

Oxford House 2009 Profile Series

An Evaluation of the Network of Oxford Houses

New Jersey



Oxford House –Providing Time for Recovery

June 2009

Oxford House World Services

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Oxford House, Inc.

Oxford House, Inc. is the umbrella organization of the national network of more than 1,300 individual Oxford Houses. Its central office is located at 1010 Wayne Avenue, Suite 300, Silver Spring, Maryland near where the first Oxford House™ started in 1975.

Oxford House™ is a concept and system of operations based on the experience of recovering alcoholics and drug addicts who learned that by living together in a disciplined, self-run, self-supported home they could help each other to become comfortable enough in sobriety to avoid relapse. The Oxford House Manual® is the basic blueprint that provides the organization and disciplined democratic structure that permit groups of recovering individuals to successfully live together in recovery. All Oxford Houses are *rented* ordinary single-family houses in good neighborhoods.

The national network of Oxford Houses works because the umbrella organization assures the quality of Oxford Houses through a time-tested system of operation, encourages expansion through partnerships with individual state governments, fosters independent outcome research and assures the civil rights of residents to locate in good neighborhoods. Its 34-year old system of operation provides individuals recovering from alcoholism and/or drug addiction with the time, peer support and confidence building skills to become comfortable enough in sobriety to avoid relapse or return to addictive use of alcohol and/or drugs.

Following enactment of §2016 of the Anti-Drug Abuse Act of 1988 – PL 100-690, New Jersey was one of the first states to begin development of a network of Oxford Houses.

Nine of the seventy Oxford Houses in New Jersey today are over 15 years old. This report based on October/November 2008 data collection updates the evidence about who is served by the statewide network of Oxford Houses in New Jersey. It is a follow-up evaluation to the 2007 Evaluation based on 2006 data collection downloadable from the Oxford House website: www.oxfordhouse.org. It also discusses the status of the New Jersey Recovery Home Revolving Loan Fund and recommends faster expansion of the network of Oxford Houses in the state.

Silver Spring, Maryland

June 2009

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** Victor Fritz took office January 2009 and is an ex-officio member of the board.

INTRODUCTION

Oxford Houses are self-run, self-supported houses for persons recovering from alcoholism and drug addiction. The network of Oxford Houses in New Jersey currently consists of 70 Oxford Houses, providing recovery housing for approximately 1,300 residents during the course of a year. Oxford House, Inc., is the umbrella organization for the network of individual Oxford Houses. This report is an update of the 2007 Evaluation Report of the New Jersey Oxford Houses. A copy of that report is available on the Oxford House web site at: www.oxfordhouse.org.

This report presents a profile of New Jersey Oxford House residents and changes in the profile over time. In addition, the report evaluates the effectiveness of the Oxford Houses based on the profile data as well as on independent research. Finally, the report considers how Oxford Houses could be used more effectively in New Jersey in the future.

The profile data are taken from a survey conducted of Oxford House residents in October/November 2008. The survey form has been used by Oxford House, Inc. [OHI] since 1987, when it was developed. The survey provides demographic information about Oxford House residents along with background information on each resident's addiction and recovery. The 2008 survey achieved a 68% response rate. Where appropriate differences are noted between the current and prior data.

The overall status of the New Jersey Network of Oxford Houses is good. The evaluation found positive outcomes – continuous sobriety – for more than three-quarters of the 1,292 residents who lived in the houses during 2008. Nine of the Oxford Houses in New Jersey are over fifteen years old – giving the network of Oxford Houses in New Jersey maturity enjoyed by few other states.

Since returning to New Jersey in 2001, OHI has increased the number of houses from 22 to 70 although more utilization of the NJ Recovery Home Revolving Loan Fund is needed to meet demand. Since the survey was conducted, three houses have been added with start-up funding provided by other houses in the state. One house (in Hamilton, near Trenton) closed at the end of May because the wiring in the house was not up to Oxford House standards and the landlord was unable or unwilling to upgrade it. The remaining men in that house either moved into other living arrangement or to other Oxford Houses in the area.

There is a need for substantially more Oxford Houses in New Jersey than currently exist. The houses had twice as many applicants as could be accepted in 2008. And the applicant pool would have been much greater if there were more active outreach to drug courts, treatment providers and prison re-entry programs.

The advantage of making Oxford House living available to those leaving primary treatment is its proven record of success. A significant percent of Oxford House residents achieve recovery without relapse. The Oxford House program is designed to achieve this result and independent research has documented its success.

Given that individuals in relapse or recidivism currently use most treatment beds in New Jersey (as in other states also), ways need to be found to stop the recycling. Oxford House provides the time and method to achieve this result – one alcoholic and addict at a time. The Oxford House experience has shown that relapse need not – and should not – be considered unavoidable because of nature of the disease of alcoholism and drug addiction. With Oxford House support relapse becomes the exception – not the norm.

Table 1 – New Jersey Resident Profile May 2009

Number of Women's Houses:	14	Number of Women Residents:	106
Number of Houses For Men:	57	Number of Men Residents:	444
Total Network of New Jersey Houses:	71	Total Number of Residents:	550
Average Age:	35.9 Years	Age Range	18 – 62 Years
Cost Per Person Per Week [average]: [Range \$90 - \$145]	\$105	Rent Per Group Per Month [average]: [Range \$1,200 - \$4,500]	\$2,300
Percent Military Veterans	10.1%	Average Years of Education [all residents]:	12.8
Residents Working 10/30/08:	80.3%	Average Monthly Earnings:	\$1,849
Percent Addicted To Drugs or Drugs and Alcohol:	71.8%	Percent Addicted to Only Alcohol:	28.2%
Race –		Marital Status –	
White;	85.3%	Never Married	64.7%
Black;	10.9%	Separated	7.3%
Other	3.8%	Divorced	21.9%
		Married	3.2%
		Widowed	2.5%
Prior Homelessness:	56.4%	Average Length of Homelessness:	7.6 Mos.
Prior Jail:	73.9%	Average Jail Time:	15.5 Mos.
Average AA or NA Meetings Attended Per Week:	4.4	Percent Going To weekly Counseling in addition to AA or NA meetings:	31.2%
Average Length of Sobriety of House Residents:	18.3 Mos.	Residents Expelled Because of Relapse:	19%
Average Length of Stay In An Oxford House:	9.1 Mos.	Average Number of Applicants For Each Vacant Bed:	+2.0

The World Services Office of Oxford House collects data monthly from each Oxford House with respect to applications, admissions, expulsions for cause and voluntary departures. Resident profiles are obtained using the confidential survey questionnaire designed by the late William Spillane, Ph. D. in his 1988 Evaluation of Oxford Houses. This produces data that can be compared on a year-by-year basis. The house figures above are current as of May 31, 2009. Resident profiles are derived from state surveys conducted in October-November 2008.

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Table 1

Last Treatment	No.
Anderson	1
Archstones	4
ASAP	1
Atlantic City	1
Bergen Pines	4
Bergen	9
Burlington Jail	1
Camden County	3
Caron	2
Carrier Clinic	5
Choices Center	1
Clinton House	1
Clearbrook	1
Crawford	3
Delaware	1
Discovery	30
Eva's Recovery	2
Excel	1
Endeavor	9
Fair Oaks	1
Freedom House	1
Hampton	2
Hanson House	13
Hope Hall	1
Hendricks	9
IHD	6
Integrity House	7
Jail	1
Jersey Shore	1
Kennedy	6
Lakeland	8
Lighthouse	8
Market St	1
Maryville	17
Mattie House	7
Message of	1
New Beginnings	1
New Hope	29
Overlook	2
Post House	6
Recovery Frist	1
Park Bench	3
Princeton	1
Rescue Mission-	1
Salvation Army	4
Seabrook	11
Shoreline	8
Spring House	1
Straight and	11
St. Clairs	4
St.Christopher's	4
Stepping	2
Sunrise	14
Turning Point	14
Westhampton	1
	288

Treatment, Research and Outcomes

Oxford House residents in New Jersey – like Oxford House residents everywhere – generally come to an Oxford House following some sort of specialty treatment – a facility designed to help alcoholics/drug addicts stay clean and sober. Table 1, at the left, shows the last treatment facility that New Jersey Oxford House residents attended before moving into an Oxford House. Only 20% came to Oxford House after their first treatment endeavor – either outpatient or residential. The average number of times New Jersey Oxford House residents had been in residential treatment is 2.6 times – 4.9 times including outpatient treatment.

One can draw the conclusion from this that “relapse is part of the disease of alcohol and/or drug addiction” or that “relapse is a defect in the present treatment system” because it too often fails to provide the support necessary for a recovering individual to become comfortable enough in sobriety to avoid relapse. The experience of Oxford House suggests that the latter conclusion is correct.

Vaillant writes "self-help groups, of which Alcoholics Anonymous is one model, offer the simplest way of providing the alcoholic with the basic treatment components to assure sobriety."¹ 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 New Jersey Oxford House data show that the houses serve individuals from a variety of primary treatment providers. As Table 1 shows, the residents came from almost all the treatment providers in the state. In short, Oxford House is the one-size fits all fix for the deficiency in the present treatment system that fails to provide the time and recovery support necessary to assure long-term sobriety without relapse. Oxford Houses provide uniform access and availability irrespective of primary treatment. Most of the residents will stop recycling in and out of treatment. This is different from normal outcomes.

A brief reminder of the relatively poor treatment outcomes for those trying to stop addiction to alcohol and/or drugs follows.

¹ Dr. George Vaillant published his major works on alcoholism in 1983 and 1995 but he had reported significant findings much earlier. At Harvard, Vaillant became head of the longitudinal studies of human behavior involving the Grant group – a large sample [268 men] of selected – beginning in 1937 as sophomores and continuing to 1940 – over their lifetime to measure physical and psychological behavior. For 42 years psychiatrist, Vaillant has been chief investigator and the Harvard studies picked up a core city group and a women’s group to monitor in the same way. The June 2009 issue of Atlantic monthly has a good article about the Doctor and his remarkable data research base. Vaillant is also a non-alcoholic Trustee on the Board of Alcoholics Anonymous – in part because of his work on alcoholism, which is an outgrowth of the longitudinal Harvard and core city studies.



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In 1988, Dr. Arnold M. Ludwig, a professor of psychiatry at the University of Kentucky, reported that eighteen month follow-up studies of alcoholics after treatment showed that about one-half of the alcoholics managed to stay dry for a minimum of three months; about one-third for six months; about one-sixth for twelve months; and less than one-tenth for an entire eighteen month period.² In 1996, the Rand Corporation studied recovery from cocaine addiction and found that one-year after treatment only 13% were still clean and sober. Dr. Vaillant's longitudinal study [now covering 70 years] predicts about a 20% recovery rate – with or without treatment.³

R.J. Goldsmith in *The Essential Features of Alcohol and Drug Treatment* found that six-months after a traditional halfway house stay only 10.9% of male residents maintained sobriety and only 9.5% of female residents remained sober.⁴ By contrast the outcome for residents of Oxford Houses is eight times better than what Goldsmith reports. More than 100 peer-reviewed published research articles about Oxford house financed mostly by NIAAA and NIDA support this fact.⁵

² Arnold M. Ludwig, M.D., *Understanding the Alcoholics Mind*, Oxford University Press, New York 1988, p. 51.

³ George E. Vaillant, *The Natural History of Alcoholism*, Harvard University Press, Cambridge, 1983, p. 300. [when this book was published the study of college men and core city group covered a 42 year period]

⁴ *Psychiatric Annals*, 22, pp. 419-424 (1992).

⁵ www.oxfordhouse.org "Publications/Evaluations/DePaul" contains a list of articles – both from DePaul researchers and others. It is updated monthly.

Recently, *Counselor – The Magazine for Addiction Professionals* published an article about Oxford Houses, which raises a basic question concerning the proposition about alcoholism and/or drug addictions that “relapse is part of the disease.” The article suggests that relapse may be a defect in a treatment protocol that does not include support for recovery maintenance. The authors go on to point out that for the last three decades Oxford House has demonstrated that with adequate post-treatment support the relapse rate can be significantly reduced.⁶

The New Jersey Oxford House data show that the houses serve individuals from a variety of primary treatment providers – almost all the treatment providers in the state. In short, Oxford House is the one-size fits all fix for the deficiency in the present treatment systems. Oxford Houses provide uniform access and availability irrespective of primary treatment and above all Oxford House living is likely to produce recovery without relapse.

The fall 2008 survey collects information to describe the characteristics of those who move into New Jersey Oxford Houses. It also documents the paths to recovery followed by Oxford House residents and reviews the importance of independent research to quantify the behavior change among the residents, its durability and the processes in Oxford House that contribute to it.

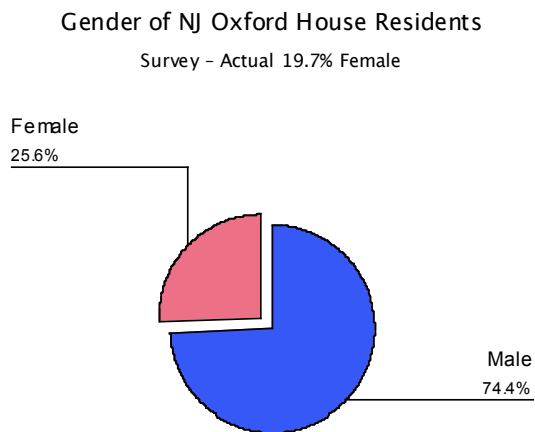
⁶ William L. White and J. Paul Molloy, “Oxford Houses: Support For Recovery Without Relapse,” *Counselor – The Magazine for Addiction Professionals*, Vol.10, No. 2, April 2009.



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New Jersey Oxford House Resident Profile
 [October/November 2008]

There are Oxford Houses for men and for women but there are no co-ed houses. Some of the women’s houses accept women with children. The survey slightly over-represents women in New Jersey Oxford House [25.6% of respondents versus an actual percentage of 19.7% of residents]. The difference is insignificant based on previous surveys and follow-up analysis to verify age and income among the “missing men.”⁷



As pointed out earlier, women are under-represented in New Jersey Oxford Houses when compared to the percentage of women receiving treatment in New Jersey based on the TEDS data. In 2008, about 48,000 alcoholics and/or drug

⁷ The “missing men” were called and questioned on age and income. The result was no change from averages based on the survey questionnaires.

addicts in New Jersey were treated for alcoholism and/or drug addiction – 69.7% males and 31.3% females – yet only 19.7% of New Jersey Oxford House recovery beds are for women.⁸

Overall, 1,292 individuals lived in New Jersey Oxford Houses during the year – about 2.7% of those entering treatment in the state, based on the TEDS data. This group – while small in relation to the total treatment number – is unlikely to relapse or to need primary treatment again. Most Oxford House residents stay in an Oxford House until they become comfortable enough with sobriety to avoid relapse. This evaluation will confirm that Oxford House changes normal recovery outcome from one fraught with relapse to one where sobriety without relapse is the norm. It will also recognize that most individuals coming into Oxford House have a record of repeated relapses. Since Oxford House changes the normal outcome following primary treatment for alcoholism and/or drug addiction, the evaluation will also raise the question of how many Oxford Houses might be the necessary to achieve a “tipping point” to make treatment more effective.

The twelve-month turnover of recovery beds in New Jersey is shown below in Table 2.

Table 2
 12-Month Turnover March 2008 to March 2009

Month	Applications	Admissions	Number Leaving House		
			Vol.	Relapse	Other
Mar.	104	67	27	19	10
Apr.	99	54	23	27	11
May	109	69	18	29	12
Jun.	105	58	27	37	4
Jul.	89	60	18	36	9
Aug.	118	69	25	24	11
Sep.	108	66	29	25	13
Oct.	141	72	26	20	17
Nov.	121	70	21	24	21
Dec.	109	69	24	30	15
Jan	98	54	24	31	15
Feb	92	54	18	14	16
TOTAL	1293	762	280	316	154

During the 12-month period, 1,292 individuals lived in the New Jersey Oxford Houses – 550 at the start of the period and 762 entering during the period. 24% of those relapsed – about 5 points higher than

⁸ While 48,000 in New Jersey went in treatment during the year, only 32,000 completed the treatment. The percentage for male and female is based on those in treatment rather than those who “completed” treatment.

the national average among Oxford House residents but still only about a quarter of “normal” outcome.⁹



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Based on the survey sample of more than 300 residents in New Jersey Oxford Houses, the average number of times residents had been through treatment is 4.9 times. Men had been through treatment slightly more times than women [5.02 versus 4.5] but both genders showed recycling. Looking at just residential treatment, the recycling factor is just as pronounced – an average of 2.62 times [men 2.64 – n 228; women 2.57 – n 80]. As a result of living in an Oxford House, close to 80% of these individuals will stay abstinent and stop recycling in and out of either outpatient or residential treatment.

If the Oxford House option were more readily available, fewer alcoholics and/or drug addicts would relapse following primary treatment. The question is how many Oxford House recovery beds are needed to significantly shift the present treatment outcome statistics? We do not know but we do know that not every person going through treatment needs the additional recovery support provided by Oxford House living. Our belief is that there is a point somewhere between the present supply of 543 New Jersey Oxford Recovery beds and having an Oxford House recovery bed available for everyone going through treatment that is the tipping point that would change the culture of recovery from alcoholism and/or drug addiction

⁹ Nationally the relapse rate in Oxford House is about 19% and has stayed within 1% of that level for the last twenty years. The NIDA sponsored DePaul study that followed 897 individuals for 27 months – in an out of an Oxford House – found 13% relapsed. [Jason et. al. *The Need for Substance Abuse Aftercare: A Longitudinal analysis of Oxford House, ADDICTIVE BEHAVIORS* 32 (2007) pp. 803-818] Downloadable: www.oxfordhouse.org “Publications/Evaluations/DePaul”

from one where relapse is expected to a culture in which relapse is the rare exception.

About 42,000 individuals will complete primary treatment this year.¹⁰ The present level of Oxford House recovery beds [543] in the NJ serves about 1,300 individuals during a year. The fortunate few [3.1%] who get into an Oxford House will do well – 76% become comfortable enough sobriety to avoid relapse. Our hypothesis is that at 2,200 recovery beds [serving about 5,200 or slightly over 12% of those in treatment] would be a tipping where sobriety without relapse becomes the norm. The only way to test that is more development and honest assessment of treatment outcomes.

Some will suggest that there are many ways to strengthen the recovery movement short of developing a network of self-run, self-supported Oxford Houses. It is not the purpose of this evaluation to be critical of any efforts to help recovering individuals to stay clean and sober in many other ways – whether drop-in centers, mentoring efforts or more intensive 12-step or group therapy efforts. However, our experience has been that only Oxford House seems organized in a way to provide the time and peer support likely to produce recovery without relapse. Moreover, only Oxford House has the ability to collect the data essential for meaningful evaluation.

Some individuals completing primary treatment are able to become comfortable enough in sobriety to avoid relapse by regularly attending AA/NA meetings following formal treatment. However, many need more recovery support. Oxford Houses provide that additional support by providing a place to live where recovery is the center of everything. Not only is the living arrangement focused on sobriety but it is different from the living arrangement that was associated with addictive use. Often this change is important because the addictive living environment may have created tension among family members or loved ones. It is not uncommon for counselors to hear from returning clients that he or she had relapse because the tension was so great at home. “My family just didn’t trust me so I finally drank, “ is one of the most common reasons that a person in recovery who has returned to drinking will give following the relapse.

¹⁰ TEDS 2006 Data Set SAMSHA – May 2009 [See also section in this evaluation on TEDS data – pages 18-19.]

Status of New Jersey Recovery Home Revolving Loan Fund

When OHI was in New Jersey the first time [1990-1995], 32 Oxford Houses were funded from the New Jersey Recovery Home Revolving Loan fund [a \$100,000 fund administered for the state by OHI]. The performance of all the original houses started by the fund was remarkable – every house repaid its \$4,000 start-up loan by making payments of \$170 a month without missing a payment. [See the 2007 Evaluation downloadable from the website: www.oxfordhouse.org under “Publications/Evaluations/States”.] Table 3 below is a snapshot of the fund at the end of June. Since OHI resumed activity in New Jersey in 2001, the \$100,000 fund has loaned out \$255,350 [65 loans] and \$233,672 has been repaid. The fund has not made any new loans for the last 18 months.

Table 3 – Current Status of NJ Recovery Home Revolving Loan Fund

House Name	Loan	Payment	Date	Repaid	Balance	Status
Oxford House - Barrington	\$3,000	\$84	6.19.09	\$2,155	\$845	Closed
Oxford House - Cardinal Court	\$3,100	\$170	6.19.09	\$3,100	0	Open
Oxford House – Clairmont	\$4,000	\$170	6.19.09	\$3,060	\$940	Open
Oxford House – Conover [West]	\$4,000	\$50	6.19.09	\$2,000	\$2,000	Closed
Oxford House – Cuyler	\$4,000	\$170	4.02.09	\$1,350	\$2,650	Closed
Oxford House – Edison	\$4,000	\$50	6.19.09	\$2,620	\$1,510	Closed
Oxford House – Gloucester City	\$4,000	\$50	6.19.09	\$3,160	\$840	Closed
Oxford House – Islen	\$4,000	\$50	6.19.09	\$2,090	\$1,910	Closed
Oxford House – Kickapoo	\$4,000	\$85	6.19.09	\$1,870	\$2,130	Closed
Oxford House – Magill Ave.	\$4,000	\$50	6.19.09	\$2,620	\$1,380	Closed
Oxford House – Morristown	\$3,600	\$170	6.19.09	\$3,440	\$160	Open
Oxford House – Peachfield	\$4,000	\$170	6.19.09	\$2,830	\$1,180	Open
Oxford House – Roosevelt	\$4,000	\$85	6.19.09	\$1,285	\$2,715	Closed
Oxford House – Route 527	\$4,000	\$170	6.19.09	\$4,000	\$0	Open
Oxford House – Veranna	\$1,800	\$170	6.19.09	\$1,700	\$100	Closed
Oxford House – Vineland	\$4,000	\$170	6.19.98	\$1,802	\$2,198	Open
Oxford House – West Orange	\$4,000	\$170	6.19.09	3,830	\$170	Open
Oxford House – Willingboro	\$4,000	\$170	5.19.09	\$2,250	\$550	Open
Summary of Fund [Exclusive of Bank Charges]			Cash	Receivables	Total	
[As of June 30, 2009]			\$78,216	\$21,278	\$99,494	

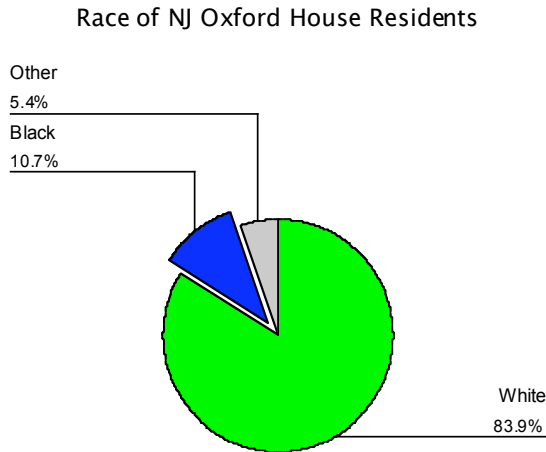
When OHI re-entered the state in 2001, the number of houses had declined from 32 to 22 and the loan fund was re-instituted to provide start-up loans. Between 2001 and 2006 the loan repayments were not as good as during the earlier period. OHI used the same coupon books and attempted to collect the monthly repayments but with less success. The agency froze new loans beginning in 2007. There have been no new start-up loans made from the fund during the last 20 months.

Once the state and OHI realized that many houses were falling behind in loan repayments, OHI changed the collection system to using monthly electronic transfer from the house’s checking account to OHI for deposit in the NJ Recovery Home Revolving Loan fund collections improved. Today every house is up to date as the June repayments shown in Table 3 illustrate. Notice that where a house status shows “Closed” other houses in the chapter have assumed responsibility for repaying the closed house loan obligation. Eight of the houses listed in Table 3 are still open and, while 10 of the houses are closed, the chapters are repaying the closed house loans. All repayments are made by monthly electronic transfer and, while chapter repayments are for various amounts, the open house repayments are all at a rate of \$170 per month.

It is recommended that the revolving loan fund again begin making new start-up loans. Not only is there a need for additional houses in the state but the establishment of additional houses also significantly affects the morale and enthusiasm among residents of existing houses. In short, on-going expansion provides a level of enthusiasm among residents of existing Oxford Houses that improves chapter organization and the effectiveness of every Oxford House.

Oxford House Residents – Race

It is important to have an accurate profile of Oxford House residents to verify that the program reaches a representative group of the recovering population.



With a population of about 8.7 million, New Jersey has a White population of 74.1%, a Black population of 12.4% and 13.5% of the population of other race.

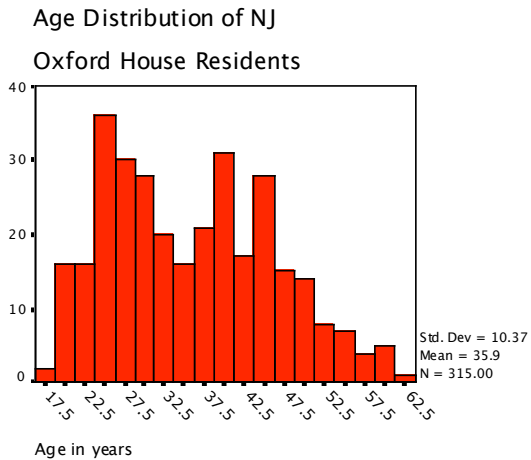
As in the 2007 evaluation, the percentage of White New Jersey Oxford House residents is higher than the White population of the state – 83.9% versus 74.1%. The Black Oxford House population in New Jersey is 10.7% versus an overall Black population in the state of 12.4%.

The TEDS data show that 71.3% of individuals receiving treatment in New Jersey were White and that 25.1% were Black. From the primary treatment perspective, the percentage of Blacks in treatment is twice the Black share of the state population. While the racial composition of NJ Oxford Houses is closer to the racial composition of the state as a whole, it nevertheless is under serving Blacks.

The most obvious reason that the Oxford House population is slightly more White than the state as a whole is that most houses are located in predominately white geographic areas of the state. Development of more Oxford Houses in Northern New Jersey [Bergen, Essex and Union Counties and Newark] would result in a racial balance among residents that more closely reflects the population of the state.

Oxford House Residents – Age and Sobriety

The average age of New Jersey Oxford House residents is 35.9 with a range from 17 to 68.¹¹ Men average a year older than women [36.2 versus 35.2] but both men and women in New Jersey Oxford Houses average about two years younger than Oxford House residents in other states. The average length of sobriety of overall is 18 months. Women average 13.9 months and men average 19.8 months. Slightly over 30% of all residents have less than six months sobriety.



Among the New Jersey Oxford House residents are a handful of men [3] who have more than 10 years of sobriety with more than 5 years in the particular Oxford House in which they are now residing. Long-term residency adds stability to the statewide network of houses and suggests looking at “old-timers” in greater detail in some future analysis.

In connection with long-term sobriety, it should also be noted that the DePaul studies have uniformly shown an extremely high sobriety without relapse for those who live in an Oxford House six months or more. Almost all of the relapses during the March 2008 to March 2009 period were individuals with less than six months residency in a house. In Table 2 all but 5 of the 316 who relapsed had less than six months in a house.

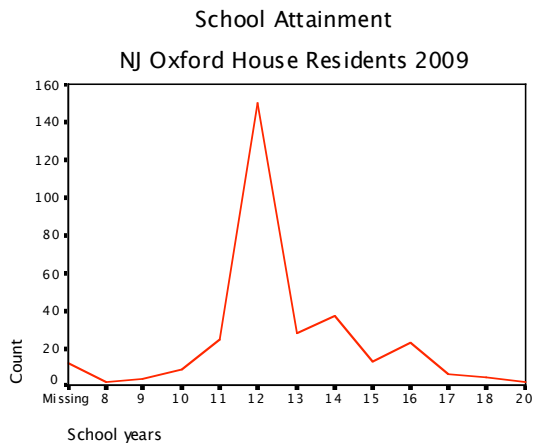
There is no statistical relationship shown between age and length of sobriety. While the average age is 35.9 years, the distribution of ages includes clusters of those in the twenties, thirties and forties.

¹¹ The average age in prior 2006 survey was 36.4 – just a little older.

Within each age group sobriety depended upon the length of time living in an Oxford House. Oxford House living seems to contribute to abstinent behavior irrespective of age, previous times in treatment, prior incarceration, prior homelessness or dual diagnosis [addiction plus a mental illness]. This is in conformity with the findings of the DePaul research group in a variety of studies as discussed earlier under Oxford House and Modern Research.

Educational Attainment

The average educational attainment of the New Jersey Oxford House residents is 12.8 years [range grade 8 to post college graduate]. Those not having a high school diploma constitute 13 percent. Those with a college degree or better constituted 4.3 percent. The graph below shows the distribution.

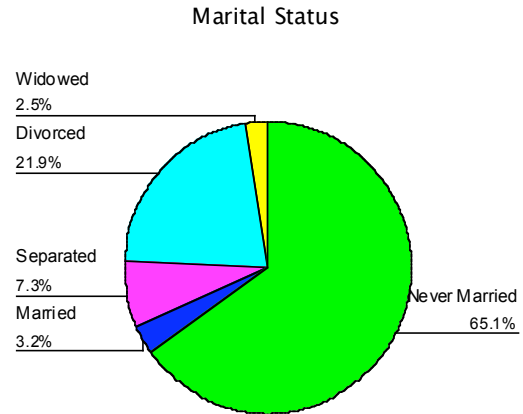


There is no significant relationship between educational level, age, race, income or number of times through treatment. Women had a slightly greater educational attainment than men – 13.04 years versus 12.74 years. The mean educational level of all New Jersey residents was about the same as the educational level among Oxford House residents nationally – 12.8 years versus 12.56 years.

The survey did not elicit information about whether or not those without a high school diploma were working toward getting a GED. However, in other states about half of this population does so. In the next year, Oxford House will develop a program for New Jersey Oxford Houses to at least make information available about the value of GED programs. We will reach out to find supportive links for continuing education to help individuals with a high school diploma to get a GED.

Marital Status

Alcoholism and drug addiction take a toll on marriage. Among New Jersey Oxford House residents about 30% of residents are either divorced or separated. Only 3% are currently married.



Two-thirds of the New Jersey Oxford House residents have never been married – just as in the 2006 survey. The divorced and separated percentages were also about the same. In both surveys the marital status of New Jersey Oxford House residents is similar to the marital status of Oxford House residents in other states.

Employment and Income

Since the residents of each house share the expenses of operating an Oxford House, most residents work to earn money to pay their equal share of household expenses. The average equal share of household expenses in New Jersey Oxford Houses is \$105 a week with a range of \$90 to \$150 a week. At any given time, most of the residents will have a job, but some will be looking for work or have income from unemployment insurance, Social Security, veteran’s benefits or other retirement income.

Those receiving veteran’s benefits, Social Security or other retirement income will do volunteer work related to recovery such as working on the call in desk for 12-step programs to avoid the problem of just sitting around the house watching television. The house membership as a whole decides on the type of volunteer work a resident on income maintenance should do by discussing the matter with the resident during a regular house meeting. The belief is that no one should just sit around and watch TV.

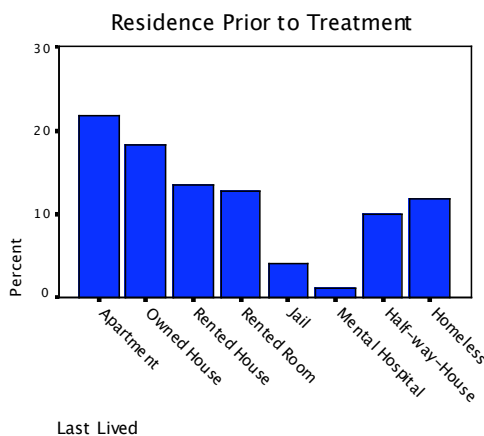
Most of the residents work. The following graph shows the percentage of residents employed when the survey questionnaire was completed.



The average income for the residents of the New Jersey Oxford Houses is \$1,849 a month – range \$550 to \$6,600. This income is adequate for each individual to pay his or her weekly share of household expenses that averages \$105 a week for residents of New Jersey Oxford Houses [range \$90 – \$145 a week].

The average monthly income in October-November 2008 was only \$49 a month more than it was in the 2006 survey. The income of New Jersey Oxford House residents in aggregate is substantial – \$12,203,400 during the last 12 months.¹² That income generates \$1,787,798 in FICA taxes – the payroll tax to finance Social Security and Medicare [7.65% of income on both employee and employer].

Prior Residence



When one looks at where an individual resided prior to treatment immediately preceding moving into an Oxford House, the last five categories shown in the graph above could be considered marginal housing – rented room, jail, mental hospital, halfway house or homeless. But for Oxford House, it can reasonable be concluded that these individuals would return to marginal living conditions.

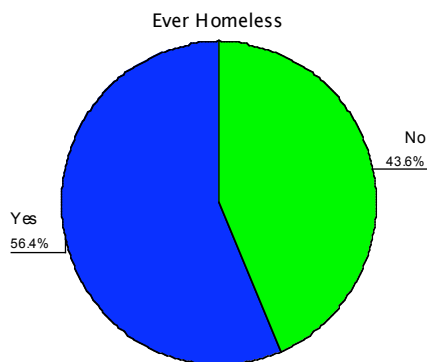
Among the New Jersey Oxford House residents, 43% had marginal living conditions just prior to their last treatment episode. The 57% with non-marginal living conditions were: 21.8% apartment, 18.3% owned house and 13.6% rented house. There is no statistical relationship between length of sobriety and where a person lived prior to treatment leading to an Oxford House.

If one were to consider the individuals living in an owned house [18.3%] as the most stable in terms of middle class achievement, it is interesting to note that a fairly large number of such individuals live in a New Jersey Oxford House. [About 100 individuals at any one time; around 240 during the course of a year.] This data, along with educational attainment, is at least circumstantial evidence that that there is a mix of “has beens” and “never weres” that is probably greater than one would find among the population of traditional halfway houses. While there are no studies measuring the socio-economic integration of Oxford Houses – independently or compared to other recovery housing – it is our hypothesis that this integration helps all residents to adjust to living a productive life associated with sobriety that is comfortable enough to avoid relapse. It is also our belief that those who owned homes and were middle class are unlikely to go to a traditional halfway house.¹³

Homelessness is the most marginal of the marginal living situations. While only 12% of the New Jersey Oxford House residents had been homeless immediately preceding their last treatment experience, 56.4% had been homeless at sometime during their addictive use for an average period of about 7.6 months. Of those who had been homeless the average number of times homelessness occurred was 2.6.

¹² The aggregate FICA tax is slightly overstated because a few of the residents have social security or pension benefits but it certainly is assured because everyone with less than \$102,000 a year [the current FICA income cap] pays tax on total income.

¹³ In a small sample [8] of personal interviews some who were homeless had in the past “owned homes” but had hit a low bottom. They had been to traditional halfway houses. None of those who had lived in their “owned home” had ever considered a traditional halfway house.



The data not only underscores that alcoholism and/or drug addiction is a major cause of homelessness but also suggests that Oxford House is an effective pathway out of homelessness. The uncertainty of the street is replaced by the disciplined democratic self-run orderliness of living in an Oxford House. Every individual has an equal voice in house decisions and every individual has responsible duties to maintain the house. As the formerly homeless resident becomes comfortable in sobriety, the rational belief that living in a nice home is better than being homeless on the street takes hold. In a nutshell, the Oxford House living environment reshapes deviant behavior of the individual into a more normal social behavior. This happens in part because the Oxford House system of operation utilizes egalitarian democracy and each individual who participates gains confidence that it possible to function without the use of alcohol and/or drugs. The association of sobriety with the “feeling better” often strengthens sobriety.

Psychiatric Comorbid Substance Abuse Disorders

While only 4 individuals in the survey [1.3%] came to an Oxford House directly from a mental hospital, the extent of comorbidity [addiction plus mental illness] is far greater. This survey did not utilize testing of individuals to determine the presence of mental illness among the residents but there is no reason to believe that the outcome would have been much different from the results obtained by the DePaul researchers in their 2007-2008-research study of 897 individuals living in the national network of Oxford Houses.¹⁴ In that NIDA –

sponsored study [Grant # 13231], the researchers found that administration of the Psychological Severity Index [PSI] showed that 169 [19%] tested within the high category and 349 [40%] fell within the low PSI categories. [About 60% of the resident sample showed some mental illness in addition to addiction.] The important finding was that those residents with dual diagnosis did well in the Oxford House setting. Specifically, the researchers found that the “findings suggest that a high level of psychiatric severity is not an impediment to residing in self-run, self-help settings such as Oxford House among persons with psychiatric comorbid substance abuse disorders.” This is important because when there is substance abuse disorder in addition to mental illness, the mental illness cannot be effectively treated without effective treatment of alcoholism and/or drug addiction.

Ever since the deinstitutionalization of the mentally ill in the 1960s, state and local governments have tried to develop supportive housing to serve the needs of those with psychiatric problems. It is generally accepted that to date there has not been adequate development of community mental health facilities or supportive housing. For at least those with psychiatric comorbid substance abuse disorders [PCSUDs], Oxford House is a cost-effective way to assure both abstinence and proper medication to enable a safe and functional life. This is particularly important when one considers that about 4 million Americans recovering from substance addiction also have other psychiatric disorders. [Abou-Saleh and Janca 2004; Grant et al. 2004, Regier et al. 1990]

While the DePaul study did not correlate homelessness with the prevalence of comorbidity, it is reasonable to expect that such a correlation exists. Hopefully, research will be conducted to determine the relationship of prior homeless to dual diagnosis of addiction plus mental illness. Knowing the relationship, if any, will be helpful to all the residents in all the Oxford Houses because experience has shown that Oxford House residents

substance abusers residing in self-help settings. *American Journal of Community Psychology*, 42, 145-153 [Carol North M.D. now – and when she worked on this study – is at the University of Texas Southwestern Medical School in Dallas, Texas.]

NOTE: A copy of the article can be downloaded from the Oxford House website: www.oxfordhouse.org under “Publications/Evaluations/DePaul”

¹⁴ Majer, J. M., Jason, L.A., North, C.S., Ferrari, J.R., Porter, N. S., Olson, B.D., Davis, M.I., Aase, D., & Molloy, J.P. (2008). A longitudinal analysis of psychiatric severity upon outcomes among

pay attention to all data that helps them to become comfortable enough in sobriety to avoid relapse – if initially for no other reason than to avoid relapse that will result in immediate expulsion from an Oxford House. Eventually sobriety will become a habit as reflected by the extremely low relapse rate by individuals who live in an Oxford House for six months or more. These habit forming behavior patterns apply to the individual who has a treatable mental illness in addition to addiction.

It is the system of operation used by Oxford House that explains how the group is able to detect changes in behavior in the person with dual diagnosis and to intervene in a timely manner. For example, the weekly house meeting provides the forum where behavior changes among individual house members are discussed. It is not uncommon for a person in recovery who also has bi-polar disorder to stop taking the medication that stabilizes mood swings. The medication when properly taken eliminates the “highs and lows” and the person taking the medication believes he or she is cured of that malady or, in some cases, simply misses the “highs”. Therefore, he or she stops taking the medication and may be the last to realize that his or her behavior has changed. The close family-type living situation in an Oxford House cannot hide such behavior change from other “family members.” Therefore, the person not taking his or her medicine is confronted at the regular house meeting and the group will initiate corrective action. Such corrective action may be to require the individual to see his or her primary physician to adjust the medication or more often to get the person to see his or her physician to “get back on track.”

There are several other reasons that the Oxford House model produces good outcomes for individuals having psychiatric disorders in addition to substance use disorders. The first is the peer directed living environment. Because everyone in the peer group is focused on becoming comfortable enough in sobriety to avoid relapses, there is less distortion of focus on recovery than when hierarchical authority causes a subtext of “we versus them.” The common bond among the residents in an Oxford House is recovery period. In a supervised or caseworker driven system the common bond can become one of anti-authority – the classic “we versus them” construct.

George E. Vaillant, M.D., in *The Natural History of Alcoholism* [1995] compares recovery from alcoholism in the hospital setting versus traditional 12-step setting of Alcoholics Anonymous. The defect of the hospital setting is that patienthood destroys self-esteem, and when hospitalization ceases, the patient loses his substitute dependency.¹⁵ Researchers should study the dynamics of Oxford House’s peer driven system of operations and compare it with other systems of recovery with particular emphasis on long-term management of co-occurring mental illness. The DePaul work shows that Oxford Houses work for those with dual diagnosis but it does not evaluate other systems. Undoubtedly, most treatment methods produce some positive outcomes. However, as the nation confronts the high cost of health care it is important not to approve every treatment method unless it can demonstrate outcomes that are better than or at least as good as competing protocols. This is particularly true with respect to behavioral health.

If the alcoholic and/or drug addict can learn to live without using alcohol or mood-changing addictive drugs, recovery is likely. Many individuals with co-occurring mental illness, can learn sobriety and by regularly taking medication to moderate or eliminate the behavior characteristic of the particular mental illness. In both instances behavior modification is necessary. The question is how to best motivate the individual to change behavior.

Vaillant states the obvious when prescribing that the treatment for alcoholism should be directed toward altering the maladaptive use of alcohol. In other words, getting comfortable enough in sobriety to stay sober. As previously discussed, Vaillant’s criteria to achieve that goal have four components.

- (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.¹⁶

¹⁵ George E. Vaillant, (1995) *The Natural History of Alcoholism: Paths to Recovery*. Cambridge, MA., Harvard University Press. pp 300-301

¹⁶ Op. Cit. 301

The restoration of self-esteem is something that DePaul researchers have looked at in depth. Majer in his examination of self-efficacy in sobriety compared newly recovering individuals in an Oxford house setting with a control group not living in an Oxford House but utilizing 12-step programs as an integral part of their behavior change from addiction to sobriety.¹⁷ The study showed that Oxford House residents gained self-efficacy associated with abstinence at a much faster rate than the control group not living in an Oxford House. It is this self-efficacy in abstinence or self-esteem that contributes to the long-term behavior change. The self-esteem value or characteristic becomes a measurement worth applying to any other program trying to effect behavior change in alcoholics and/or drug addicts. Without self-esteem associated with the value of staying clean and sober, a recovering alcoholic and/or drug addict will almost always relapse.

The Oxford House setting provides the time for the resident to repair the social and medical damage that he or she has experienced because there is no set time limit. Each individual is different and repairs social and medical damage on a schedule unique to him or her. As long as the resident stays clean and sober and pays his or her equal share of household expenses, residency is assured.

The reminder that one drink or one drug is too many for the recovering alcoholic and/or drug addict permeates an Oxford House living environment. Not only is it highlighted by the zero tolerance for use but everyone spends hours talking about the troubles associated with past use and the promise of a better life once an addict become comfortable enough in sobriety to avoid relapse.

Finally, Oxford House offers the resident a non-chemical substitute for dependency for alcohol and/or drugs. The non-chemical substitute may include belief in 12-step programs but it always includes the immediate challenge of operating the particular Oxford House household. Living together in a way that adheres to the system of democratic operation and financial self-support becomes an end in itself from making sure the bills are paid, making certain that the living conditions in

¹⁷ Majer, J.M., Jason, L.A., & Olson, B.D. (2004) Optimism, Abstinence Self-efficacy, and Self-mastery: A comparative Analysis of Cognitive Resources. *ASSESSMENT*, 11,57-63.

the house are clean to helping other residents in the house to become comfortable enough in sobriety to avoid relapse.

A primary question for every treatment program should be how well does our program enable the client to become comfortable enough in sobriety to avoid relapse. The four components of treatment set forth by Vaillant provide benchmarks to evaluate treatment efficacy but the bottom line question involves long-term outcome. Does the client stay clean and sober or does he or she return to using alcohol and/or drugs? The profile of Oxford House residents shows that most go in and out of treatment over and over. The TEDS data show that most individuals using the limited available treatment slots are repeat clients with more than half having had prior treatment and 20% having had three or more prior treatment episodes.¹⁸ The explanation for failed outcomes has been that “relapse is part of the disease” – but is that a accurate analysis?

The April 2009 issue of *Counselor – The Magazine for Addiction Professionals* in an article “Oxford Houses: Support for Recovery Without Relapse” questions whether the defect is inherent in the disease or in treatment protocol.¹⁹ Is relapse part of the disease of alcoholism and/or drug addiction or is relapse a defect in a treatment system that does not provide adequate recovery support. If it is the latter, what can be done to follow-up all primary treatment with effective recovery support? What is known from this and other profiles of Oxford House residents is that most of them have recycled through treatment many times before ending up in an Oxford House. We also know that fewer than 20% will be expelled from an Oxford House because of relapse.²⁰ The DePaul research shows that most of the residents in Oxford Houses throughout the country will stay clean and sober without relapse and not have to be

¹⁸ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2007). Treatment Episode Data Set (TEDS) Highlights — 2006 National Admissions to Substance Abuse Treatment Services. OAS Series #S-40, DHHS Publication No. (SMA) 08-4313, Rockville, MD.

¹⁹ William L. White, MA and J. Paul Molloy, JD, *Oxford Houses: Support for Recovery Without Relapse*, *ADDICTION: THE MAGAZINE FOR ADDICTION PROFESSIONALS*, Vol. 10, No.2, April 2009.

²⁰ The data for New Jersey residents during the twelve months covered in this survey is 24%. See Table 2.

recycled through, treatment, prison or homelessness.

Prior Treatment of Residents

The New Jersey Oxford House residents were asked about treatment history. As previously noted, the average resident had been through residential treatment an average of 2.6 times. [4.9 times for both residential and outpatient treatment]

The following table shows the number of times residents have been through residential treatment. While about 10% have never been in residential treatment, 90% have been. Moreover, 16% of residents have been through residential treatment six or more times.

Table 4
Times in Residential Treatment

	Count	Percent	Cum. %
Never	27	9.8	9.8
Once	59	21.5	31.3
Twice	57	20.7	52.0
3-5 times	88	32.0	84.0
6-10 times	31	11.3	95.3
More than 10 times	13	4.7	100.0
Total	275	100.0	

One can use the data to demonstrate that recovery from alcoholism and/or drug addiction is chronic and relapse is a usual part of recovery. On the other hand, one can use the data to suggest that the existing treatment protocol is defective in that it does not provide enough recovery support. The fact that the vast majority of those living in Oxford House will stay clean and sober without relapse suggests that the lack of recovery support is a defect of traditional treatment. Oxford House provides a cost-effective way to overcome the defect inherent in limited stay residential programs or outpatient programs that have little or no control over the living situation between brief therapy encounters.

Why do individuals who have relapsed over and over seem to be able to stay clean and sober in an Oxford House? Each member of the group – depending on how long they have been in the house – perceives that the norm for Oxford House living is that residents become comfortable enough to avoid relapse. Initially, the individual house member may simply avoid relapse because he or she is too tired to look for another place to live and realizes that any use would result in immediate

expulsion. As the new house member begins to know the others in the house and perhaps votes to approve the admission of another resident, he or she begins to postpone relapse in order to set a good example for newcomers in the house. As time passes, the staying sober behavior becomes an individual habit. The habit may be re-enforced by becoming involved in 12-step work, outside counseling and informal recovery “meetings” with other house members

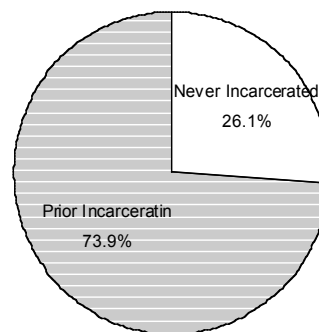
The survey shows that behavior for this group and the 10% who had never been in residential treatment before coming to an Oxford House includes a number of positive re-enforcements of sobriety. For example, the average number of AA/NA meetings attended by residents of the New Jersey Oxford Houses is 4.43 meeting a week – even though there is no requirement in an Oxford House to do so. Moreover, 31.2 % of the residents go to weekly counseling sessions in addition to any AA/NA meeting attendance.

Experience has shown that within an Oxford House living environment attendance at 12-Step meetings becomes a regular part of socialization. While AA and NA do not keep formal statistics they do conduct semi-annual attendance surveys. As a rule, AA/NA members not residing in an Oxford House attend an average of slightly more than two meetings a week. The New Jersey Oxford House residents attend more than twice as many [4.43], which is a pattern consistent with the behavior of Oxford House residents in other states.

Prior Incarceration

The association of alcoholism and/or drug addiction with crime is great.

Residents Having Served Time



Nearly three-quarters of the New Jersey Oxford House residents have served time. About 10%

[8.8%] of the residents surveyed are still on parole. In addition, New Jersey Drug Court Judges have referred 16.9% of survey participants to Oxford House. There is some overlap between the Drug Court participants and those who have been incarcerated but for the most part the Drug Court residents are first time offenders and have not done jail time. The prior incarcerated, those on parole and those from Drug Courts all do well in an Oxford House. In every category the average sobriety is about 17.6 months – just .2 months less than for the entire population of New Jersey Oxford House residents surveyed.

The individuals who have served jail time have been arrested an average of 3.67 times. The length of time they have served in jail and/or prison averages 15.6 months. While many criminals are repeat offenders, the repeated arrests for ex-offenders who are alcoholics and/or drug addicts are almost guaranteed. The average number of arrests [3.67] for the New Jersey Oxford House residents ranges from once to 35 times.

When one considers that as many as 60% of those in jails and prisons have an addiction to alcohol and/or drugs, the fact that those who move into an Oxford House are staying clean and sober increases the chance that they will not be re-incarcerated. Too often the individual re-entering society following imprisonment goes back to his or her old neighborhood. The chances are pretty good that such a person will be welcomed home by his or her old drug dealer and will have committed a crime within six months. Getting into an Oxford House avoids the problem of having to go back to the old neighborhood. The problem of the “old neighborhood” for individuals getting out of jail or prison is that the first person to welcome them home is often their old drug dealer. It is not long before most drug dealers can get old customers back by giving free samples. Therefore, for the drug addict, going home can bring about a return to using drugs. If that happens, it is only a matter of time before addiction is back in active mode, free samples stop and crime is necessary to fund the addiction. Most individuals leaving incarceration become recidivists within a short period of time.

Resident Satisfaction

The strength of New Jersey Oxford Houses is a credit to the men and women who live in them. The self-run, self-supported nature of Oxford

Houses places faith in their judgment to pay the rent, household expenses and to follow the system of operations designed to foster individual recovery comfortable enough to avoid relapse.

Two questions on the annual survey ask the residents themselves what they think of Oxford House. Table 5 shows the response to the question of whether or not they would recommend Oxford House to others new in recovery.

Table 5
Would You Recommend Oxford House

	Count	Percent
No	6	1.9
Yes	298	95.5
Uncertain	8	2.6
Total	312	100.0

Among New Jersey Oxford House residents, only 6 out of the 312 who completed the annual survey said they would not recommend Oxford House to someone else early in recovery. All six had been residents in an Oxford House for less than two months. Five of the six were males. Four of the six said Oxford House was very important to their sobriety – which makes it a little more difficult to understand why they would not recommend living in Oxford House to others early in recovery.²¹ The woman who indicated she would not recommend Oxford House to others apparently changed her mind because in a sample re-survey in February answered “yes” she would recommend living in an Oxford House. One could speculate that the first time was simply a “bad day” or that improvements in the house changed her attitude.

The second question in the survey is designed to elicit the value that the individual resident placed on Oxford House as a contributor to his or her sobriety. Nearly 84% of the respondents felt it was very important to their sobriety. Only 2% felt it was insignificant.

Table 6
Importance of Oxford House to Sobriety

	Count	Percent
Very Important	260	83.6
Moderately Important	27	8.7
Somewhat important	13	4.2
Not Really Sure	4	1.3
Insignificant	7	2.3
Total	311	100.0

²¹ Two of the four had come to Oxford House after living in a halfway house. Therefore, they may have perceived a need to have halfway house experience before coming to an Oxford House.

The resident satisfaction had no relation to their self-assessed condition of their health. Consistent with results in other state surveys most [65%] rated their health “pretty good.” Only 17 individuals rated their health “not so good.”

Table 7
Self-Assessment of Current Health

	Count	Percent
Very Good	92	29.6
Pretty Good	202	65.0
Not So Good	17	5.5
Total	311	100.0

In visiting any one of the 71 Oxford Houses in the state [or the more than 1,300 Oxford Houses in the country] it is quickly apparent that the group living in the home has a family-like concern for each other’s welfare. Clearly the utilization of single-family homes helps to create this living environment but the system of operation also plays a role.

The system of operations depends upon equal votes and equal contributions to household expenses. This egalitarian democracy and self-support works because everyone in the house perceives American democracy is a fair and efficient way to run things. It would be interesting to study whether or not the Oxford House system of democratic operation would be as readily accepted in countries without a strong democratic tradition.²²

In New Jersey, the network of houses has been developed sufficiently to have a viable chapter network. The chapter is a cluster of houses in an area where the officers of the various houses meet once a month to provide each other mutual support. This “sharing of experience, strengths and hope” concept is taken from the 12-Step culture but within the Oxford House framework it also becomes similar to layers of governance characteristic of American democracy. For example, an appeal of a house decision is likely to be “taken to chapter.” Once a consensus exists in a chapter, dissenters in a house will tend to accept it. In states with a strong state association made up of chapters within a state, the state association often plays a role in assuring the maintenance of quality control for all houses.

²² As of this evaluation there are Oxford Houses in Canada and Australia that have functioned for nearly two decades. Of course both Canada and Australia have strong democratic and egalitarian traditions. Recently a house has been established in Ghana – where democratic tradition is less established and economic conditions make self-support more of challenge.

Understanding the Problem

Identifying and labeling a problem is not easy. On an individual basis the addict, the family, the employer and the community often cover up alcoholism and/or drug addiction. In the midst of World War II [1943] Betty Smith wrote “A Tree Grows in Brooklyn” which became a best seller and was sent to many of the troops overseas because it painted a picture of a real family living in the Williamsburg section of Brooklyn. The mother held the family together, the young girl yearned to move up the social and economic ladder with education and the father was a loveable but non-productive alcoholic. The mother always referred to his sickness but never that he was a drunk. He dreams wonderful dreams, always fails – except he does get his daughter into an upscale middle school – and dies young from his disease. Even at death his family convinces the sympathetic medical doctor to put pneumonia as the cause of death – not acute alcoholism – covering up the truth even in death because society prefers nice labels.

Today, the anonymity badge – characteristic of 12-step groups – often thwarts independent research to better understand the recovery process. Slowly but surely, the men and women living in Oxford Houses members – by cooperating with researchers – have lifted the anonymity barrier. Independent researchers are able to document and analyze the factors that are leading to behavior change for Oxford House residents. In doing so they get a window into the 12-Step programs because the average Oxford House resident attends of 5 AA/NA meetings each week.²³

Fact collecting about specialize treatment for alcoholism and/or drug addiction is undertaken by government and published once a year in the so-called TEDS – Treatment Episode Data Sets.

Treatment Episode Data Sets

In 2008, about 48,000 alcoholics and/or drug addicts in New Jersey entered treated for alcoholism and/or drug addiction – 69.7% males and 31.3%

²³ In New Jersey the survey showed that residents attend 3.7 meetings per week. This compares to a national average of 5.1 among Oxford House residents and about 2 meetings a week for the 12-Step members as a group.

females.²⁴ About 40% of admissions were alcoholics and 60% were primarily addicted to other drugs. More than 60% had been in treatment before and, based on national data, about 12% had been in specialty treatment five times or more before. More than a quarter had previously been through treatment at least three times. More than a third [37%] were referred to treatment through the criminal justice system. In 2008, in New Jersey, 71.3% of those getting treatment were White; 25.2% Black. About a third dropped out before completing treatment.

Based on the national TEDS data, about 7% of those needing treatment received it. The TEDS data for New Jersey for 2008 indicate that over a half million individuals needing treatment are not receiving it. If more than two-thirds of the inpatient and outpatient treatment slots are taken by individuals who have been through treatment one, two, three, four or five times before. To the extent recycling can be stopped, additional treatment capacity becomes available without adding a single additional treatment bed. This may be the most significant reason to increase New Jersey Oxford House capacity. The statistics gathered for the TEDS data has only been available since 1992. Until then, data collection about treatment had been at best sporadic but understanding the treatment data is an essential first step in developing realistic solutions to the addiction and co-occurring mental illness aspect of the overall health care crisis facing the nation.

The most significant things the TEDS data show are [1] the extent of the alcoholism and/or drug addiction problem, [2] the small percentage who are getting inpatient or outpatient treatment, and [3] the recycling of those who do get treatment. Oxford House collects profile data of its residents that confirm the recycling but also show how recycling can be stopped by providing all individuals leaving primary treatment with an opportunity to live in an Oxford House. In New Jersey, the Oxford House resident has been through residential treatment an average of 4.8 times – about the same average number of times residents in other states have been through treatment. Times in residential treatment – as opposed to outpatient – is 2.62 times. Oxford

Houses cause a big reduction in recycling because most residents stay clean and sober.

Peer-reviewed published studies are cutting through superficial labels to show that behavior modification is happening as part of the Oxford House system of organization. For example, self-efficacy in the advantages of sobriety is gained more quickly among Oxford House residents. One published study, *Optimism, Abstinence Self-Efficacy, and Self-Mastery A Comparative Analysis of Cognitive Resources* (Majer et.al.) compares the rate at which a group of new Oxford House residents and a control group of newly recovering individuals living in their normal setting gain confidence in the value of sobriety.²⁵ The group in Oxford House gained efficacy in sobriety at about five times the rate of the control group.

Oxford House and Research

The early members of Oxford House developed their tradition of inviting outside research from the outset. Since enactment of the Anti-Drug Abuse Act of 1988, the National Institutes of Health [NIAAA and NIDA] have sponsored scientific research to evaluate whether residents mastered behavior change sufficient to achieve long-term sobriety. Oxford House shares the self-help principles of AA/NA and most residents are active participants in either one or both of the 12-Step programs but they do not have to be. The focus is on recovery and recovery is defined as being comfortable enough in sobriety to avoid relapse. While the criteria have some subjectivity, its measurement is absolute – one either stays abstinent or does not. The value of such a definition is its certainty and the knowledge every alcoholic and drug addicts knows – if you do not drink alcohol or use mood changing drugs you do not get drunk or high. In the jargon of those in 12-step programs the objective “keep it simple.

A considerable body of scientific research has grown over the last 20 years using Oxford House residents and alumni as a window on the effectiveness of 12-Step programs and the dynamics of Oxford House living that result in sobriety that is

²⁴ 32,000 completed the treatment. TEDS SAMHSA May 2009.

²⁵ John M. Majer, Leonard A. Jason, Bradley D. Olson, *Optimism, Abstinence Self-Efficacy, and Self-Mastery A Comparative Analysis of Cognitive Resources, Assessment*, Vol.11, No.1 [2004]

comfortable enough for a recovering individuals to avoid relapse or a return to addictive use of alcohol and/or drugs. For example, one NIDA sponsored study by DePaul University in Chicago tracked 897 Oxford House residents living in 219 different houses for 27 months.²⁶ The researchers interviewed each resident every four months and verified respondent's answers by confirming with a friend identified during the first interview. In their report to the 2005 annual convention of the American Psychological Association, the DePaul researchers reported that 87 percent had stayed clean and sober – four to five times better outcomes than Vaillant, Ludwig or others had found in analyzing sobriety without relapse following primary treatment.

In another study by DePaul – funded by NIAAA and presented at the same APA Convention – the university researchers measured Oxford House outcomes against outcomes of a control group.²⁷ That study randomly selected 75 of 150 recovering individuals leaving treatment to go to Oxford House and 75 going to where they normally would go; e.g., home, halfway house or other place. Both groups were followed for two years using the same interview plus verification method used in the NIDA study. The results showed that 65% of the Oxford House group stayed clean and sober without relapse but only 31% in the control group did. Eight of the 75 participants in the control group went to an Oxford House on their own and all stayed clean and sober – a fact that may have made control group outcome a little better than it would have been if they had not. Nevertheless, the difference between the two groups was significant.

Both studies and a copy of an Associated Press article released at the time, are available at the Oxford House website: www.oxfordhouse.org under “Publications/Evaluations/DePaul. The data collected also provided a basis for other evaluations.

Carol North, MD, then at Washington University Medical School in St. Louis, along with DePaul researcher John Majer, Ph. D. and others looked at psychiatric comorbidity among 29 men and 23 women substance abusers residing in one of the

eleven Oxford Houses located in the St. Louis area.²⁸ The Diagnostic Interview Schedule (DIS) was used to measure current and lifetime DSM-III-R diagnosis in addition to socio-demographic and substance abuse information. Considerable psychiatric comorbidity was present. Antisocial personality (ASP) disorder, affective disorders, and anxiety disorders were the most frequently observed comorbid disorders among these substance abusers, whose drugs of choice were cocaine, alcohol, and cannabis. A major finding was that even with dual diagnosis of substance abuse plus a psychiatric disorder the residents in Oxford House did well. Outcome measures showed that after six month 69% of the study participants were clean and sober and functioning well.

The 2002 St. Louis study set the stage for a larger longitudinal study of the national Oxford House residency published in 2008.²⁹ Researchers in this study tested 897 Oxford House residents [604 men /293 women] using Addiction Severity Index [ASI] and calculated the Psychiatric Severity Index [PSI] to identify residents with moderate or severe co-occurring disorders. The findings have important implications – not only for effective addiction treatment but also for dealing with individuals having dual diagnosis. In the major DePaul study those with severe psychiatric disorders did as well as those with less severe psychiatric disorders. Moreover, the study found that individuals with psychiatric disorders along with alcoholism and/or drug addiction did just as well in staying clean and sober as those individuals who did not have psychiatric disorders.

Underlying the internal and external studies of the Oxford House population is the desire to understand the dynamics that go into bringing about behavior change that allows the alcoholic and/or drug addict to become comfortable enough in sobriety to avoid a return to addictive use. The task is important but not easy in a free society.

²⁶ Addictive Behaviors 32 (2007) 803-818 [NIDA Grant # DA 13231]

²⁷ American Journal of Public Health, Oct 2006; Vol. 96, pp1727–1729 (NIAAA grant AA12218)

²⁸ Addictive Behaviors 27 (2002) 837–845

²⁹ Majer, J. M., Jason, L.A., North, C.S., Ferrari, J.R., Porter, N. S., Olson, B.D., Davis, M.I., Aase, D., & Molloy, J.P. (2008). A longitudinal analysis of psychiatric severity upon outcomes among substance abusers residing in self-help settings. *American Journal of Community Psychology*, 42, 145-153 [Carol North M.D. now – and when she worked on this study – is at the University of Texas Southwestern Medical School in Dallas, Texas.]

RECOMMENDATIONS

The following recommendations are designed to strengthen and expand the Oxford House program in New Jersey and align it more closely with the needs of the state for effective recovery programs.

1. State loans should be resumed to help establish new Oxford Houses in the state.

There is a clearly demonstrated need for more Oxford Houses but Oxford House lacks the resources to establish new houses without support from the State loan fund. While the chapters themselves have pooled money to help start three new houses in 2009, the availability of start-up loans from the New Jersey Recovery Home Revolving Loan Fund would accelerate new house development.

Since 2001, more than 65 start-up loans [\$255,350] have been made and almost all have been repaid [\$233,672]. At present the fund [capitalized at \$100,000] has nearly \$80,000 cash and \$20,000 outstanding loans that are being repaid on a regular schedule. The small start-up loan is necessary to pay the first month's rent on a good house in a good neighborhood.

OHI is asking Congress to increase the amount of the permissible start-up loan from \$4,000 – the amount set in the 1988 law – to \$6,000, slightly less than the \$7,100 inflations-adjusted \$4,000 amount. The proposed amendment would extend repayment from 24 months to 36 months so as to keep the monthly repayment the same.

The utilization of electronic transfer to make repayments has restored the 100% compliance that New Jersey houses enjoyed during the first period of Oxford House development in New Jersey in the early 1990s and will be continued.

2. A mentoring program should be established to help recovering individuals being released from incarceration to get admitted to an Oxford House in order to reduce the chance of relapse and re-incarceration.

While most New Jersey Oxford House residents [73%] have done jail time, there is little coordination between release from incarceration and the introduction to Oxford House. Better coordination or linkage can and should be undertaken to enable recovering individuals re-entering society from incarceration to benefit from

living in an Oxford House. Time, peer support and an integrated living environment that encourages self-sufficiency and responsible civic behavior are essential requirements for maintaining sobriety and functioning in a modern society.

3. Development of a workshop for Drug Court personnel with Oxford House representatives should be considered to foster better coordination between the Oxford House outreach efforts and drug courts in the state.

A number of New Jersey Oxford House residents are participants in a Drug Court Program but only a few come to an Oxford House directly from Drug Court. Perhaps a workshop for Drug Court personnel would increase coordination and Oxford House residency.

4. Under-representation of African-Americans in the New Jersey Oxford House network of houses could be overcome by expanding the network in the Newark and Trenton/Camden areas.

African Americans are under-represented in the New Jersey Houses [about 10% versus 13%]. While the difference is minimal, this group could benefit from the program and the under-representation could easily be overcome.

5. More involvement with the national Oxford House movement by New Jersey residents should be financially supported by the State to strengthen the program and the residents' recovery.

This involvement not only builds social contacts that support recovery without relapse but also broaden the perspectives of the residents and the network of houses in general. Good ideas for strengthening mutual support among houses are such things as the annual Oxford House World Convention to be held this year September 3-6 in Washington, D.C. Consideration should be given to providing financial assistance for individual house members and chapter leaders to attend. Historically New Jersey residents have been very under-represented at annual Oxford House Conventions – which are primarily learning and networking opportunities.

The New Jersey Network of Oxford Houses is strong and can become larger and even more effective.

Directory of NJ Oxford Houses

Oxford House - Absecon
809 New Jersey Avenue
Absecon, NJ 08201-2311
609-383-1305
8M Established: May 04

Oxford House - North Shore
355 North Shore Road
Absecon, NJ 08201-1817
609-241-6713
8WC Established: Nov 06

Oxford House - 4th Avenue
410 4th Avenue
Asbury Park, NJ 07712-6008
732-807-3984
8M Established: Jun 04

Oxford House - Boardwalk
134 South Bartram Ave
Atlantic City, NJ 08401-5708
609-289-8134
9M Established: Jan 07

Oxford House - Vassar
50-52 Vassar Road
Audubon, NJ 08106-1108
856-547-5096
10W Established: Jun 09

Oxford House - Lookout
452 Compass Avenue
Beachwood, NJ 08722-4120
732-281-0105
8M Established: Jan 05

Oxford House - Hazelwood
68 Hazelwood Road
Bloomfield, NJ 07003-5137
973-680-5504
8M Established: Sep 04

Oxford House - Bradley Beach
601 Ocean Park Avenue
Bradley Beach, NJ 07720
732-774-0705
9M Established: Apr 01

Oxford House-300 Bradley Beach
300 Third Avenue
Bradley Beach, NJ 07720
732-775-2535
12M Established: Sep 03

Oxford House - Brick
127 Hollywood Court
Brick, NJ 08723-3315
732-746-3451
8M Established: Oct 03

Oxford House - Madison Court
307 Madison Court
Brick, NJ 08724-1611
732-458-3593
7W Established: Mar 05

Oxford House - 5th Avenue
704 Maple Avenue
Brick, NJ 08724-1553
732-746-3264
7WC Established: Feb 07

Oxford House - Westside
241 Conover St
Burlington, NJ 08016-1306
609-239-8699
7M Established: Aug 00

Oxford House - East Broad St.
230 E. Broad Street
Burlington, NJ 08016-1606
609-526-4087
8M Established: May 09

Oxford House - Hilltop
108 Hilltop Court
Cherry Hill, NJ 08003-1708
856-651-3837
9M Established: Jun 90

Oxford House - Point of Woods
21 Darien Drive
Cherry Hill, NJ 08003-1704
856-334-5465
10M Established: Sep 05

Oxford House - Clementon
58 Blackwood-Clementon Hwy
Clementon, NJ 08021-3853
856-784-7813
8M Established: Apr 91

Oxford House - East Brunswick
7 Buck Road
East Brunswick, NJ 08816-3903
732-353-6463
8M Established: Apr 02

Oxford House - Milltown Road
255 Milltown Road
East Brunswick, NJ 08816-2254
732-353-6111
7WC Established: Mar 06

Oxford House - East Rutherford
231 Hackensack Street
East Rutherford, NJ 07073-2001
201-507-8424
8M Established: Jan 05

Oxford House - Mill Road
2591 Woodbridge Avenue
Edison, NJ 08817-5628
732-318-6702
6M Established: May 09

Oxford House - Forked River
546 Brentwood Road
Forked River, NJ 08731-1519
609-489-4264
8M Established: Oct 07

Oxford House - Freehold
64 Browne Avenue
Freehold, NJ 07728-1658
732-409-9951
8M Established: Jan 03

Oxford House - Spring Street
31 Spring Street
Freehold, NJ 07728-1843
732-462-7270
7M Established: Oct 05

Oxford House - Howell
18 Laurel Court
Howell, NJ 07731-1748
732-276-5454
7M Established: Jan 03

Oxford House - Southport
20 Hampton Road
Howell, NJ 07731-1810
732-276-7623
6M Established: Mar 07

Oxford House - Jersey City
332 Princeton Avenue
Jersey City, NJ 07305-4769
201-433-2520
6M Established: Nov 03

Oxford House - Kendall Park
45 Donald Avenue
Kendall Park, NJ 08824-1733
732-297-5970
7W Established: Oct 04

Oxford House - Lakewood
8 Henry Street
Lakewood, NJ 08701-4707
732-367-5028
8M Established: Aug 02

Oxford House - Hearthstone
854 Hearthstone Drive
Lakewood, NJ 08701-5511
732-961-6666
8M Established: Jun 04

Oxford House - Cardinal Court
42 Cardinal Court
Lakewood, NJ 08701-3073
732-534-5064
8W Established: Aug 05

Oxford House - Rockefeller Park
1200 Medina Road
Lakewood, NJ 08701-3703
732-276-6674
8M Established: Jun 05

Oxford House - Claire Drive
982 Hearthstone Dr.
Lakewood, NJ 08701-5529
732-534-4092
8M Established: Mar 07

Oxford House -Clairmont
847 Hearthstone Drive
Lakewood, NJ 08701-5515
732-276-6695
8WC Established: Mar 07

Oxford House - Elm Avenue
230 E. Elm Avenue
Lindenwold, NJ 08021-2215
856-782-1214
8M Established: Aug 95

Oxford House - Hiddenway
221 W. Linden Avenue
Lindenwold, NJ 08021-3238
856-435-8230
6M Established: Sep 93

Oxford House - Waters Edge
34 Waters Edge Drive
Little Egg Harbor, NJ 08087
609-812-5305
7M Established: Mar 09

Oxford House - Loch Arbor
7 Evergreen Pl
Loch Arbour, NJ 07711-1215
732-531-1294
8M Established: Dec 02

Oxford House - Evesham
207 NE Atlantic Avenue
Magnolia, NJ 08049-1203
856-258-4465
8M Established: Sep 02

Oxford House - Bay Lea
1501 Parkview Blvd
Manchester, NJ 08757
732-849-5065
8WC Established: Jul 06

Oxford House - Matawan
7 Johnson Avenue
Matawan, NJ 07747-2509
732-696-2095
8M Established: Aug 02

Oxford House - Woodbrook
25 Woodbrook Drive
Matawan, NJ 07747
732-970-5015
7M Established: Feb 06

Oxford House - Route 527
1643 Englishtown Road
Middlesex, NJ 08857
732-251-1307
8M Established: May 06

Oxford House - Montclair II
21 Irving Street
Montclair, NJ 07042-4523
973-746-4294
9M Established: Nov 03

Oxford House - Morristown
16 Jardine Road
Morristown, NJ 07960-4222
973-206-1918
7M Established: Aug 05

Oxford House - Mountainside
1000 Springfield Avenue
Mountainside, NJ 07092-2905
908-233-8130
7M Established: May 05

Oxford House - Woodlynne
108 Evergreen Avenue
Oaklyn, NJ 08107-2216
856-962-8415
7M Established: Mar 03

Oxford House - Bayside
1600 West Avenue
Ocean City, NJ 08226-3053
609-398-9099
6M Established: Mar 93

Oxford House - The Gardens
929 Central Avenue
Ocean City, NJ 08226-3538
609-398-4011
12M Established: Jun 91

Oxford House - Victorian
825 Wesley Avenue
Ocean City, NJ 08226-3622
609-399-1559
7W Established: Sep 93

Oxford House - Billings Avenue
729 Billings Avenue
Paulsboro, NJ 08066-1216
856-599-0094
8M Established: May 06

Oxford House - Langford
38 Raritan Avenue
Port Reading, NJ 07064-1906
732-527-0776
8M Established: Oct 06

Oxford House - Kingston
31 Carnegie Drive
Princeton, NJ 08540-4023
609-356-0195
8M Established: Apr 02

Oxford House - Carnegie
68 Erdman Ave
Princeton, NJ 08540-3908
609-751-0475
9M Established: Nov 03

Oxford House - Sicklerville
52 Stone Hollow Drive
Sicklerville, NJ 08081-3926
856-262-0931
9M Established: Jan 94

Oxford House - Stratford
318 Columbia Avenue
Stratford, NJ 08084-1149
856-435-7708
8M Established: Jan 94

Oxford House - South Toms River
51 Lakeview Dr.
Toms River, NJ 08757-5114
732-240-9535
6M Established: Mar 04

Oxford House - West Ridge
24 West Ridge Road
Toms River, NJ 08755-4933
732-608-9755
8M Established: Apr 05

Oxford House - Disney
21 Disney Drive
Toms River, NJ 08755-4911
732-608-9164
8WC Established: May 05

Oxford House - Ocean
5013 Winchester Avenue
Ventnor, NJ 08406-2451
609-487-5999
7M Established: Oct 95

Oxford House - Ventnor
5015 Winchester Avenue
Ventnor, NJ 08406-2451
609-317-4572
6M Established: Feb 99

Oxford House - Winchester
308-310 Hampshire Drive
Ventnor, NJ 08406-1020
609-823-4919
8W Established: Nov 04

Oxford House - Vineland
1435 North Maple Avenue
Vineland, NJ 08360-3391
856-507-8881
9M Established: Dec 06

Oxford House - Westville
369 Lycoming Ave
Wenonah, NJ 08090-1324
856-494-3584
7M Established: Jan 04

Oxford House - West Orange
1393 Pleasant Valley Way
West Orange, NJ 07052-1304
973-325-6393
7M Established: Aug 04

Oxford House - Summit
632 Summit Avenue
Westville, NJ 08093-1034
856-456-1271
7W Established: May 03

Oxford House - Cedar Broadway
10 Cedar Avenue
Westville, NJ 08093-1409
856-456-9565
6W Established: Feb 05

Oxford House - Peachfield
34 Peachfield Avenue
Willingboro, NJ 08046-2617
609-526-5096
7M Established: Jun 01

Oxford House - Bradford
5 Bloomfield
Willingboro, NJ 08046-1512
609-526-2623
7M Established: Dec 01

Oxford House - Woodbury
323 Morris St
Woodbury, NJ 08096-2630
856-845-8698
7M Established: Jan 99



Oxford House – Point of Woods
Cherry Hills, New Jersey

Oxford Houses of New Jersey



Oxford House – The Gardens
Ocean City, New Jersey

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