 SLH residents and operators	<p>SLH operators described that during the initial months after establishment, there were several instances of opposition from neighbours attributed to various forms of stigma; however, these were resolved over time through negotiation and trust building.</p> <p>The SLH residents and operators in this study were able to create valued identities for themselves in their community as they made tangible contributions (e.g., social gatherings, personal advice, etc.) to their neighbours. A turning point for community support appeared to centre on identifying that people with substance use disorders were already a part of the community, and that these community members had benefited from similar services.</p>	between residents and the community.

Citation, location, study type	Aim	Focus and timeframe Participants	Overall effect on community (positive, negative, neutral, mixed) Key findings	Implication (review team commentary on study findings in relation to CAOD)
Horn et al. 2021 (9) USA Cross-sectional dataset analysis (OLS hedonic pricing model)	Use granular residential property value and administrative substance abuse disorder treatment centre (SUDTC) data to link residential property values with the exact locations of all SUDTCs in Seattle.	Substance use disorders (SUDs), 2003-2018 162,361 residential property sale transactions	Overall neutral effect on community There is no statistically significant evidence that substance use treatment service entrances and exits have an impact on residential property values. Findings of the study also suggest that the potential benefits (e.g., reduction in crimes associated with substance use) of these services may offset potential costs to the community. The nature of the treatment services is not defined.	This study does not support the perception that services will negatively impact property prices.
La Roche et al. 2014 (5) USA Cross-sectional dataset analysis (differences in differences)	Examine the effect of residential rehab centres on surrounding real estate (Virginia, USA)	Drugs, 2001, Retrospective analysis 194,983 homes listed for sales	Overall negative effect on community Treatment centres were found to adversely affect the housing prices of the surrounding areas. There was an 8% reduction in real estate prices within 1/8 mile of a substance abuse treatment centre and reductions up to 17% around opiate centres. The type of residential rehabilitation is not defined (unclear duration of stay, mode of treatments provided or if abstinence focused).	Impact on prices larger with non-residential treatment (e.g., methadone clinic).

<p>Polcin et al. 2012 (10)</p> <p>USA</p> <p>Qualitative one-on-one interviews</p>	<p>Examine the views of relevant stakeholder groups about community-based sober living houses (SLHs).</p>	<p>AOD, 2004 – 2012, Retrospective analysis Neighbours (N=20), SLH managers (N=17), and key informants (N=6)</p> <p>Considered 'Phase I' SLH where residents stay initially for a minimum of 30 days while early in treatment, often with multiple homes densely located. People progress to 'Phase II' once stability is developed.</p>	<p>Overall positive effect on community, though some fears expressed by community</p> <p>Most local neighbours had a favourable view of residential rehab centres, particularly when respondents considered the benefits of effectively responding to people needing treatment for alcohol and drug use, and alternatives including the use of incarceration within the criminal justice system.</p> <p>They believed that the centres should enforce a rule of no substance use and that the clients should participate in community service activities. Some neighbours located near densely located Phase 1 SLHs identified issues described as 'nuisance issues' such as parking and noise' relating to density of Phase I housing. Neighbours expressed fears relating to crime and property values, however noted that 'when pressed by the interviewer, they had difficulty providing examples of these issues'. Some neighbours felt crime had reduced and were supportive of the SLH. Reactions to Phase II housing was 'nearly all positive'. Some neighbours were unaware of the centre being there. Residents provided benefit to the community through volunteering.</p>	<p>Supported minimal negative impact on community beyond nuisance issues (largely attributed to the density of SLH). Negative expectations were described by the community.</p>
--	---	--	--	---

Citation, location, study type	Aim	Focus and timeframe Participants	Overall effect on community (positive, negative, neutral, mixed) Key findings	Implication (review team commentary on study findings in relation to CAOD)
Poll, 2002 (14) Australia Descriptive case study	Explore how Narana treatment centre overcame local resistance and provided effective support for relevant stakeholders	Mental health & AOD, 1999 – 2002 Pre-establishment of two residences	<p>Negative concerns prior to opening but ultimately a neutral impact on the community, and positive engagement with some neighbours with the service.</p> <p>The centre faced strong opposition from the neighbours, who expressed their concerns about safety and noise, property damage and decreased values, traffic congestions, and lack of consideration of their voice/opinion. The neighbours resisted the centre's establishment by holding neighbourhood meetings, leaving leaflet drops, and appealing to the local councils. Extremely stigmatised views of the potential residence were expressed by neighbours.</p> <p>To address these issues, the centre organised support groups and connected with other resources (e.g., GP clinics, local councils, emergency services) to explain to the neighbours the purpose and benefits of the centre. Gradually, the centre was accepted as a part of the local community, with some neighbours attending events to meet residents and staff and contributing to cultural (e.g., Christmas) celebrations for service residents.</p>	Initial community stigma and fears were successfully addressed with communication/engagement

Citation, location, study type	Aim	Focus and timeframe Participants	Overall effect on community (positive, negative, neutral, mixed) Key findings	Implication (review team commentary on study findings in relation to CAOD)
Umbach, 2017 (11) USA Cross-sectional dataset analysis (OLS hedonic pricing model)	Evaluate the benefits of Odyssey House Louisiana (OHL) on the local communities and residents	Drugs, 2016 – 2021, Retrospective study Former clients	Overall positive effect on community Treatment centres were found to generate positive far-reaching economic and community benefits. Some of its former clients continued their education and became social workers, helping others with similar problems. The centre also offered housing and job training services, which helped clients integrate into and contribute to the local community. Moreover, the centres were an economic pillar in the low-income community where they were located.	Provides evidence of economic benefit for community
Zahirovic-Herbert et al. 2021 (12) USA Cross-sectional dataset analysis (hedonic pricing model)	Analyse how sellers of different types of houses (occupied, rental, or vacant) expect the market to react to nearby group homes	AOD, 2002 – 2015, Retrospective study Housing sales data	Overall mixed effects on community The houses that are close to a place that had a sober-living house planned or recently located nearby sell for a lower price than the rest of the market. The negative expectations of sober-living houses (e.g., perceptions of a risk of increased crime or adverse effects on safety) diminish after services are established. In the long run, houses close to a sober-living house sold for a higher price than the rest of the market. Occupied houses gained the most value and vacant houses gained the least value in the long run from having a group home in the neighbourhood.	Demonstrates benefits in the long-term on real estate prices despite short term effects that authors attribute to negative expectations. Suggests the time frame is important in assessment of services on housing prices.

Appendix: Search Strategies and yields

Database searching

SCOPUS: 355 citations

Searches related to location within neighbourhood, community, residential zones; Avoiding clinical treatment outcomes

((TITLE-ABS ("residential rehabilitati*" OR "residential treatment*" OR "residential w/2 communit*" OR "residential w/2 alcohol" OR "residential w/2 drug*" OR "therapeutic communit*" OR "live w/2 environment*" OR "living environment*") OR TITLE-ABS (sober W/2 (home* OR house* OR environment*))) AND (TITLE-ABS (communit* OR neighbo* OR local OR residen*) W/2 ("planning" OR "siting" OR "conflict*" OR "opposi*" OR "protest*" OR "participat*" OR "stigma*" OR "attitude*" OR "locat*" OR "accept*" OR "reject*" OR "prejudic*")) AND (LIMIT-TO (DOCTYPE , "ar")) AND (LIMIT-TO (LANGUAGE , "English"))

Informit: 62 citations

All Fields: "residential rehabilitation" OR "residential treatment" OR "therapeutic communit*"

1 - Australian Criminology (CINCH) - for a criminality perspective for issues in communities where residential rehabilitation is located

2 - Humanities and Social Sciences Collection

Alcohol and Drug Foundation Library Portal: 9 citations

1 - kf:("locat*" OR "nimby" OR "not in my backyard" OR placement OR proximity OR near OR nearby) AND kf:(residential rehabilitation) OR kf:(residential treatment) OR kf:(residential alcohol) OR: kf(therapeutic communit*) AND kf:(alcohol* OR drug* OR substance*)

2 - kf:(impact OR locat*) AND kf:(communit* OR amenit*) AND kf:(residential rehabilitation) = 11 results

Overton: 98 citations

(for global policy documents, parliamentary transcripts, government guidance and think tank research) - filtered to Australian government sources

"residential rehabilitation" AND alcohol AND "local community"

Google Scholar

1 - "residential rehabilitation" alcohol|drug|substance|aod neighbor

First 100 by relevance screened by single screener (PB) on May 9, 2023: 13 documents shortlisted

References

1. Alcohol and Drug Foundation. What is residential rehabilitation? 2022 [cited 2023 April 30]. Available from: <https://adf.org.au/insights/residential-rehabilitation/>.
2. Wexler HK. The Success of Therapeutic Communities for Substance Abusers in American Prisons. *Journal of Psychoactive Drugs*. 1995;27(1):57-66. doi: 10.1080/02791072.1995.10471673
3. de Andrade D, Elphinston RA, Quinn C, Allan J, Hides L. The effectiveness of residential treatment services for individuals with substance use disorders: A systematic review. *Drug Alcohol Depend*. 2019;201:227-35. doi: 10.1016/j.drugalcdep.2019.03.031
4. Madden E, Fisher, A., Mills, K.L. and Marel, C. Best practice approaches for alcohol and other drug treatment in residential settings. Evidence check prepared for the Network of Alcohol and other Drugs Agencies (NADA), commissioned and managed by NADA, 2021.
5. La Roche CR, Waller BD, Wentland SA. "Not in My Backyard": The Effect of Substance Abuse Treatment Centers on Property Values. *The Journal of Sustainable Real Estate*. 2014;6(1):63-92
6. Vanderplasschen W, Colpaert K, Autrique M, Rapp RC, Pearce S, Broekaert E, et al. Therapeutic Communities for Addictions: A Review of Their Effectiveness from a Recovery-Oriented Perspective. *The Scientific World Journal*. 2013;2013:427817. doi: 10.1155/2013/427817
7. Furr-Holden CDM, Milam AJ, Nesoff ED, Johnson RM, Fakunle DO, Jennings JM, et al. Not in My Back Yard: A Comparative Analysis of Crime Around Publicly Funded Drug Treatment Centers, Liquor Stores, Convenience Stores, and Corner Stores in One Mid-Atlantic City. *Journal of Studies on Alcohol and Drugs*. 2016;77(1):17-24. doi: 10.15288/jsad.2016.77.17
8. Heslin KC, Singzon T, Aimiwu O, Sheridan D, Hamilton A. From personal tragedy to personal challenge: responses to stigma among sober living home residents and operators: Responses to stigma among sober living home residents and operators. *Sociology of Health & Illness*. 2012;34(3):379-95. doi: 10.1111/j.1467-9566.2011.01376.x
9. Horn BP, Joshi A, Maclean JC. Substance Use Disorder Treatment Centers and Residential Property Values. *American Journal of Health Economics*. 2021;7(2):185-221. doi: 10.1086/713033
10. Polcin DL, Henderson D, Trocki K, Evans K, Wittman F. Community context of sober living houses. *Addiction Research & Theory*. 2012;20(6):480-91. doi: 10.3109/16066359.2012.665967
11. Umbach T. The Community and Economic Impact of Odyssey House Louisiana. 2017 2017. Report No.
12. Zahirovic-Herbert V, Turnbull GK, Waller BD. Do home sellers know their market? Evidence from neighbourhood sober-living houses. *Applied Economics Letters*. 2021;28(10):807-10. doi: 10.1080/13504851.2020.1782330
13. William Best D, Byrne G, Pullen D, Kelly J, Elliot K, Savic M. Therapeutic communities and the local community: isolation or integration? *Therapeutic Communities: The International Journal of Therapeutic Communities*. 2014;35(4):150-8. doi: 10.1108/TC-07-2014-0024
14. Poll J. Community Psychology in Residential Rehabilitation. *Network*. 2002;13(1):7 - 10
15. Gerdner A, Borell K. Neighborhood reactions toward facilities for residential care: A swedish survey study. *Journal of Community Practice*. 2003;11(4):59-79. doi: 10.1300/J125v11n04_04
16. Lloyd C. The stigmatization of problem drug users: A narrative literature review. *Drugs: Education, Prevention and Policy*. 2013;20(2):85 - 95
17. Thornicroft G, Mehta N, Clement S, Evans-Lacko S, Doherty M, Rose D, et al. Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *Lancet*. 2016;387(10023):1123-32. doi: 10.1016/S0140-6736(15)00298-6