![NSTARR — National Study of Treatment and Addiction Recovery Residences logo]

National Study of Treatment and Addiction Recovery Residences Report
New Jersey

The National Study of Treatment and Addiction Recovery Residences (NSTARR) constitutes the largest and most diverse study of recovery housing in the US to date. NSTARR compiled data from publicly available sources (e.g., Oxford House, National Alliance for Recovery Residences, and Substance Abuse and Mental Health Services Administration websites) and lists maintained by entities tracking recovery housing. Residences for which locating information was available were geocoded and linked with U.S. Census data on urbanicity, alcohol- and drug-involved mortality, and COVID vulnerability. Data collection began in January 2020 and is ongoing until June 2023. The NSTARR database currently contains information on 10,358 residences operated by 3,628 providers in all 50 states. For a detailed description of methods and national findings, please see Mericle et al., 2022.

KEY FINDINGS

The NSTARR team identified 203 recovery residences (2.29 houses per 100,000 population) in New Jersey (see Table 1). Compared to other states (which include DC), New Jersey ranked 30 in terms of recovery housing availability per capita. Ninety-five percent of residences in New Jersey could be geocoded for these analyses. Atlantic County had the most recovery residences per 100,000 population, and Hudson County, also an urban county, had the least recovery residences per 100,000 population; seven counties had fewer than 5 recovery residences (see Figure 1).

A hot spot is a cluster of high values (county with a high number of residences surrounded by other counties with high numbers of residences) and a cold spot is a cluster of low values (county with low counts surrounded by counties also with low counts). However, we were unable to identify hot and cold spots in New Jersey because the Getis-Ord Gi* Hot Spot Analysis tool requires a minimum of 30 input features (counties) for it to work best.

The age-adjusted alcohol- and drug-involved mortality rate (per 100,000 population) was 11.90 in New Jersey for the years 2009-2019. New Jersey ranked 48 on alcohol- and drug-involved mortality out of the 50 states and DC. Cape May County had the highest alcohol- and drug-involved mortality rate and Bergen County had the lowest alcohol- and drug-involved mortality rate. Of the three counties that had the highest mortality rates in New Jersey (Cape May, Atlantic, and Salem), all also ranked in the top half recovery housing availability per capita, suggesting recovery housing is located in communities with greater need (see Table 1 and Figure 2).

COVID vulnerability was summarized using the county-level data from the Centers for Disease Control and Prevention's COVID Vulnerability Index (CCVI). The CCVI is a composite measure of seven social determinants of health, encompassing modified themes from the Centers for Disease Control and Prevention's Social Vulnerability Index in combination with COVID risk factors to identify communities in need of additional support during the COVID pandemic. Five counties were classified as having very high vulnerability, and three of these counties were located in areas ranked in the top half of recovery housing availability per capita, again suggesting that recovery housing is located in communities with greater need (see Table 1 and Figure 3).

203
RESIDENCES TOTAL

30
NATIONAL AVAILABILITY RANKING

0
COUNTIES WITHOUT RESIDENCES

Literature Cited: Mericle, A. A., Patterson, D., Howell, J., Subbaraman, M. S., Faxio, A., & Karriker-Jaffe, K. J. (2022). Identifying the availability of recovery housing in the U.S.: The NSTARR project. Drug and Alcohol Dependence, 230, 109188.

Table 1. County-level Descriptive Statistics on Recovery Residences

County Name	Population[1]	RUCC Classification[2]	Number of Recovery Residences[3]	Recovery Residences Per 100,000 Population	Recovery Residences Availability per Capita (Rank)[4]	Age-Adjusted Alcohol/Drug Mortality[5] Rate per 100,000 Population	Mortality Rate (Rank)[6]	CCVI Quintile[7]
NEW JERSEY	8,878,503		203	2.29	30	11.90	48	
Atlantic	266,105	Urban	27	10.15	1	47.10	2	Very high vulnerability
Bergen	930,390	Urban	7	0.75	19	18.20	21	Low
Burlington	445,702	Urban	8	1.79	10	30.00	13	Low
Camden	506,738	Urban	21	4.14	4	43.50	5	High
Cape May	93,086	Urban	5	5.37	2	55.10	1	Moderate
Cumberland	151,906	Urban	5	3.29	7	44.60	4	Very high vulnerability
Essex	795,404	Urban	7	0.88	17	31.70	11	Very high vulnerability
Gloucester	291,165	Urban	11	3.78	6	41.30	6	Low
Hudson	670,046	Urban	3	0.45	21	25.90	15	High
Hunterdon	124,823	Urban	1	0.80	18	21.20	19	Very low vulnerability
Mercer	367,922	Urban	6	1.63	11	32.10	10	High
Middlesex	825,920	Urban	13	1.57	12	24.40	16	Moderate
Monmouth	621,659	Urban	25	4.02	5	31.50	12	Low
Morris	493,379	Urban	7	1.42	13	22.20	18	Low
Ocean	596,415	Urban	27	4.53	3	39.00	7	Low
Passaic	503,637	Urban	6	1.19	15	28.10	14	Very high vulnerability
Salem	62,990	Urban	2	3.18	8	45.00	3	Very high vulnerability
Somerset	329,838	Urban	3	0.91	16	20.50	20	Low
Sussex	141,483	Urban	2	1.41	14	34.50	9	Very low vulnerability
Union	554,033	Urban	4	0.72	20	22.50	17	High
Warren	105,862	Urban	2	1.89	9	35.80	8	Low

[1]Population data were downloaded from tables in Social Explorer's ACS five-year estimate (2015-2019). American Community Survey 5-year Estimates, 2015-2019. Social Explorer tables, ACS 2015-2019. Social Explorer.

[2]The Rural-Urban Continuum Code (RUCC) was used to classify each county as urban, adjacent rural, or non-adjacent rural. Urban counties are counties with codes 1 (Counties in metro areas of 1 million population or more), 2 (Counties in metro areas of 250,000 to 1 million population), and 3 (Counties in metro areas of fewer than 250,000 population). Adjacent rural counties are counties with codes 4 (Urban population of 20,000 or more, adjacent to a metro area), 6 (Urban population of 2,500 to 19,999, adjacent to a metro area), and 8 (Completely rural or less than 2,500 urban population, adjacent to a metro area). Non-adjacent rural counties are the remaining three codes - 5 (Urban population of 20,000 or more, not adjacent to a metro area), 7 (Urban population of 2,500 to 19,999, not adjacent to a metro area), and 9 (Completely rural or less than 2,500 urban population, not adjacent to a metro area). Rural-Urban Continuum Code (RUCC). https://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx

[3]Recovery residences are from the NSTARR project and are current as of 2020. Eleven (11) recovery residences in the state were not successfully geocoded due to lack of adequate address information, and thus were not assigned to a county.

[4]Recovery residences availability per capita is ranked in order of decreasing recovery residence density per 100,000 population per county, with 1 (highest number of residences per 100,000) to 21 (lowest number of residences per 100,000 population).

[5]Alcohol- and drug-involved mortality included all deaths as underlying causes of death and selected ICD-10 codes mentioning or attributed to alcohol or drugs as contributing cause of death. Data from the Centers for Disease Control and Prevention, 2020. CDC Wonder (Wide-ranging Online Data for Epidemiologic Research). U.S. Department of Health and Human Services, Atlanta, GA. Available at: https://wonder.cdc.gov/. For more information on coding multiple causes of death, see: Centers for Disease Control and Prevention, About Multiple Cause of Death, 1999-2019. https://wonder.cdc.gov/mcd-icd10.html accessed on August 9 2021.

[6]Mortality rate is ranked in order of decreasing alcohol- and drug-involved mortality from 1 (highest mortality per 100,000 population) to 21 (lowest mortality per 100,000 population).

[7]COVID-19 Community Vulnerability Index (CCVI) scores range in value from 0 – 1, with 0 being least vulnerable and 1 being the most vulnerable. Each county is ranked relative to all counties across the country, based on seven themes/domains. Each county was grouped into quintiles: very high (score of 0.8-1), high (0.6-0.8), moderate (0.4-0.6), low (0.2-0.4), and very low (0-0.2). For more information on how the CCVI I is calculated, see: COVID-19 Community Vulnerability Index (CCVI) methodology. Retrieved from https://covid-static-assets.s3.amazonaws.com/US-CCVI/COVID-19+Community+Vulnerability+Index+(CCVI)+Methodology.pdf

Figure 1. Distribution of Residences by Rural-Urban Classification
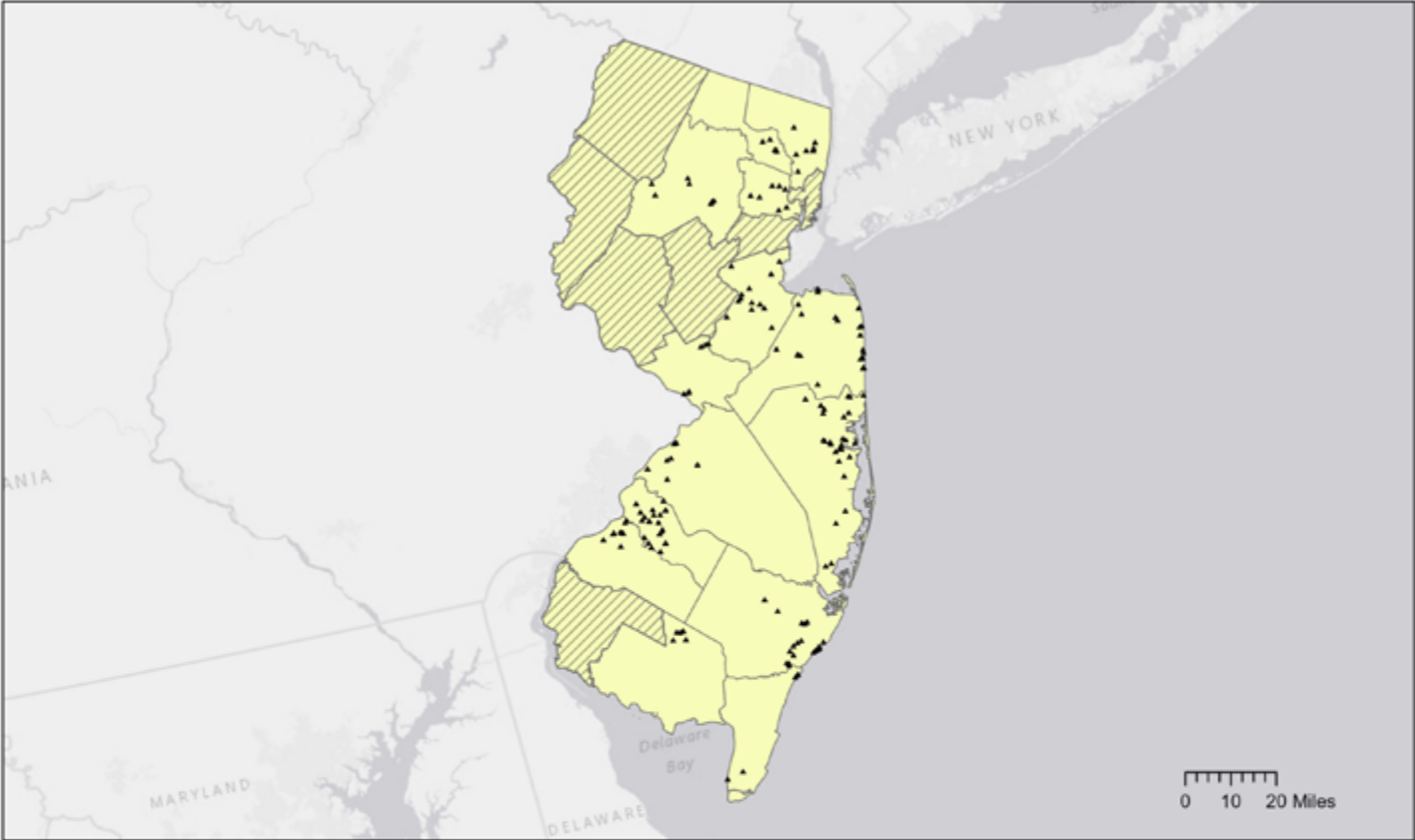
Recovery residences

Rural-Urban Classification Code (RUCC)

Urban

Adjacent rural

Non-adjacent rural

Counties with residence locations suppressed
(1-4 residences) to protect privacy

Data Credits: Esri, HERE, Garmin, USGS, EPA, NPS
Recovery residence locations: 2020
Created by: NSTARR Project (May 2022)

Figure 2. Distribution of Residences by Age-adjusted Alcohol- and/or Drug-involved Mortality
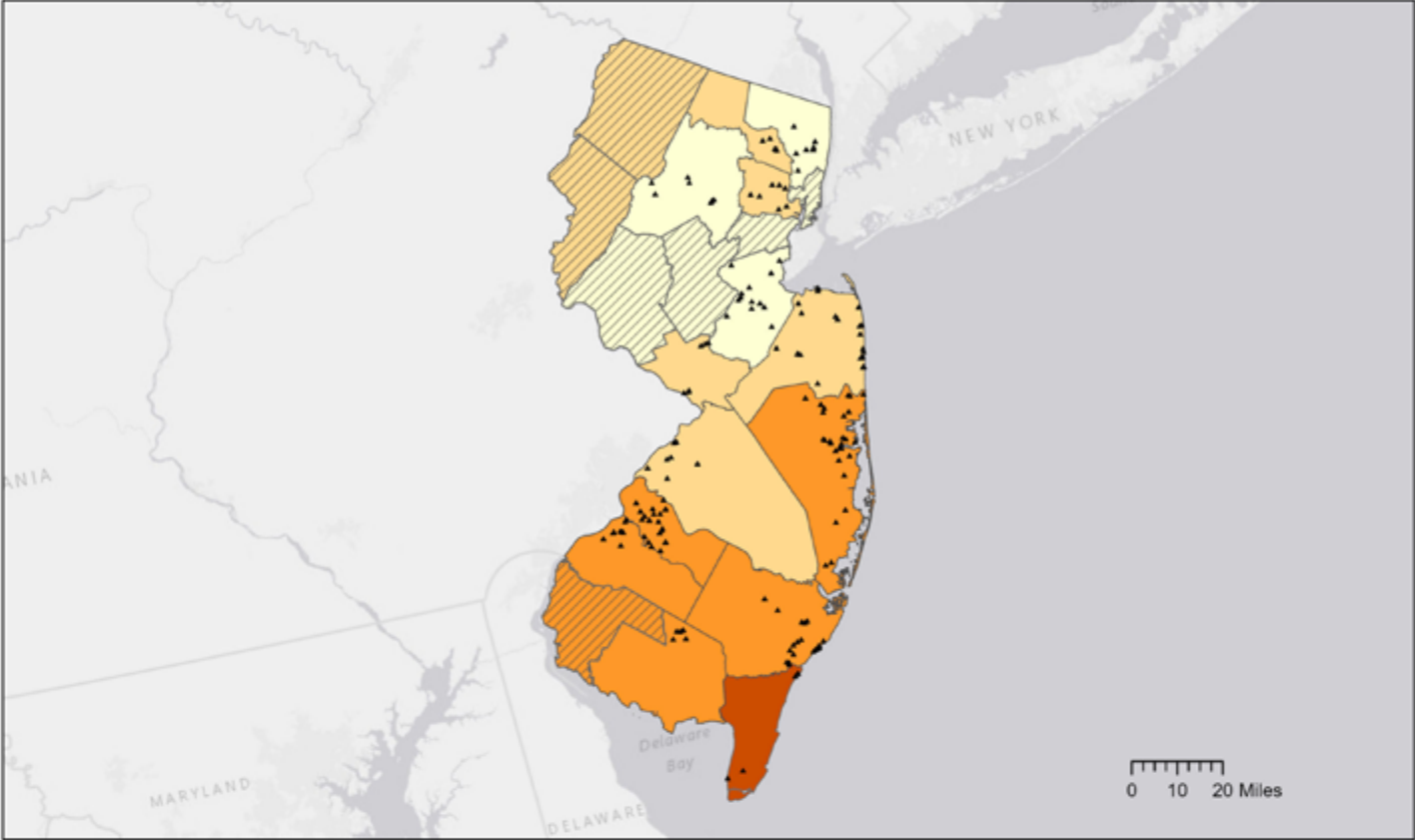
Figure 3. Distribution of Residences by COVID-19 Community Vulnerability Index
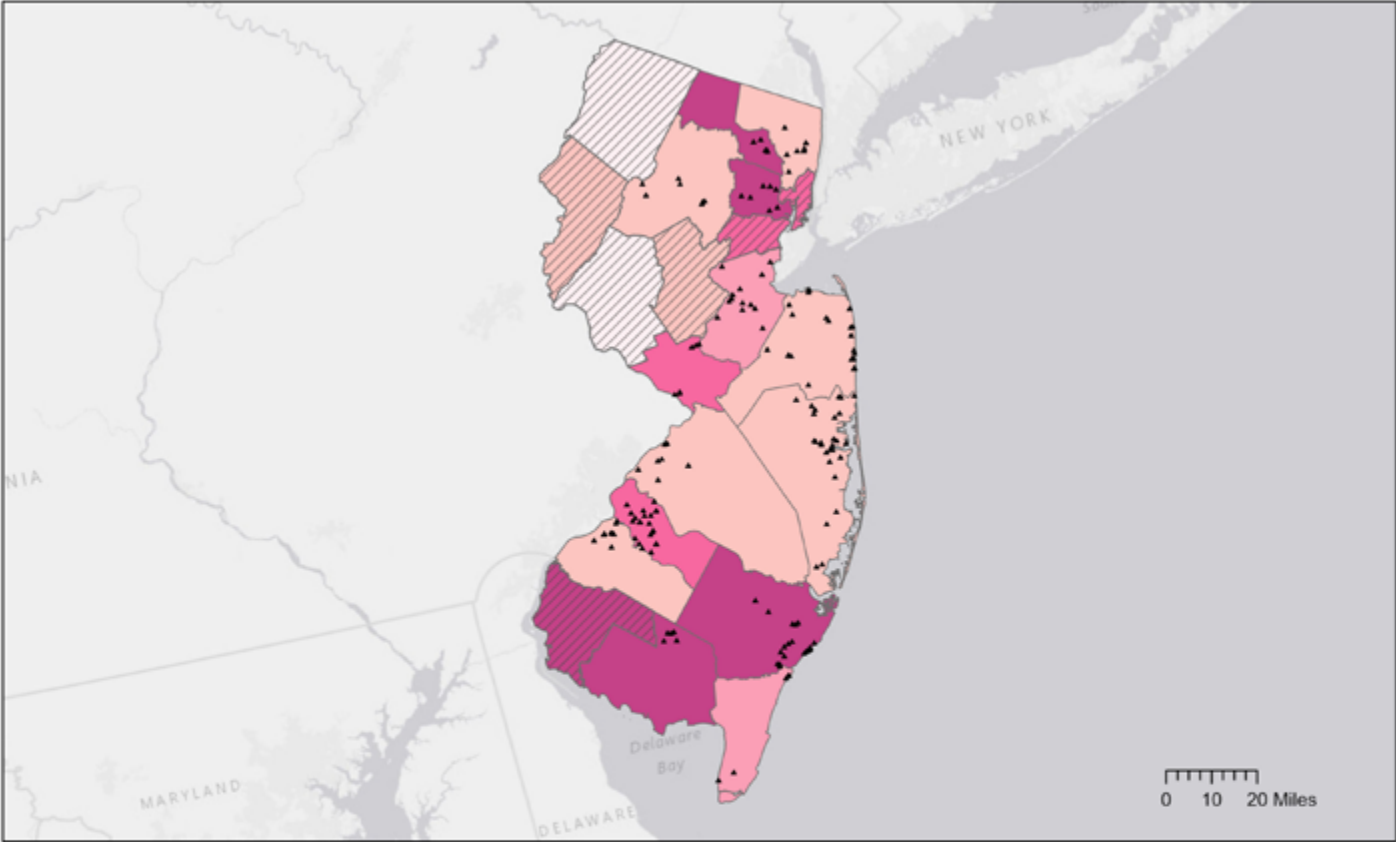
Recovery Residences
COVID-19 Community Vulnerability Index (CCVI)
Very low vulnerability
Low
Moderate
High
Very high vulnerability
Counties with residence locations suppressed
(1-4 residences) to protect privacy

PUBLIC HEALTH INSTITUTE®
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NSTARR National Study of Treatment and Addiction RECOVERY RESIDENCES

Data Credits: Esri, HERE, Garmin, USGS, EPA, NPS
Recovery residence locations: 2020
Created by: NSTARR Project (May 2022)

NSTARR

National Study of Treatment and Addiction
RECOVERY RESIDENCES

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