

# Virginia Oxford Houses



*Oxford House-Chamberlayne  
2918 Chamberlayne Avenue  
Richmond, VA 23222*

## *Good Neighbors in Good Neighborhoods*

*A cost-effective concept and system of operation for addicted individuals  
in recovery to help themselves become comfortable enough  
with sobriety and avoid relapse.*

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This report is an evaluation of the network of Oxford Houses in the Commonwealth of Virginia, the State-sponsored program that has enabled over 8,000 recovering individuals to help themselves stay clean and sober without relapse.

Oxford House, Inc. is a 501(c)(3) nonprofit umbrella organization dedicated to helping recovering individuals achieve comfortable, long-term sobriety without relapse.

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# Oxford House™

## Recovery • Responsibility • Replication

### The 3-R's for Addicts to Regain Freedom

#### **RECOVERY**

The process by which addicted individuals become free of addiction for the rest of their life.

#### **RESPONSIBILITY**

The means by which an individual can gradually assume control over his or her lifestyle so that choices can be consistently made to avoid the use of alcohol or drugs.

#### **REPLICATION**

The means through which addicted individuals living in an Oxford House™ share their newfound lifestyle of living in a supportive, alcohol and drug-free environment with other individuals wanting comfortable sobriety by starting new Oxford Houses to give other recovering individuals a real opportunity to achieve recovery without relapse.

## Development of Oxford Houses in Virginia

When Oxford House organized a central services office in February 1989 to help implement the recovery home start-up loan provision of the Anti-Drug Abuse Act of 1988, PL 100-690, it had a management office in Silver Spring and a finance office in Great Falls, Virginia. Employees in the finance office directed by Charles Vander Burgh established the first house in Virginia – Oxford House – River Road – a house for eight women in Great Falls in the fall of 1989.

In January 1990, Oxford House - Jermantown in Fairfax County was established to serve eight men. The River Road house operated for three and half years and then the landlord moved back to the house. The Jermantown house existed for 13 years and was closed only when the house was sold a few years ago. In both cases, the residents moved to other Oxford Houses when the original ones closed. During the existence of the original houses dozens of individuals became comfortable in sobriety without relapse.

*This report is dedicated to James McClain, who just celebrated his 25<sup>th</sup> year of continuous sobriety. James is an alumnus of Oxford House-Northampton, one of the original Oxford Houses in Washington, DC where he lived from 1982 to 1994. He is a member of the Oxford House, Inc. Board of Directors and has been dedicated to developing a strong network of Oxford Houses in Virginia ever since the first house started in 1989. He sets an example for all grateful alumni by spending hours with new houses and chapters to teach recovering individuals the effective Oxford House system of democratic operation and self-support.*

*He is known by at least one individual in every Virginia Oxford House. He is but one of hundreds of individuals who have contributed to the success enjoyed by Oxford House today. Individual people make a difference in solving individual and social problems. Thank you James.*

In June 1990, the first Oxford House was established in the Richmond area – Oxford House-Warfield located in Henrico County just north of the city. Even though a zoning question was resolved in the favor of Oxford House at this location, the landlord, at the end of two years, decided he did not want an Oxford House. The men moved to other Oxford Houses that were springing up throughout Virginia.

In January 1991, Oxford House-Ladies Mile for eight men opened in Richmond and in February Oxford House-Virginia Beach opened along with a house in the Oakton section of Fairfax county

and Oxford House-Glebe Road in Arlington. By August 1993, there were 33 Oxford House in Virginia.

Over the years, some houses have closed or moved to other locations. However, of the 77 Oxford House in Virginia today, 12 houses have been in operation fifteen years or more.<sup>1</sup> In our report to the state in 1993, we were able to say that more than 950 individuals were either present or former residents of Oxford Houses. Today, we can say that almost 10,000 individuals have lived in Virginia Oxford Houses since development began and a very high percentage of those individuals stayed clean and sober without relapse.

This report focuses on the profile of residents in existing Virginia Oxford House but also discusses the background of Oxford House generally and how the Anti-Drug Abuse Act of 1988 [PL100-690] served as a catalyst for the introduction of Oxford Houses to Virginia and throughout the country.

### Oxford House – A Proven Path to Recovery Without Relapse

From its beginning in 1975, the Oxford House concept and system of operation provided a cost-effective way for individuals recovering from alcoholism and /or drug addiction to live in an environment centered on becoming comfortable enough in sobriety for it to become a lifelong way of life. It was cost-effective because it had to be. Oxford House started when Montgomery County, Maryland closed a traditional halfway house – Alpha I – because of a budget shortfall. The 13 men living in Alpha I rented the house and developed a system of democratic operation designed to assure that the house would stay alcohol and drug free and provide the peer support necessary to enable individuals to become comfortable in a sober way of life.

It was that “system of operation” that made Oxford House different from traditional halfway houses or informal sober houses started by professionals or dedicated 12-Step members. The system of operation was a mix of formality

<sup>1</sup> 77 is the number of houses as of the end of May 2007 but four of the houses are recent and 74 is the number in existence when the survey data was collected.

and practicality. It took the principles of the historic New England Town Meeting and applied them to group of individuals looking for a way to stay clean and sober by accepting responsibility for operating a household centered on sobriety. It permitted open-ended residency for those who stayed clean and sober and paid an equal share of household expenses. In brief, by being self-run and self-supported and by adopting rules, procedures and policies that could be replicated, the first Oxford House established a formula that could expand to meet the need without breaking the bank.

Within a ten square mile area around the original house, Oxford House expanded to thirteen houses by 1987. The growth had taken place as the first group rented a second house early in 1976 and within twelve months five houses had been rented including a house for women. As the early years passed, most of the individuals who moved into an Oxford House would stay clean and sober and move out after a year or two and still stay clean and sober. Most houses kept the applications for membership completed by those who lived in a house and most individuals who moved out stayed in the area and continued to attend 12-Step meetings.

In 1987, the late Bill Spillaine, Ph. D., who had retired from NIDA and was teaching at Catholic University School of Social Work in Washington, D.C. followed up on each house application and tracked down the individuals who had moved out. In total, he interviewed about 1,200 individuals who had lived in an Oxford House between 1975 and 1987.<sup>2</sup> He found that 80% of the residents in those early Oxford Houses stayed clean and sober from the time they had moved into Oxford House and had stayed clean

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<sup>2</sup> It is unclear how many had actually lived in Oxford House over that time period because there was no centralized record keeping. Spillaine relied upon the application records each house maintained and then tracked the individuals down. We do not know how many applications were not filed and therefore we cannot know how many he was unable to track down because he did not know they had ever lived in an Oxford House. Also, he relied upon the self-reporting of the individuals he did track down. There is no reason to believe they lied but as pointed out later in this report, the recent DePaul Studies used a more scientific method by contacting the individuals every three months and by cross-checking the reports of interviewed residents by asking a friend for verification. Interestingly, the DePaul results found outcomes as good or better than the outcomes reported by Spillaine twenty years earlier.

and sober even after they had moved out of Oxford House.

When Dr. Spillaine reported his findings to the then -leaders of Oxford Houses, they expressed shock that 20% had relapsed. "What are we doing wrong?" they asked Spillaine. He explained that 80% staying clean and sober represented a remarkable outcome. "In general, fewer than 20% stay clean and sober after treatment," he explained. As discussed later in this report, except for those who move into an Oxford House, the outcomes today as just as poor.

Spillaine's earlier findings showing the success for those who live in an Oxford House were confirmed by a major set of studies funded by the National Institute on Alcoholism and Alcohol Abuse [NIAAA] and the National Institute of Drug Addiction [NIDA]. Those agencies provided funding to DePaul University in Chicago to conduct national studies related to the efficacy of Oxford House.

In one study the DePaul researchers followed 897 Oxford House residents living in 219 Oxford House around the country for a period of 27 months to determine how many stayed clean and sober without relapse.<sup>3</sup> Their findings were that after 27 months a remarkable 87% had stayed clean and sober for the entire period of time.

In a separate study, the DePaul researchers randomly selected one-half of a group of 150 recovering individuals leaving treatment in Illinois to enter an Oxford House and compared their outcomes over a two-year period with a control group that would live wherever their normal habitant was following treatment. On its face the finding were also remarkable – 65% of the Oxford House group stayed clean and sober without relapse for the two year period and only 31% of the control group had the same outcome. When one examines the facts underlying the control group – where 8 of the 75 found their way to an Oxford House anyway and all 8 stayed clean and sober, and then subtracts

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<sup>3</sup> Included among the subjects studied were a proportionate group of residents living in Virginia Oxford Houses. To be in this study the individual had to be an existing resident of an Oxford House but was followed for the full 27-month period even after he or she moved out of an Oxford House. The self-reporting of the resident every three months was cross-checked by getting confirmation from a friend designated by the subject at the beginning of the study.

the 8 from the control group who entered an Oxford House – the contrast between the Oxford House and the control group is 63% versus 23%. The following AP news report published in August 2005 summarizes the DePaul University findings.

### **Community - Based Homes Seem to Help Addicts**

By THE ASSOCIATED PRESS

Filed at 12:41 p.m. ET; August 18, 2005

WASHINGTON (AP) -- Self-supporting group homes have high success rates in helping individuals recover from alcoholism and drug addiction, researchers from DePaul University reported Thursday.

A pair of studies being presented at the annual meeting of the American Psychological Association found success rates of 65 percent to 87 percent for the homes.

The benefits of communal living include a lower relapse rate and help keep individuals as productive members of society, reported lead author Leonard A. Jason. In addition, he noted, the houses operate at little or no cost to the taxpayer.

Jason and co-authors studied residents of Oxford House, a network of group homes across the country serving recovering addicts. Each resident pays a share of the costs and can be evicted if detected using drugs or alcohol.

One study compared 75 people who went into an Oxford House after detoxification with 75 others who went to halfway houses or returned to the community. After two years 65 percent of the Oxford House residents were still clean and sober compared to 31 percent of the others, Jason said.

The second study began with a national sample of 897 Oxford House residents. After a year 607 remained in the study and, of those, 87 percent reported they were still off alcohol and drugs.

Those who dropped out of the study had previously reported higher rates of drug and alcohol use than those who stayed in, the report noted. It said those who dropped out were younger and had spent less time in the home than those who remained.

The program seemed to work equally well for men and women, the researchers said, and there were no significant differences among racial groups in the program.

The Oxford House program was founded 30 years ago in Montgomery County, Md., and currently has 1,123 houses across the country and in Canada and Australia. While some states have loan programs to help get houses started, each house is otherwise self-supporting and is governed by its own residents.

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### **Catalyst for Expansion**

Before there were any Oxford Houses in Virginia, a series of events took place that set the stage for inclusion of §2036 in the Anti-Drug Abuse Act of 1988. One of the individuals residing in the Montgomery County halfway house that preceded the first Oxford House had been very lucky in finding employment. Out of the blue he had received a call from the minority

[Republican] staff director of the US House of Representative Interstate and Foreign Commerce Committee. Since he could not remember ever submitting a job application, he was candid during his interview that he was an alcoholic with about three months of sobriety. The staff director noted that if he were hired, he would be immediately fired if he took a drink. Lew Berry, the staff director, said, "I don't know much about alcoholism but I know once you have crossed the line you can't go back. One drink is one too many and I would immediately fire you." As a result of this stipulation, once the individual was hired he was very open about his alcoholism and current recovery. The Committee from the summer of 1975 to 1981 employed him. During that time period he shared his recovery and the progress of Oxford House with anyone who would listen.

He left his job at the Committee to join a law firm in 1981 but continued to maintain his friendships that had developed on Capitol Hill. In 1987 a former member of Congress, Fred Rooney, ran into him on Connecticut Avenue in Washington, DC. He asked if the former Oxford House resident was still involved with the program because Mr. Rooney was prepared to sell his house in his old Congressional District in Bethlehem, Pennsylvania. The Oxford House alum responded that Oxford House did not buy houses. It only rents houses because it wants to avoid having fights over property and money. The former Congressman went back to his office and then called to say he would rent the house if Oxford House wanted to expand into Pennsylvania.

Several of the Oxford House members and alumni drove 200 miles to look at Mr. Rooney's house. It was a nice house close to Leigh University on Carlton Street in Bethlehem. The men decided to rent the house and convinced four individuals leaving treatment at the Veteran's hospital in Lyons, New Jersey to start the new house. None had ever lived in an Oxford House but the men from the Washington, DC area made several trips to the new house in Bethlehem and soon the house had nine residents and was functioning well.<sup>4</sup>

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<sup>4</sup> The rental of a house in Bethlehem was the first attempt to start an Oxford House away from the DC area since an early attempt to start a house in Wilmington, Delaware in 1978 had failed. The Wilmington House lasted but one year and reinforced a belief that only a nearby core of experienced residents or active alumni would assure successful establishment of an Oxford House. In Wilmington a large house of

The new house in Bethlehem got off to a good start. The core group of four men from the veteran's hospital in Lyons, New Jersey was running a tight ship and was already looking for a second house. This success gave some confidence to the Oxford House, Inc. board but certainly not over confidence. However, the landlord, Fred Rooney, told all his former colleagues on Capitol Hill about the new house and how well it was doing. This information added to the results of Dr. Spillaine's study created a fair amount of interest among Congressmen who knew the former staffer who had lived an Oxford House.

Early in 1988, the former staff member received a telephone call from Congressman Ed Madigan [R. IL] to ask if Oxford House would be interested in being the subject of a demonstration grant in the pending Anti-Drug Abuse Act of 1988. By then Oxford House had expanded into a steady and solid network of 13 houses in the metropolitan Washington, DC area plus the new house for men 195 miles to the north in Bethlehem, Pennsylvania. The Bethlehem house was not only doing well but its members were about to start a second house in the area because demand was far greater than its nine beds.

It is clear that the unifying structure of Oxford House is the nonprofit corporation and the concept and system of operation described in its Oxford House Manual<sup>®</sup>. The Manual provides a concise way for each house to operate including the election of officers, the conduct of a weekly business meeting, the procedure for accepting new members and the paramount rule that the three conditions of its charter must be followed at all times. The charter conditions continue to be the bedrock for each autonomous Oxford House today. [1] The group must be democratically self-run following the procedures of the Oxford House Manual<sup>®</sup>, [2] the group must be financially self-supporting, and [3] the group must immediately expel any resident who returns to drinking alcohol or using drugs.

However, the authority supporting the corporate structure of Oxford House, as a whole, is directly tied to the autonomy of each of the individual Oxford Houses.

In 1988, the Board of Directors of the corporation consisted of the President of each

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16 residents shut down at the end of its one-year lease when it was discovered that as many as half the residents had returned to drinking alcohol. Fortunately the foray into Bethlehem turned out well.

Oxford House – all of whom were elected to limited six months terms of office. While the power structure changed frequently there was continuity because the terms of office in each house tended to change at different times.

The commitment to expansion grew out of Oxford House's short history and underscored a belief that a limitless stay in an Oxford House could be justified only by continuous expansion to meet demand. Without expansion, those living in an Oxford House would feel pressure to move from a house in order to accommodate newly recovering individuals seeking admission. Nevertheless, there was a belief among the house presidents [board members] that to start a new Oxford House at a distance from the DC area was at best very risky because of the absence of experienced residents and without active alumni participation.

When the board [consisting of the 13 House Presidents] was asked for its approval to have money included in the Anti-Drug Abuse Act of 1988, it vigorously objected and stated that government funding would destroy Oxford House. The former Hill staffer told Congressman Madigan the outcome and added that he had perhaps created a group of Black Barry Goldwater's. Madigan retold the story to President Ronald Reagan who after learning about Oxford House asked: "Does Nancy know about Oxford House?" She soon did and the stage was set to trigger the expansion of Oxford House.

In August 1988, the Reagan Administration sent Dr. Ian MacDonald from the White House to visit the 13 - man Oxford House - Northampton in Washington, DC. Dr. MacDonald asked the men when they had their last vacancy. They told him that the last vacancy was in March. "How many applied?" asked MacDonald. "Twenty-three," they replied. MacDonald then asked what happened to the twenty-two not accepted for membership and was told the guys had no idea. "I thought the way Oxford House worked is that when a house is full a few of the residents rent another house so more rooms are available," said MacDonald. "It is," he was told, "but it takes us about two years to save up enough money to rent another house." With that information MacDonald came up with the idea of recovery home revolving loan fund in each state. His idea was included as §2036 of the Anti-Drug Abuse Act of 1988 and that served as the catalyst for expansion of Oxford House throughout the country.

The Commonwealth of Virginia complied with new federal Anti-Drug Abuse Act of 1988 and established a self-run, recovery home start-up loan fund. In 1990, without state technical assistance, Oxford House, Inc. helped start the first few houses in Virginia. Today, five of the first twelve houses are still in operation.<sup>5</sup>

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### **A Partnership – Commonwealth of Virginia and Oxford House, Inc.**

Beginning in 1990 the Commonwealth of Virginia entered a contract for \$14,140 a year with Oxford House, Inc. [OHI] – the nonprofit umbrella organization for all individual Oxford Houses – to manage the state's \$100,000 recovery home revolving loan fund. In FY 1991 that contract increased to \$35,000 so that OHI could provide some technical assistance to those individuals starting Oxford Houses in the state. The amount of the contract in FY 1992 was \$38,500 and \$40,000 in FY 1993. While these contracts paid a portion of initial expansion the bulk of the costs were defrayed by a \$30,000 grant from the Norfolk Southern Corporation and a major grant from the Cafritz Foundation [\$300,000] to develop houses in the metropolitan Washington, DC area.<sup>6</sup>

Today, Virginia has a contract with OHI of approximately \$120,000 that permits the utilization of two full time outreach workers. This has resulted in the development of a statewide network of 74 Oxford Houses having a total of 582 recovery beds. There are 22 houses for women with 142 recovery beds and 52 for men having 440 recovery beds.

In the first quarter of 2007 most of the houses in the state completed a standard survey questionnaire. Throughout the remainder of this report the profiles of residents in Virginia Oxford Houses will be discussed. To put the meaning of the data in context there follows a brief discussion of how Oxford Houses operate.

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<sup>5</sup> Oxford House-Wesleyan in Vienna; Oxford House-Pollard in Richmond; Oxford House – Glebe Road in Arlington, Oxford House Annandale in Annandale; Oxford House – Tidewater in Virginia Beach.

<sup>6</sup> The allocation of the total Cafritz foundation money was roughly a third in DC, a third in Prince George's County, Maryland and a third in Northern Virginia.

### **How Oxford Houses Work**

Each individual Oxford House is chartered by Oxford House, Inc. [OHI] through Oxford House World Services [OHWS] – the operating entity of OHI. The chartering procedure is a two-step process: (1) the issuance of a temporary charter, and [2] once the requirements of the temporary charter are met, the issuance of a permanent charter. This document becomes the foundation for the continuing operation of each Oxford House. It establishes and enunciates the core values of Oxford Recovery Homes. The charter has three simple conditions that the group must meet in order to call itself an Oxford House™:

- The group must be democratically self-run,
- The group must be financially self-supporting, and
- The group must immediately expel any resident who returns to using alcohol or drugs.

These three basic requirements – democracy, self-support and absolute sobriety – lie at the heart of what makes an Oxford House work. The first requirement that the group be democratically self-run has both a practical and therapeutic value. The residents in an Oxford House save money by managing their house themselves rather than paying employees to “look after them.” That is the practical aspect. But also, in managing the operations of their house, the residents gain self-esteem, accountability and civic virtues – tolerance, responsibility and accountability.

The requirement of self-support also has both practical and therapeutic value. The Virginia Oxford House residents pay an average of \$95.00 a week into their group household account as their equal share of household expenses.<sup>7</sup> More importantly, when the residents of an individual house pay their monthly bills each resident in the group gains the satisfaction of having behaved responsibly.

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<sup>7</sup> This next year residents in the Virginia Network of Oxford Houses will pay approximately \$3,040,336 for their own household expenses for the 77 houses now in the state. A traditional halfway house system to accommodate 622 individuals [number of beds currently in the VA Network of Oxford Houses] would have cost taxpayers between \$14 million to \$18 million. Instead, the state is paying OHI \$124,000 a year to develop and maintain the statewide network of 77 self-supporting Oxford Houses.



This is new behavior for the recovering addict and a confidence builder for continued sobriety.

Finally, the requirement of the charter that any resident who relapses must be immediately expelled underscores that the primary purpose of the house is to gain sobriety without relapse. Whenever peers vote a resident out of the house, each resident has the value of his own sobriety enhanced. Also voting new residents into the house is sobriety enhancing. The older house members want to set a good example for the new residents and in doing so reinforce their own sobriety. The individual Oxford House becomes a safe haven for staying clean and sober. Because there is no time limit on how long a resident can live in an Oxford House, each individual can stay as long as it takes to become comfortable with sobriety without relapse. Experience has shown that sobriety – like addiction – is habit forming. More than 80% of the residents in Oxford Houses stay clean and sober. On average about 17% of the residents in Virginia Oxford Houses are asked to leave because of relapse. This high percentage of sobriety carries over even after an individual has moved out of a house. [See the press report of the DePaul research findings on page 5 in this evaluation.]

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### Current Profile of Virginia Oxford House Residents

Each year Oxford House, Inc. asks each of the residents in Virginia Oxford Houses to complete a confidential questionnaire that has been used by Oxford House since 1988. The data from the questionnaire provides the basis for Oxford House World Service to develop a profile of Oxford House residents and evaluate how well Oxford Houses are doing.

In late fall of 2006, 381 [63.4%] of the then 601 men and women living in the network of Oxford Houses throughout Virginia completed a questionnaire that elicited information about their background and efforts to recover from alcoholism and drug addiction<sup>8</sup>. The survey questionnaire was one that has consistently been used by Oxford House since 1987. The data also underscore the importance of Oxford

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<sup>8</sup> Overall in the time period of the survey [November 2006-April 2007] there was an average of 622 beds and 20 vacancies. Of the houses that participated the percentage of surveys completed is much higher; 381 of 525 or 72.6%.

House in the development of behavior change to assure recovery without relapse. By the end of May 2007 there are 77 houses [58 for men – 19 for women] with 622 recovery beds [171 for women – 451 for men].

The high response rate was evenly distributed among all the Oxford Houses in the state.<sup>9</sup> The statistical profile of Virginia Oxford House residents is as follows:

**Table – 1 - Gender**

Male	75%
Female	25%

**Table – 2 - Race**

White	40.16%
Black	54.04%
Hispanic	02.36%
Nat.Am.	01.05%
Other	02.36%

The total number of Oxford recovery beds within the Commonwealth at the beginning of 2007 is 625. Of those 172 [27.5%] are for women and 453 [72.5%] are for men – about the same distribution as those who completed the fall 2006 – winter 2007 survey.

The racial breakdown of Virginia Oxford House residents has slightly more African Americans and fewer Whites than the population of the Commonwealth as a whole.

The 2000 Census shows the following racial breakdown for Virginians: 67.4% White; 21.4% Black; 4.0% Asian; 0.4% Native American 4.4% Hispanic and other 2.4%. Over time all the houses have been integrated because alcoholism and drug addiction really are egalitarian diseases. At any given time almost all of the houses have a mix of races and ages.

The average age of Virginia Oxford House residents in the survey is 39.6 years. Women are a little younger than men [37.9 years vs. 40.2 years]. The average age of military veterans in Virginia Oxford Houses is significantly older that the average age for the Virginia Oxford House population as a whole – 44.5 versus 38.6.

The table on the next page shows the breakdown of residents by age.

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<sup>9</sup> During the time period, there were 625 Oxford House recovery beds in the state. There were 10 vacancies – some as a result of normal turnover and some as a result of houses just starting. Of the current residents at the time of survey completion [474], 303 completed a survey questionnaire [64%].

**Table - 3  
Age Range**

Age	Count	Percent
18-22	15	03.90%
22-26	32	08.31%
26-30	53	13.77%
31-35	34	08.83%
35-40	42	10.91%
40-44	74	19.22%
44-48	52	13.51%
49-53	62	16.10%
53-57	12	03.12%
57-62	09	02.34%
Total	385	100.0%

The average age of 39.6 years old is significantly older than the 33.4 years average age among Virginia Oxford House residents in 1993 when there were fewer houses and all the houses were fairly new. [As Oxford House has become more available more individuals are "willing to give it a try." Also many who experience socialization for the first time in a long time will stay in an Oxford House for longer periods of time.] While the average age of residents is 39.6 years; age distribution ranges from 18 to 62.<sup>10</sup>

Most of the Oxford House residents in the state have never served in the military but 17.9% have as compared to 17.7% of the Virginia population overall who are military veterans. The proportion of vets in Virginia Oxford Houses is almost identical to the population as a whole. As previously noted, the veterans are a little over six years older on average than the non-veterans [44.6 years versus 38.5 years].

The average length of schooling of the Virginia Oxford House residents is 12.36 years. The range of education is from completion of grade four to college post-graduate work. Not surprisingly alcoholism and drug addiction do not discriminate on the basis of education – or any other demographic characteristic.

Slightly over 16% of the Virginia Oxford House residents have not completed high school.

<sup>10</sup> There are several older individuals [one age 75] living in the Virginia Oxford Houses but were not picked up in the survey. So the age range is in fact from 18 to 75.

Some of these residents in Virginia Oxford Houses obtain GEDs, vocational training and other education and training while living in an Oxford House. The low cost and supportive living environment of an Oxford House provides a good opportunity for returning to school. On the other hand, about 34% of the Virginia Oxford House residents have education beyond high school level. About 10% have a 4-year college degree. See Table 4 below.

**Table - 4  
Last Year of Formal Education**

Last Year	Count	Percent
4	3	00.8%
5	0	00.0%
6	4	01.1%
7	6	01.6%
8	4	01.1%
9	8	02.1%
10	17	04.5%
11	19	05.1%
12	193	50.9%
13	25	06.6%
14	53	14.0%
15	15	03.9%
16	28	07.4%
17	1	00.3%
18	3	00.8%
Total	300	100.0%

More than three-quarters [84%] of the residents graduated from high school. There is no statistically significant difference in education level when compared to race, age or gender.

**Prior Treatment**

Most of the residents in an Oxford House have been through residential treatment more than once. This is not surprising given what is known about alcoholism and drug addiction. Ludwig found that only one in ten of treated individuals are clean and sober eighteen months after treatment, and Vaillant found that over a lifetime only 20% of alcoholics achieve sobriety without relapse.<sup>11</sup> The general outcome of treatment for drug addiction is equally dismal.

<sup>11</sup> George E. Vaillant, *The Natural History of Alcoholism Revisited*, Harvard University Press, Cambridge, Massachusetts, 1995

A study of treatment outcome for cocaine addiction found 13% stayed clean without relapse. [RAND 1995]

The recycling of individuals in and out of treatment has always been a problem. Prior to 1960 much of the recycling included institutionalization in asylums. Today jail or prison often serves the same purpose. Later in this evaluation the prior treatment record and incarceration of the Virginia Oxford House residents are discussed. Unfortunately, the prior treatment experience of the residents in Virginia Oxford Houses is consistent with the repeated treatment history of residents in Oxford Houses throughout the country. The data compiled by the federal government involving those in formal treatment any given year shows that fewer than 40% of those in treatment are there for the first time. In every economic strata of society a sense of hopelessness has arisen when treatment outcomes for alcoholics and drug addicts are assessed. It is worth considering the basics of treatment.

Vernon E. Johnson, described the standard four phases of treatment for alcoholism and drug addiction four decades ago:

- ◆ Intervention
- ◆ Detoxification
- ◆ Education, and
- ◆ Long-term behavior change to assure sobriety without relapse.<sup>12</sup>

Long-term behavior change is the most difficult to achieve because behavior change – always difficult – becomes nearly impossible if the individual returns to a living environment identical or similar to where he or she was living as an active alcoholic or drug addict.<sup>13</sup> Intervention, detoxification and education [about the nature of addiction and motivation to change behavior] is not difficult but alone these three steps can seldom produce recovery without relapse. Long-term behavior change requires the availability of a reasonable opportunity to become comfortable with

<sup>12</sup> Vernon E. Johnson, *I'll Quit Tomorrow* (Harper and Row, San Francisco, 3<sup>rd</sup> edition, 1980) [First published in 1967.]

<sup>13</sup> R.J. Goldsmith, *The Essential Features of Alcohol and Drug Treatment*, *Psychiatric Annals*, 22, pp. 419-424, 1992.

abstinent behavior. Look at the treatment history of the residents in Virginia survey.

**Table - 5**  
**Prior Times in Residential Treatment**

Times	Count	Percent
One	66	17.9%
Two	89	24.2%
3-5	161	43.7%
5-10	39	10.6%
More than 10	13	3.5%
Total	368	100%

Prior residential treatment followed by relapse underscores the fact that behavior change – the only cure for alcoholism and drug addiction – is not easy. It takes time, motivation and a supportive peer living environment to develop comfortable sobriety without relapse. Nearly 60% of the residents have been through residential treatment more than 3 times.

The concept underlying self-run, self-supported Oxford recovery Houses is the same as the one underlying Alcoholics Anonymous and Narcotics Anonymous – addicted individuals can help themselves by helping each other abstain from alcohol and drug use for a long enough time to permit a new set of values to be substituted for the values whereby alcohol and drugs were used.

Two findings from the Virginia Oxford House studies – expulsion rate and length of stay – show that Oxford Houses are providing the time, motivation and supportive peer environment for residents to develop sobriety without relapse. The Oxford House charter requires the immediate expulsion of any resident who returns to using alcohol or drugs. Fewer than 20% [19.1%] of the residents in an Oxford House are expelled because they return to using alcohol or drugs during the time they are residents of a house. In addition, the current residents in Virginia Oxford Houses have accumulated a significant length of sobriety.

The average length of sobriety among Virginia Oxford House residents is 23.2 months, which is a good start toward mastering life-long sobriety. The range of sobriety is from 1 month to more than 10 years. There is no time limit on length of stay in an Oxford House. Residents stay until they feel comfortable with sobriety.

**Table - 6**  
**Current Sobriety in Months<sup>14</sup>**

Months	Count	Percentage
1-4	55	14.7%
5-7	41	10.9%
8-10	27	7.2%
11-13	43	11.5%
14-16	28	7.5%
17-19	23	6.1%
20-22	20	5.3%
23-25	44	11.7%
26-28	4	1.0%
29-31	7	1.9%
32-34	3	0.8%
35-37	28	7.5%
38-40	3	0.8%
41-43	3	0.8%
44-46	1	0.3%
47-49	7	1.9%
50-52	1	0.3%
53-55	2	0.5%
Over 55	7	1.9%

Dr. George E. Vaillant, in his book *The Natural History of Alcoholism*, states the obvious goal in the treatment of alcoholism [or drug addiction] when he states that, "The treatment of alcoholism should be directed toward altering an ingrained habit of maladaptive use of alcohol. ..." He goes on to spell out the four components of treatment, which can achieve that goal:

- (1) offering the patient a non-chemical substitute dependency for alcohol,
- (2) reminding him ritually that even one drink can lead to pain and relapse,
- (3) repairing the social and medical damage that he has experienced, and
- (4) restoring self-esteem.<sup>15</sup>

Vaillant also points out that providing all four components at once is not easy.

<sup>14</sup> 28 individuals did not answer current sobriety question so total percentages add up to only 92.5.

<sup>15</sup> George E. Vaillant, *The Natural History of Alcoholism Revisited*, Harvard University Press, Cambridge, 1995, p. 300.

Disulfiram [Antabuse] and similar compounds that produce illness if alcohol is ingested are reminders not to drink, but they take away a cherished addiction without providing anything in return: they provide the second component but ignore the first. Prolonged hospitalization provides the first three components but ignores the fourth and eventually the first. Hospital patienthood destroys self-esteem, and when hospitalization ceases the patient loses his substitute dependency. Tranquilizing drugs provide the first component but ignore the other three. For example, providing the anxious alcoholic with tranquilizers will give temporary relief of anxiety but may also facilitate the chain of conditioned responses that lead to picking up a drink at the next point of crisis. Over the long term, providing alcoholics with pills only reinforces their illusion that relief of distress is pharmacological, not human.<sup>16</sup>

Vaillant does note "self-help groups, of which Alcoholics Anonymous is one model, offer the simplest way of providing the alcoholic with all four components referred to above."<sup>17</sup> The same principle applies to Oxford House. It provides the benefits of prolonged hospitalization without the destruction of self-esteem. In fact, self-esteem is restored through the exercise of responsibility, helping others, re-socialization, and constructive pride in maintaining an alcohol and drug-free living environment without dependency upon any outside authority or helper.

The NIAAA and NIDA sponsored DePaul University studies of Oxford House confirm that the Oxford House self-help model is effective in providing the time and peer support in an alcohol and drug-free living environment to assure long-term sobriety without relapse. All the survey data shows that the Oxford Houses in Virginia are producing long-term sobriety with minimal relapse. The data also confirms that the residents in the houses have backgrounds reflecting the severity of their addiction.

The cost of addiction is high. The following table showing marital status reflects one of the costs. More than a third [44%] of Virginia Oxford House residents had been married but are now separated or divorced. Most believe

<sup>16</sup> Id. 301.

<sup>17</sup> Id. 301.

addiction was the primary reason they are no longer married.

**Table 7  
Marital Status**

Status	Court	Percent
Single	198	52.2%
Married	15	03.9%
Separated	56	14.8%
Divorced	105	27.7%
Widowed	5	01.3%
TOTAL	373	100.0%

The nature of alcoholism and drug addiction is that the disease progresses from bad to worse. The alcoholic and drug addict use alcohol or their drug of choice compulsively. Studies sponsored by the National Institute of Drug Abuse [NIDA] have demonstrated that the brains of alcoholics and drug addicts undergo change. For the alcoholic and drug addict tolerance of alcohol and/or drugs increases – up to a point. Recovering alcoholics nearly all tell of time periods during their drinking when they could “drink everyone under the table” and still function well but later only a little alcohol use impaired behavior. The non-alcoholic and non-drug addict would quickly realize that the use of alcohol or drugs was unwise and stops. The alcoholic or drug addict, however, craves more of the substance that left such a pleasant memory. Human beings are built to forget pain and remember pleasure. This trait causes the alcoholic and drug addict to continue active addiction unless there is intervention followed by successful behavior modification.

Forced intervention is often brought about by the criminal justice system. The uncontrolled behavior brought about when the alcoholic or drug addict is intoxicated and the compulsive behavior associated with seeking another drink of alcohol or drug fix may also bring about criminal behavior.

The profile of Virginia Oxford House residents shows indicia of forced intervention. Most residents [80.5%] have served time in jail. The average total length of time served in jail is about 20 months. Usually the individual who has jail time accumulated the jail time as the result of several periods of incarceration. In other words, the alcoholic and drug addict has chronic recidivism. Unless a behavior of constant sobriety is developed, most alcoholics

and drug addicts will continue a cycle of release from incarceration, followed by relapse, followed by arrest, conviction and incarceration again.

In an effort to avoid the revolving door of criminal behavior, drug courts attempt to correct the underlying problem of alcoholism and/or drug addiction early in the criminal process. An increasing number of Oxford House residents are participants in the Virginia Drug Court System.<sup>18</sup> The premise behind drug courts is that the drug addict or alcoholic can be motivated to seriously attempt treatment if the leverage of possible conviction and jail time is used to encourage treatment. Judges are recognizing that where the addict in treatment lives has an important bearing on the effectiveness of treatment. Unfortunately, access to Oxford House living is limited both by the availability of housing and coordination between drug courts [or the corrections system] and available vacancies in existing housing. Nevertheless more than a hundred VA drug court clients have gained long-term sobriety by living in an Oxford House and more than four-dozen are in the houses at any one time.

As discussed earlier, Virginia Oxford Houses have been established in many different places in the state but some areas of the state are more underserved than others. This is because it requires trained outreach workers to effectively rent new houses, recruit initial residents and to teach them the standard Oxford House system of operation. Without hands-on technical assistance, it is unlikely that the existing network of houses could have been established. Along the same line resources to provide more trained outreach workers could greatly expand the existing network of Oxford Houses and better coordinate utilization of the houses by treatment providers, Judges, or parole officers.

The alternative to Oxford House living can be seen by looking at where Virginia Oxford House residents lived just prior to the treatment that led them to Oxford House. While only a little over 12% of the current Oxford House residents were homeless immediately preceding entry into an Oxford House, more than 62% had experienced homelessness during their addiction. The average length of such

<sup>18</sup> At any given time there are more than 80 residents in Virginia Oxford Houses who are participants in drug courts. The Drug Courts that utilize Oxford Houses the most are in Roanoke and Northern Virginia.

homelessness was a little over 8 months [241 days]. The average number of times an individual had been homeless is 2.6 times.

Those who had been living in institutional settings [jail, mental hospital, halfway house, VA hospital] constituted approximately 18% of those living in Virginia Oxford Houses. But for these institutions it is likely they too would have been homeless.

The following table shows the place of residence immediately preceding acceptance into an Oxford House. Notice that nearly half [48%] had marginal housing security before Oxford House, e.g., rented room, institution or homeless. Table 8 shows the distribution of prior living situations for the Virginia Oxford House residents.

**Table 8**  
**Prior Residence of VA Oxford House Residents**

Place	Count	Percent
Apartment	73	21%
Owned Home	53	15%
Rented Home	59	17%
Rented Room	61	17%
Jail	32	09%
Mental Hospital	7	02%
VA Hospital	10	03%
Halfway House	15	4%
Homeless	44	13%
TOTAL	354	100%

If one classifies marginal living conditions as rented room, jail, mental hospital, halfway house and homeless, 48% of Oxford House residents were in marginal living conditions just prior to admission to an Oxford House. Common sense suggests that even the highly motivated individual is unlikely to succeed in developing comfortable sobriety while living at the margin. When the living condition just prior to Oxford House admission is coupled with the data showing that 65% of all Oxford House residents have experienced homelessness averaging over 2 months, the role living conditions play in assuring life-long sobriety is beyond doubt.

Most Virginia Oxford House residents have a job. [89%] Their average monthly income is \$1,704. This is more than enough to pay an equal share of Oxford House average household

expense of \$94 a week [range \$75 to \$140 per week].

Equally important in terms of learning life-long sobriety is that 42% of the residents are motivated to find time to attend weekly counseling sessions in addition to attendance at 12-Step self-help meetings.

The attendance at 12-Step self-help meetings – Alcoholics Anonymous or Narcotics Anonymous – is important to bring about long-term behavior change but is not required as a condition for living in an Oxford House. Experience – gained over Oxford House’s quarter century of operation – has shown that voluntary rather than mandatory 12-Step meeting attendance works. Among Virginia Oxford House residents, the average number of 12-Step meetings attended each week is 5.1. This is more than twice the number of 12-Step meeting attended by the average AA or NA member.

What this shows is that the Oxford House system of operation [democratically self-run, financially self-supported with emphasis on absolute sobriety] motivates residents to take advantage of tools designed by and for addicts to change behavior. Coupled with the absence of a time limit for living in an Oxford House, these tools help to produce recovery without relapse. As shown in Table 6 above, over 75% of Oxford House residents have over 6 months sobriety and the average length of sobriety among Oxford House residents in Virginia is a little more than 23.2 months.

QuickTime™ and a  
TIFF (Uncompressed) decompressor  
are needed to see this picture.

**Oxford House-Hermitage**  
3800 Hermitage Road  
Richmond, Virginia 23227  
10 Women, Tel. 804-264-2146

The standard questionnaire used for obtaining data to profile Oxford House residents asks two questions to elicit the opinion of Oxford House

residents about the value of Oxford House living:

17. Would you recommend Oxford House to other alcoholics or drug addicts early in recovery?" and
- 16 How important has Oxford House been to your sobriety?  some what important,  moderately important,  very important,  insignificant,  not really sure."

More than 97% would recommend an Oxford House and 87% found Oxford House "very important" to their sobriety. Only 1% found it not to be significant while 10% found it to be "moderately" or "somewhat important."

The bottom line is that more than 80% of the Virginia Oxford House residents are staying clean and sober. In the process they are staying out of trouble, holding jobs and exercising civic responsibility. They also tend to stay involved with Oxford Houses even after they have moved out of a house. More time needs to be spent to formalize what could be a very helpful alumni association.

Looking ahead it is important to recognize that Oxford Houses in Virginia have helped nearly 10,000 individuals transform their life from addiction to sobriety. In the process, the system of operation utilized by self-help Oxford Houses has taught responsible civic behavior. It has done so with practically no cost to the taxpayers or society at large.

Each year the Virginia Oxford House residents have paid the bulk of the costs involved in maintaining and expanding the statewide network of Oxford Houses. For example, the 77 Oxford Houses in the state at the beginning of 2007 will pay \$3,040,336 for household expenses during the year. That amount covers rent for each of the 77 houses, household supplies, and utility bills.<sup>19</sup> This expenditure by the recovering individuals themselves compares well to the \$124,000 a year paid by the Commonwealth to partially support the two outreach workers in the state and supervision by the Oxford House, Inc. central services office.<sup>20</sup> The residents are paying about 25

<sup>19</sup> The 622 individuals living in the 77 VA Oxford Houses pay an average of \$94 per week as their equal share of household expenses.

<sup>20</sup> The average annual cost per outreach worker to Oxford House, Inc., is \$80,000 broken down as follows: Salary \$22,000 to \$38,000; health benefits

times more than the taxpayers and more importantly avoiding additional taxpayer costs like homelessness or incarceration.<sup>21</sup>

Moreover, the working residents have an aggregate income of more than \$12,718,000 a year. In the FICA tax alone over \$1.8 million will be paid to social security and Medicare.

The average length of stay in a Virginia Oxford House is about one year but there is no time limit and some residents will stay a long time. This not only prevents personal relapse but also adds stability to the Virginia Network of Oxford Houses.

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\$7,200; FICA \$1,683 to \$2,907; FUI \$2,100 plus travel expenses @ .41 cents per mile. Supervision costs are under \$5,000.

<sup>21</sup> While it is difficult to put a direct taxpayer cost per homeless person [not counting lost productivity], it is easy to put a cost to incarceration. At a minimum the annual cost to taxpayers for each incarcerated person is between \$23,000 and \$31,000.

# Oxford House Virginia Resident Profile

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Number of Women's Houses:	19	No. of Women Residents:	172
Number of Houses For Men:	58	No. of Men Residents:	453
Total Virginia Houses:	77	Total Residents:	625
Average Age Women	37.9	Average Age Men	40.2
Average Age	39.6	Percent Military Veterans:	18%
Average Schooling	12.3 yrs.	Percent High School or more	82.7%
Average Cost Per Person Per Week:	\$94	Rent Per Group Per Month:	\$1,350
Residents Working 11/15/06:	89%	Average Monthly Earnings:	\$1,704
Percent Addicted To Drugs or Drugs and Alcohol:	70%	Percent Addicted to Alcohol only:	30%
Race --		Marital Status --	
White;	40.2%	Never Married	52.2%
Black;	54.1%	Separated	14.8%
Hispanic	2.1%	Divorced	27.7%
Other <sup>22</sup>	3.3%	Married	4.0%
		Widowed	1.3%
Prior Homelessness:	62%	Average Time Homeless:	8 Mos.
Prior Jail:	80.5%	Average Jail Time:	20 Mos.
Average AA or NA Meetings Per Week Per Resident:	5.1	Percent Going To Counseling <u>and</u> AA or NA:	41.7%
Average Length of Sobriety of House Residents:	23.2 Mos.	Residents Expelled Because of Relapse:	19.1%
Average Length of Stay In An Oxford House:	13.1 Mos.	Average Number of Applicants For Each Vacant Bed:	3.3

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<sup>22</sup> Other includes Native American, Asian, and mixed races.



# Oxford House™

1975-2007

*32 Years of Organized Self-Help To Enable Alcoholics and Drug Addicts to Recover Without Relapse*

- Sole Authority for Oxford House Charters
- Providing Technical Assistance to Establish New Oxford Houses
- Providing Technical Assistance to Keep Existing Oxford Houses on Track
- Providing Organization of Chapters to Help Houses Help Themselves
- Providing the Time, Living Environment and Support to Enable Alcoholics and Drug Addicts to Achieve Recovery Without Relapse
- Providing the Legal, Philosophical, and Scientific Framework for a Cost-effective, Worldwide Network of Supportive Recovery Housing.

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