

Review

Experiences and Outcomes of Latinx Individuals Living in Community-Based Oxford House Recovery Homes

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ABSTRACT

Objective: The prevalence of substance use disorder among Latinx people is rising, and this group has been historically underserved in treatment efforts. Interventions that might be the most effective with this population may incorporate protective factors, including familism, strong interpersonal relationships, resilience, and Alcoholics Anonymous (AA) affiliation. The current study explored potential differences in the experiences and outcomes of Latinx versus non-Latinx residents of democratically run recovery homes called Oxford Houses in the United States.

Methods: Data were collected from 42 Oxford Houses among 627 residents over a two-year period.

Results: Compared to non-Latinx residents, Latinx residents were significantly more likely to have higher levels of friendship, advice seeking, self-esteem, and AA affiliation.

Conclusion: These findings suggest that Oxford House recovery homes are important community-based resources for Latinx individuals in recovery.

KEYWORDS: substance use disorder; Latinx; recovery homes; Alcoholics Anonym

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INTRODUCTION

In their analysis of data from the National Epidemiologic Survey on Alcohol and Related Conditions III, Dawson et al. [1] reported a rise in heavy episodic drinking (5+ drinks for men and 4+ drinks for women) among the Latinx population when comparing two waves of data collection (2001–2002 & 2012–2013). There has also been research highlighting the increasing alcohol use among Latinx adults 12 years or older (21.5 million Hispanic or Latino people or 41.2% in this age group) [2]. The 2020 National Survey on Drug Use and Health [3] reported a rise

in heroin and methamphetamine use among Latinx individuals, and rates continue to increase. In addition, Latinx individuals underutilize substance use disorder treatment [4], regardless of the type of treatment, which researchers attribute to Latinx individuals being less likely to perceive a need for treatment [5]. Furthermore, Latinx individuals who enter treatment are more likely to exit treatment before completion [6,7]. The increasing prevalence of substance use disorders (SUD) among Latinx individuals coupled with their historic underutilization of treatment underscores the necessity for identifying alternative treatment options.

There are several risk factors helping explain the rising substance use and relapse rates among Latinx individuals [7–9]. Lee and colleagues [8] found that acculturation stress predicted alcohol use and related problems among Latinx individuals. McCabe et al. [10] found acculturative stress was positively correlated with alcohol and drug use (as well as alcohol and drug use severity). Cultural resilience theory [11] can help explore how cultural factors like familism and strong interpersonal relationships contribute to resilience among Latinx residents. This theory can provide a framework for understanding the protective effects of cultural values in the recovery process. For example, López-Tamayo and Jason [9] found that Latinx immigrants who reported higher levels of affiliation with U.S. mainstream culture had a higher frequency of days using alcohol compared to Latinx immigrants with lower affiliation with U.S. mainstream culture. In addition, socioeconomic status is a risk factor for the Latinx community, particularly when it comes to completing treatment [7]. Understanding these risk factors is needed for adequately conceptualizing ways to overcome these barriers for Latinx individuals with SUD.

Studies have also identified factors that protect Latinx individuals from using substances and from relapsing. For example, familism serves as a protective factor against alcohol use and related problems [12], and familism and interpersonal relationship harmony (*simpatía*) were significantly associated with abstaining from drug use for Latinx individuals [13]. Rogers and colleagues [14] found that the more friends Latinx youth had in their school, the less likely they were to smoke cigarettes. Garcini et al. [15] found Latinx immigrants promoted resilience through the following factors: optimism, sociability, and courage. Lee et al. [16] also found that Latinx migrants who reported strong social support were more resilient. The cultural focus of familism and strong interpersonal relationships are important protective factors among those who are Latinx.

Alcoholics Anonymous (AA) affiliation and involvement also serve as protective factors for Latinx individuals. While Latinx individuals attend

meetings at a similar rate as others, they tend to be more involved in the activities [17–19]. Zemore et al. [20] found that out of a group of Latinx individuals who sought out alcohol dependence services, less than a third utilized a specialty alcohol program (such as inpatient treatment), while 79% of these individuals utilized AA. Latino men were twice as likely to attend AA meetings than Latinas and men were also more likely to utilize other forms of treatment and specialty alcohol programs.

Several studies have examined self-run recovery homes called Oxford Houses for Latinx individuals recovering from SUD. Oxford House is a nonprofit organization that provides self-governing recovery homes for individuals recovering from a SUD. Each house votes individuals into the house based on an 80% majority vote, residents can stay in these community settings as long as they abstain from drug and alcohol use, pay weekly rent and expenses, and follow the house rules. There are currently over 3400 Oxford Houses that provide more than 28,000 beds to those in recovery from substance use disorders [21].

In a qualitative study, Latinx Oxford House residents reported being apprehensive before living in an Oxford House regarding differences in culture and ethnicity but were re-assured once living in the home as they found abundant support, acceptance, and community [22]. In another study, semi-structured interviews were conducted with 12 Latinx Oxford House residents, which found culturally congruent themes including personal motivation and readiness to change, mutual help, sober environment, social support, and accountability [23]. Reilly and colleagues [24] also found that Latinx Oxford House residents scored higher on levels of stability than any other demographic group. Latinos who completed an inpatient treatment program were randomly assigned to either a traditional Oxford House or a culturally modified Oxford House [25]. Latinos with high collectivism had lower relapse rates in the culturally modified homes compared to the traditional homes [26]. Although there are benefits to being in a culturally modified Oxford House, positive findings emerged for those Latinx residents in traditional houses as they maintained a supportive environment that fostered accountability.

Social Network Theory [27] can help explain how the structure and quality of social relationships within Oxford Houses influence recovery outcomes. The process of recovery is not simply individuals' ability to abstain, but also their re-integration into the community in a recovery-supportive way, often with new friends and activities [28]. A significant portion of each resident's day-to-day social environment is dependent on social processes operating between and among the residents within their respective houses. Because each house is a "complete network" of relationships, these social processes can be considered a social network

that co-evolves over time, along with changing resident characteristics, including recovery-related attitudes and behaviors. This can help understand the mechanisms through which social support impacts self-esteem, advice-seeking, and leaning behaviors.

The current study explored whether those who are Latinx have different experiences in Oxford House recovery homes than those who are not Latinx. Based on the past literature which illustrated the importance of interpersonal relationships among Latinx cultures [13,15,22,23], we hypothesized that those who are Latinx would have stronger friendship connections within the Oxford House recovery homes and would have higher levels of AA affiliation than those who were non-Latinx.

METHODS

Participants

Data were collected from 42 Oxford Houses in North Carolina, Texas, and Oregon. The study was introduced to the participants by the house presidents by reading a script provided by the researchers. Houses were included in the study if the house president and all members or all but one member consented to participation. Data were collected from participants every four months for two years, totaling six waves. Interviews were conducted face-to-face by members of the research team. Compensation included \$20 for each interview, and permission to collect this data was granted by the DePaul University Institutional Review Board.

Measures

The Alcoholics Anonymous Affiliation Scale was developed by Humphreys and colleagues [29] and includes nine items that measure categorical involvement in the AA program. This scale was modified by Majer and colleagues [30] to focus on the following four items: Have you ever called an AA member for help, do you have an AA sponsor, do you read AA literature, and do you participate in service work, such as helping newcomers, setting up chairs, making coffee, cleaning up after a meeting, etc. These questions were selected because these four items best represent Alcoholics Anonymous affiliation. With a dichotomous response range (yes/no), respondents who answered yes to all four items are “actively involved” and given a score of 1 and those who responded no to any of the items are “less involved” and given a score of 0 [30].

The Oxford House Member Social Network Instrument was developed from a pilot study on social networking in Oxford Houses and inquired about each resident’s relationships with every resident in the house, creating a matrix of relationships for each resident [26,31]. The scale included the following items: How friendly are you with this person (close

friend, friend, acquaintance, stranger, or adversary)? If this person asked to borrow money from you, how much would you be willing to lend them (\$0, \$10, \$50, \$100, or \$500)? How often do you go to this person for advice on your recovery and other important life issues (very often, quite often, regularly, rarely, or never)? Higher numbers are more positive.

Participants were administered the Important People Inventory (IP), which is a modified version of the Important People and Activities Inventory and asks each participant to identify important people in their lives over the age of twelve and answer questions relating to the nature of the relationship, as well as the person's substance use behaviors [32]. Participants were asked to identify the four most important people over the last six months, and if a participant identified an Oxford House resident, then that participant was categorized as having a most important person in their Oxford House.

Self-esteem was measured using Rosenberg's Self-Esteem Scale, which uses a 4-point Likert scale and includes ten items [33]. For this study, the mean across the ten items was calculated.

Stress was measured by the Perceived Stress Scale, which uses a 5-point Likert scale and includes four items [34]. Like self-esteem, the mean across the four items was calculated.

Negative exit status was determined using information from the Addiction Severity Index-Lite (ASI-Lite) [35] and other information provided by house officers, with participants falling under one of two categories: positive exit/did not leave or negative exit.

Statistical Approach

We used SPSS to run descriptive statistics, Chi-Squares, and Analysis of Covariance. For social network data, we matched the Latinx person with a non-Latinx in a different house for the comparisons.

RESULTS

Descriptive Statistics

Out of the 714 eligible participants, 93% ($N = 666$) agreed to participate and 627 individuals were included in the current study (as they had the needed data for the analyses). 51.7% of the sample was male and 48.3% of the sample was female. Regarding race, 78.9% of the sample was white, 10.2% were Latinx, 8.3% were Black, and the remaining 2.6% of the sample consisted of American Indian, Alaska Native, Pacific Islander, and Asian individuals.

Sociodemographic Variables

Latinx residents compared to non-Latinx residents were significantly more likely to be male (75%) than female (25%), $\chi^2(1, N = 627) = 15.53, p < 0.01$. This variable was used as a covariate in the Analysis of Covariance tests below. There were no significant differences in employment, $\chi^2(2, N = 602) = 0.79$; educational status, $\chi^2(3, N = 625) = 1.87$, and age, $t(597) = -0.68$ (See Table 1).

Table 1. Socio-demographic characteristics.

Category	Latinx M (SD)	Non-Latinx M (SD)	Sig
Age	38.6 (10.8)	37.6 (10.9)	
Months in residence	5.0 (7.2)	6.3 (9.6)	
	% (n)	% (n)	
Sex			
• Male	75 (48)	49 (276)	*
• Female	25 (16)	51 (287)	
Employment			
• Full-time	59.4 (38)	59.0 (331)	
• Part-time	26.6 (17)	22.5 (126)	
• Unemployed	6.2 (4)	11.4 (64)	
• Other	7.8 (5)	7.1 (40)	
Education			
• High school/GED	46.9 (30)	43.5 (234)	
• Some college/tech training	43.7 (28)	43.7 (235)	
• College degree	9.4 (6)	12.8 (69)	

* $p < 0.01$.

Dependent Variables

As indicated on Table 2, Latinx residents compared to non-Latinx residents had significantly higher levels of friendship within Oxford Houses ($F(1, 126) = 11.92, p < 0.01$) and were significantly more likely to seek advice from another Oxford House resident ($F(1, 126) = 86.85, p < 0.01$), but loaning was not significantly different ($F(1, 126) = 1.04, p = 0.31$). In addition, Latinx individuals had significantly higher AA affiliation ($F(1, 592) = 10.77, p < 0.01$); self-esteem ($F(1, 592) = 3.84, p < 0.05$), and were also more likely to report having an Oxford House resident in their most important person inventory ($\chi^2(1, N = 627) = 6.11, p < 0.01$). There were no significant Latinx versus non-Latinx differences for levels of stress levels ($F(1, 623) = 0.01$); length of stay ($F(1, 616) = 0.66$), or negative exits ($\chi^2(1, N = 627) = 0.71$).

Table 2. Social networking, AA affiliation, and other variables.

Category	Latinx	Non-Latinx	Sig
	M (SD)	M (SD)	
Friendship	0.78 (0.24)	0.63 (0.25)	***
Loaning money	0.21 (0.26)	0.24 (0.22)	
Advice Seeking	0.62 (0.31)	0.19 (0.20)	***
AA Affiliation	0.83 (0.34)	0.65 (0.40)	***
Self-esteem	2.40 (0.59)	2.20 (0.56)	*
Stress	2.50 (0.79)	2.60 (0.5)	
	% (n)	% (n)	
Most Important Person			**
Important person in OH	59 (38)	43 (243)	
No Important person in OH	41 (26)	57 (320)	
Negative exit			
Positive exit or did not leave	65.6 (42)	70.7 (398)	
Negative exit	34.4 (22)	29.3 (156)	

*** $p < 0.01$, ** $p < 0.05$, * $p = 0.05$.

DISCUSSION

Our study found that compared to non-Latinx residents, Latinx residents were significantly more likely to have higher levels of friendship, advice seeking, higher self-esteem, higher AA affiliation, and were more likely to have a most important person in the home. These findings suggest that Oxford Houses are constructive and helpful settings for Latinx individuals recovering from a substance use disorder. These findings support prior work with Latinx populations with Oxford House recovery homes, with many reporting acceptance and support regarding their culture and ethnicity [22–26]. Likely, the communal setting of Oxford Houses and the focus on twelve-step involvement [23] help provide a supportive atmosphere for Latinx residents with SUDs.

The Oxford houses provided a positive culture for recovery from SUDs for Latinx individuals, thus helping to overcome unique barriers confronting Latinas. Latinas have reported familism as a barrier to treatment explaining their families were embarrassed by their SUD [36]. Latinas are more likely to report stigma and perceived lack of familial support as barriers [37]. Oxford Houses were possibly able to overcome some of these challenges by offering a welcoming, supportive, and healing place for the Latinx population. In addition, the fact that men and women have separate Oxford Houses may help diminish the shame that has been reported by Latinas due to cultural gender norms. More research on Latinas in Oxford Houses would be beneficial to fully understand their experiences in the homes.

Our findings reflect the previous research on resilience within the Latinx community. Garcini et al. [15], for example, found that immigrants have strategies that promote resilience including optimism, sociability, and courage. Lee et al. [16] reported that migrants who had strong social support were found to have higher rates of resilience. The higher levels of friendship found in our study and reports of having a most important person in the home can be attributed to the resilience strategies of sociability and strong social support.

The results of the present study support the hypothesis that Latinx residents of Oxford Houses would have stronger friendship connections than non-Latinx residents. Latinx residents not only have higher levels of friendship but are also more likely to seek advice from a fellow resident and are significantly more likely to list a resident on their most important person inventory. These findings are noteworthy considering that previous research has found that strong interpersonal relationships are a protective factor against substance use among Latinx individuals [13,14].

Our hypothesis that Latinx OH residents would have higher levels of AA Affiliation was supported. Latinx residents not only had higher average AA Affiliation scores but were also more likely to answer yes to all four questions on the scale. This finding is consistent with previous studies that found Latinx individuals are more likely to attend AA than other forms of treatment [20] and that they are more likely to be involved in the program [17–19]. This finding is especially impactful considering the importance the Oxford House organization places on AA/NA (Alcoholics Anonymous/Narcotics Anonymous) membership, which they describe in their fourth tradition [21], which further demonstrates how Oxford Houses may be well suited for this group.

We obtained evidence that Latinx residents of Oxford Houses have significantly higher levels of self-esteem. This evidence is comparable to previous findings [23] where Latinx residents chronicled an increase in self-esteem as a result of their stay in the house. In that study, the residents attributed this increase to the new life skills they learned from their time in the home. We interpret the increase in self-esteem as being a product of the strong interpersonal relationships that are formed in the house. This interpretation is consistent with the Harris and Orth [38] meta-analysis finding that interpersonal relationships have a positive effect on self-esteem. This idea is further supported by our additional findings, which demonstrate that Latinx residents have high levels of friendship and build meaningful connections, leading them to more likely have a most important person in the house.

Previous studies have found that Latinx individuals in treatment facilities were more likely to leave early and reported poorer outcomes

[39]. Although we did not find the length of stay to be significantly higher among Latinx residents, it was not lower than other residents. Similarly, we did not find Latinx residents to have more negative exits.

There are several limitations in this study including that assessment measures were not normed on the Latinx population and there was a potential for social desirability bias in self-reported measures. In addition, while the sample was predominantly white, the focus of our article was not on this demographic group. In addition, the sample is from the United States, and this might limit the generalizability of the findings to other contexts, including the United Kingdom. Finally, qualitative analysis would have given a richer understanding of our findings.

The outcomes should be interpreted as exploratory, so caution needs to be exercised in the generalizability of these results. Future research should include longitudinal analyses to examine changes in key variables over time, identifying patterns and trajectories of recovery among Latinx residents. This can help understand the long-term impact of recovery homes on various aspects like self-esteem and social networks. Future research could also use Hierarchical linear modeling to account for the nested structure of the data (residents within houses). This method can help identify both individual and house-level effects on recovery outcomes, providing insights into how different Oxford Houses influence residents' recovery processes. In addition, next steps of research could apply structural equation models to explore the relationships between various protective factors (e.g., familism, AA affiliation) and recovery outcomes. This method can help test complex models and hypotheses about causal pathways and mediating variables. Finally, in future research, we can conduct sensitivity analyses to assess the robustness of the findings, particularly regarding the impact of any missing data or potential biases. This can enhance the credibility of the results and address potential limitations in data collection.

There are several policy implications of the findings, which support the use of community-based recovery models like Oxford Houses for Latinx populations, particularly those that include the role of social networks and cultural factors. There is a need for future research to explore cultural specificity in recovery interventions, including studies conducted in diverse geographical locations. Furthermore, there is a need for long-term studies to examine the sustainability of recovery outcomes and the potential for these community-based models to be adapted to different cultural contexts. There are also implications for resource allocation in public health and social care, particularly the need for funding and support for culturally tailored recovery programs.

The present study, therefore, contributes to a growing body of evidence that suggests Latinx individuals with SUD do well in Oxford Houses. Our findings reveal that despite the barriers this population faces, in Oxford Houses Latinx residents can build strong relationships with their housemates, are especially involved in AA, and have high levels of self-esteem. It is apparent that there are several factors contributing to their success, including Latinx and Hispanic culture(s), high levels of resilience, and their propensity to thoroughly embrace AA. Oxford Houses are a unique setting for persons in recovery, the egalitarian nature and communal environment seem to be particularly well suited to Latinx individuals.

ETHICAL STATEMENT

Ethics Approval

The study (LJ072314PSY) was approved by the Institutional Review Board at DePaul University for studies involving humans on 7/13/2017.

Regarding the Informed Consent Statement, informed consent was obtained from all subjects involved in the study.

Declaration of Helsinki STROBE Reporting Guideline

This study adhered to the Helsinki Declaration. The Strengthening the Reporting of Observational studies in Epidemiology (STROBE) reporting guideline was followed.

DATA AVAILABILITY

The dataset of the study is available from the corresponding author.

AUTHORS' CONTRIBUTIONS

Conceptualization, LV, CO, LAJ; Methodology, LV, CO, LAJ; Investigation, LV, CO, LAJ; Resources, LAJ; Writing—Original Draft Preparation, LV; Writing—Review & Editing, LV, CO, LAJ; Supervision, CO, LAJ.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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