

# Oxford House Profile Series 2015

## Commonwealth of Virginia



## The Network of Virginia Oxford Houses

2014

This report is an evaluation of the current network of 118 Oxford Houses in the State of Virginia. The Commonwealth began working with Oxford House, Inc. in 1990 to encourage the development of Oxford Houses within the Commonwealth. By the end of 2014, more than 10,000 individuals recovering from alcoholism, drug addiction or co-occurring mental illness had benefited from living in a Virginia Oxford House.

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

© October 2015



## **OXFORD HOUSE TRADITIONS**

1. Oxford House has as its primary goal the provision of housing for the alcoholic and drug addict who wants to stay clean and sober.
2. All Oxford Houses are run on a democratic basis. Our officers serve continuous periods of no longer than six months.
3. No Member of an Oxford House is ever asked to leave without cause -- drinking, drug use, or disruptive behavior.
4. Oxford House members realize that active participation in AA and/or NA offers assurance of continued sobriety.
5. Each Oxford House should be autonomous except in matters affecting other houses or Oxford House, Inc. as a whole.
6. Each Oxford House should be financially self-supporting.
7. Oxford House should remain forever non-professional.
8. Propagation of the Oxford House, Inc. concept should always be conceived as public education.
9. Members who leave an Oxford House in good standing should become associate members.

## The Virginia Oxford House™ Survey

In November and December 2014 Oxford House, Inc. [OHI] asked residents in all the Virginia Oxford Houses to complete a profile survey that has been used by Oxford House residents since 1987. The questionnaire is included at the end of this report. About 73% of the then available residents in Virginia Oxford House [618 of the then 848 current residents living in the Virginia Oxford Houses] participated in the survey.<sup>1</sup>

This evaluation examines the results of this survey and describes how Oxford Houses fit into the continuum of care that many professionals believe is essential for long-term recovery from alcoholism, drug addiction and co-occurring mental illness. Oxford House is listed as a best practice on the federal government's National Registry of Evidence-based Program and Practices [NREPP] maintained by SAMHSA.<sup>2</sup> It is a cost-effective 40-year old program that provides an opportunity for individuals in recovery to develop life-long clean and sober behavior.

The evaluation is divided into two parts: **Part 1 – Profile of the Current Virginia Oxford House Population**; and **Part 2 – The Philosophy Underlying The Oxford House™ Model**.



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<sup>1</sup> 618 [72.9%] of the residents living in Virginia Oxford Houses completed the survey. During the survey period there were 84 vacancies and 848 current residents. [618/848= 72.9%]. As of May 19, 2015 there are 118 Oxford Houses in Virginia with 960 beds – two more houses started since December 2014 when the survey was completed.

<sup>2</sup> <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=223>

## 2014 Virginia Oxford House Survey Results

<b>The profile was derived from the 618 confidential responses to a survey conducted in late Fall 2014, yielding a response rate of 72.9% of those then in Virginia Oxford Houses</b>			
<b>Total Number of Oxford House residents who completed the survey:</b> [72.9% of residents]	<b>618</b>	<b>Average Age of residents:</b> (Range 18 – 77)	<b>41.5 Years</b>
<b>Number of Men in survey:</b>	<b>452</b>	<b>Number of Women in survey:</b>	<b>166</b>
<b>Number of Men’s Houses:</b>	<b>86</b>	<b>Number of Men’s Recovery Beds:</b>	<b>713</b>
<b>Number of Women’s Houses:</b>	<b>30</b>	<b>Number of Women’s Beds:</b>	<b>233</b>
<b>Cost Per Person Per Week for Rent</b> [Range \$95 to \$165]	<b>\$125</b>	<b>Rent Per Group Per Month Average:</b> (Range \$900-\$2200 per month)	<b>\$2,120</b>
<b>Percent Military Veterans:</b>	<b>11%</b>	<b>Average Years of Education</b>	<b>13.3</b>
<b>Residents Employed 9/30/2014:</b>	<b>80%</b>	<b>Average Monthly Earnings:</b>	<b>\$1,465</b>
<b>Addicted to only Alcohol:</b>	<b>47%</b>	<b>Addicted to Alcohol and other Drugs:</b>	<b>53%</b>
<b>Race–</b>		<b>Marital Status –</b>	
<b>White</b>	<b>74.6%</b>	<b>Never Married</b>	<b>58.2%</b>
<b>Hispanic</b>	<b>2.1%</b>	<b>Separated</b>	<b>10.5%</b>
<b>Black</b>	<b>19.5%</b>	<b>Divorced</b>	<b>25.9%</b>
<b>Native American</b>	<b>1.0%</b>	<b>Married</b>	<b>4.1%</b>
<b>Pacific Islander</b>	<b>.2%</b>	<b>Widowed</b>	<b>1.3%</b>
<b>Asian</b>	<b>1.1%</b>		
<b>Other</b>	<b>1.4%</b>		
<b>Prior Homelessness:</b>	<b>48.3%</b>	<b>Median Time Homeless:</b>	<b>2.5 Mos.</b>
<b>Prior Jail:</b>	<b>78.5%</b>	<b>Average Jail Time:</b>	<b>23 Mos.</b>
		<b>Median Jail Time:</b>	<b>12 Mos.</b>
<b>Percent going to AA or NA</b>	<b>98%</b>	<b>Average Number AA or NA Meetings Attended Per Week:</b>	<b>5.2</b>
<b>Percent Going To Counseling <i>in addition to</i> AA or NA (weekly):</b>	<b>38.3%</b>	<b>Average Length of Sobriety of House Residents:</b>	<b>24.4 Mos.</b>
<b>Residents Expelled During 2014 Because of Relapse:</b>	<b>16.8%</b>	<b>Average Number of Applicants For Each Vacant Bed:</b>	<b>4+</b>
<b>Average Length of Stay In An Oxford House:</b>	<b>9 Months</b>	<b>New Houses started in CY 2014</b>	<b>12</b>

**Part 1**  
**PROFILE OF THE CURRENT VIRGINIA OXFORD HOUSE POPULATION**

The survey was completed by 72.9% of all Virginia Oxford House residents during November and December of 2014. The sample size and resident participation rate are sufficiently large enough to accurately reflect the profile of residents.

In June 2006, Oxford House, Inc. [OHI] – the national umbrella organization of Oxford Houses – entered a contract with the Virginia Alcohol and Drug Addiction agency to provide technical assistance to establish and maintain a network of Oxford Houses. The contract brought paid outreach workers to the Commonwealth to help recovering individuals establish and maintain a network of Virginia Oxford Houses. This began a process that has produced a strong network of self-run, self-supported Oxford Houses throughout the state. Part of the development process conducted by OHI includes periodic evaluations to measure progress.

The earlier evaluation of the development of Oxford Houses in the Virginia [2007] is on the website: [www.oxfordhouse.org](http://www.oxfordhouse.org) under “Publications/Evaluations/State” and can be downloaded to get a fuller understanding of the successful partnership between the Commonwealth and Oxford House, Inc. The table below shows the increase in the number of Oxford Houses operating in the Commonwealth over time.<sup>2</sup>

**Table 1**  
**Oxford House Growth in Virginia**

	2007	2011	2015
<b>Oxford Houses</b>	77	93	116
<b>Recovery Beds</b>	622	760	946

<sup>2</sup> The figures for 2007 and 2011 are year-end. The figures for 2015 are as of the March 1, 2015. Three new houses have been started during 2015. They were not part of the survey.

There are now 116 Oxford Houses in the Commonwealth – 30 for women and 86 for men. Together, the houses provide 946 recovery beds – 233 for women and 713 for men.



**Oxford House - Fair Oaks**  
**3010 Steven Martin**  
**Fairfax, VA 22031**  
**10 Men • Established July 1, 1995**

The treatment history of the residents in Oxford House shows that most of these individuals have tried to achieve long-term sobriety many times before admission to an Oxford House. The following table compares the treatment history of Oxford House residents in various states. Virginia residents have a similar treatment history as residents in other states.

**Table 2**  
**Percent of Prior Treatment Tries**

No. of Sobriety Tries in Residential Treatment	VA	OK	TX	NC
<b>One time</b>	16.1	25.6	23.9	18.2
<b>Twice</b>	24.2	23.5	18.8	20.0
<b>Three to Five</b>	41.9	27.4	31.9	44.1
<b>Six to Ten</b>	12.9	16.7	13.8	10.9
<b>More than Ten</b>	04.8	6.8	11.6	06.3

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 sobriety comfortable enough to avoid relapse.

About 51% of the Virginia Oxford House residents have been through residential treatment 3 or more times. Recycling in and out of treatment has been the norm. Oxford House changes that norm so that recovery without relapse becomes the new norm rather than the exception for residents.

Put another way, the individual resident in an Oxford House is given the opportunity to become comfortable enough in sobriety to avoid relapse. That opportunity arises from the disciplined system of operation used in an Oxford House, the requirement of absolute sobriety, peer support for recovery participatory democracy and the absence of residency time limits for those who stay clean and sober and pay their equal share of household expenses.

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 resumes using alcohol or drugs. Nationally, fewer than 20% [16.7%] of Oxford House residents are expelled because they return to using alcohol or drugs while residents of a house. The relapse rate among Virginia residents is about 17%. In addition, the residents in Virginia Oxford Houses have accumulated a significant length of sobriety – an average of 24.4 months.<sup>3</sup>

<sup>3</sup> About half of the residents have been in an Oxford House less than six months with the other half having lived in a house more than six months. Length of sobriety is longer because some sobriety is gained before admission – particularly among the formerly incarcerated.

The age of those residing in VA Oxford Houses averages 40.4 years. As Table 3 shows, the men in the sample were about four years older on average than the women. Both men and women were older in the 2014 survey than in the 2007 survey.

**Table 3**  
**Average Age of Residents**

Gender	Mean Age 2012	Mean Age 2014
Male	37.9	41.5
Female	34.9	37.5
Both	37.1	40.4

The age range is from age 18 to age 77. Sometimes a person under age 18 applies to an Oxford House and can be admitted if the person’s guardian approves. Distribution among age groups exists within all the Oxford Houses in Virginia.

**Table 4**  
**Racial Diversity**

[Comparison of VA 2010 Census Data and OH Survey]

Race	2010 VA/US Census	VA Oxford Houses 2007	VA Oxford Houses 2014
White	70.8%	40.2%	74.6%
Black	19.7%	56.0%	19.5%
Asian	6.1%	0.0%	1.1%
Native American	0.5%	1.0%	1.0%
Other	2.9%	4.7%	3.7%

The racial composition of Oxford House residents in Virginia is not statistically different from that of the population within the Commonwealth in general. It does have a slightly higher percentage of Whites than the percentage of Whites in the Commonwealth but not by much.

The shift of racial composition in the Virginia Oxford Houses between 2007 and 2015 is primarily the result of expansion of the number of houses throughout the state.

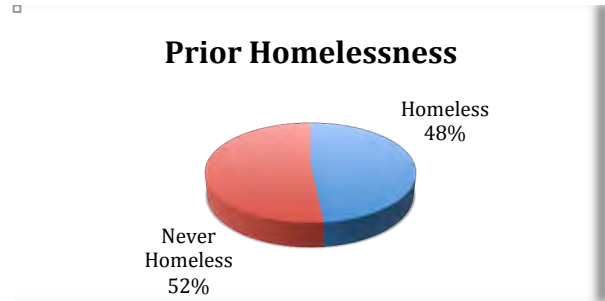
The percentage of Blacks is almost identical to the Census data even with the expansion of houses to parts of the state having smaller percentage of African-American residents. However, the expansion of Oxford Houses into areas such as Winchester, Arlington, Falls Church and Fairfax City that have a lower percentage of African-Americans, has led to a higher percentage of Whites living in the network of Virginia Oxford Houses.

**Table 5  
Marital Status**

Marital State	2007	2014
Never Married	40.8%	58.2%
Married	4.5%	4.1%
Separated	11.2%	10.5%
Divorced	40.8%	25.9%
Widowed	2.6%	1.3%

A majority of the residents of Virginia Oxford Houses had never married [58.2%]. Of those who had married, most were currently either separated [10.5%] or divorced [25.9%] and a few were widowed (2.6%). Only 4.1% are still married. This status is typical for alcoholics and drug addicts coming into recovery. Addiction creates havoc on relationships. Fewer residents had been married in 2007 than in 2014. As previously discussed, most of the residents have recycled in and out of treatment. [See Table 2.] More than a quarter of the residents had been through residential treatment four times or more. More than 10% had been through treatment eight times or more. The normal treatment outcome is relapse – except for those who get into an Oxford House. Therefore, it is not surprising that the residents in Oxford House have histories full of treatment, relapse and subsequent treatment. Relapse has other consequences as well. Homelessness is one and spending time incarcerated in jail or prison is another.

**Figure 1  
Homelessness**



Homelessness has been experienced by 48% of the Virginia Oxford House residents. On average, the residents in the survey had been homeless an average of 2.1 times and the average total length of homelessness was 365 days – exactly one year.

More than three-quarters of Virginia Oxford House residents have done jail time. Put another way, all but 22 percent of the Virginia Oxford House residents had served jail time prior to getting into an Oxford House.

About half of those who had done jail time had also been homeless at some point during their addiction. Homelessness provides a greater opportunity than incarceration for continuation of an individual’s active addiction but many report that incarceration does not guarantee that drugs and alcohol cannot be obtained while incarcerated.

**Figure 2**



The average number of arrests leading to jail time is 4.3 and the average length of jail time is 20 months – almost twice as long as the length of jail time [358 days] found in the 2007 survey.

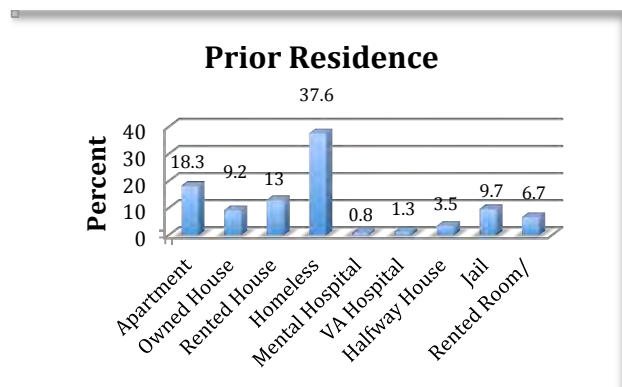
Oxford House opens access to an alternative to relapse, incarceration or homelessness by providing peer recovery support, an alcohol and drug-free living environment, disciplined democratic governance and open-ended residency. The open-ended residency is particularly important because everyone takes a different amount of time to master behavior change. In an Oxford House, a resident who stays clean and sober and pays an equal share of household expenses can stay as long as it takes to master sobriety.

### Last Prior Residence

When one looks at where a resident was living just prior to moving into an Oxford House it is easy to understand why Oxford House living reduces the risk of relapse.

As shown in Figure 3 below, only slightly over 40% of the residents were living in relatively stable situations prior to living in an Oxford House – own home, rented home or apartment.

**Figure 3**  
**Prior Residence [Percentage]**



About 59% of residents came to Oxford House immediately following homelessness,

jail, a rented room [or living with a friend], a VA hospital or a halfway house – each of which could be termed marginal housing situations. The likelihood that those individuals would have been able to develop sobriety comfortable enough to avoid relapse without living in an Oxford House is remote. Nevertheless, more than 80% of those individuals who do live in an Oxford House are able to develop sobriety comfortable enough to avoid relapse.

The findings from this 2014 survey of residents in Virginia Oxford Houses are consistent with the finding of the 2007 survey.<sup>4</sup>

Likewise the multiple DePaul University studies of Oxford Houses and their residents parallel the profile and outcomes of the current Virginia Oxford House resident survey. Alcoholism, drug addiction and co-occurring mental illness tend to be egalitarian and the effects caused by the diseases do not vary much among populations in different locations. The diseases also tend to propel the addicted down the social ladder when it comes to housing. As a matter of fact, just prior to entering an Oxford House 9% of the residents were homeless and 9.7% came into an Oxford House directly from jail.

### Veterans

Nationally about 20% of the Oxford House residents are military veterans even though existing Oxford Houses have limited outreach to VA hospitals and other places where veterans are likely to congregate. The percentage of veterans in Virginia Oxford Houses is 9% – far less than it should be. Oxford House outreach workers have reached out to recruit recovering veterans to

<sup>4</sup> The 2007, 2009 and 2011 Oxford House Virginia Evaluations are downloadable from the website: [www.oxfordhouse.org](http://www.oxfordhouse.org) – “Publications/Evaluations/State.



Virginia Oxford Houses and the lead outreach worker is a veteran herself. Nevertheless, the percentage of veterans is less than might be expected. Perhaps the VA facilities in the state could put a greater emphasis on the availability of Oxford Houses within the state. Oxford House provides low-cost housing for the veteran in recovery and it also provides two other benefits. First, Houses can be developed at low cost. Second, the Oxford House system of operation and open-ended residency makes a big difference in the achievement of long-term recovery. The disciplined, democratic system of self-operation permits the veteran and all residents to gain the self-esteem and self-confidence necessary to master long-term recovery. For the veteran, an addition benefit of Oxford House living is the sense of purpose and community it provides. There is no ‘big boss’ trying to create dependency; the residents themselves take responsibility for running the house. In most cases, a sense of pride re-enforces the value of staying clean and sober and, if necessary, taking the right dose of medicine at the proper times.

Just like other recovering individuals, veterans do well in the Oxford House environment. In 2011, DePaul University and the DePaul Community Research Center examined a subset of veterans living in Oxford Houses throughout the country. They found that:

Abstinence rates for the veteran subsample were high. Additionally, results suggested that participants experienced a reduction in anxiety and depression over time.<sup>5</sup>

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<sup>5</sup> James R. Millar, Darrin M. Aase, and Leonard A. Jason, DePaul University Center for Community Research, Joseph R. Ferrari, DePaul University, Department of Psychology, VETERANS RESIDING IN SELF-GOVERNED RECOVERY HOMES FOR SUBSTANCE ABUSE: SOCIODEMOGRAPHIC AND PSYCHIATRIC CHARACTERISTICS, *Psychiatric Rehabilitation Journal* 2011, Volume 35, No. 2, 141–144,

The shared bond of past addiction and hoped-for recovery provides a common ground for development of sobriety comfortable enough to avoid relapse. The degree of comfort includes development of habits that may require regular use of medication for psychiatric disorders [co-occurring mental illness] and behavior patterns that reduce periodic flashbacks associated with PTSD.

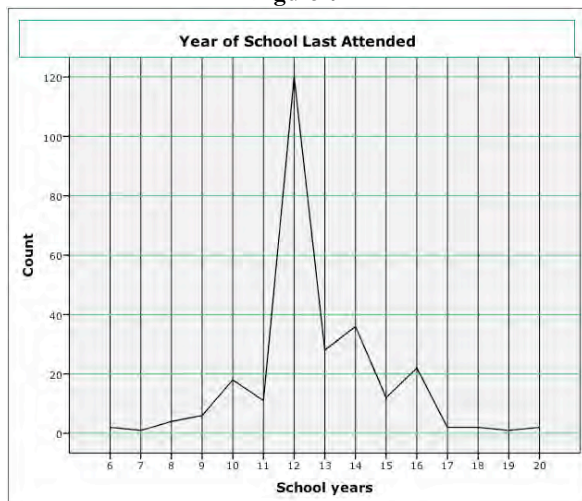
In effect, the housemates of the veteran with co-occurring mental illness are able to provide the tolerance and peer support for comfortable sobriety that also reduces the stress in living with PTSD that can often exacerbate the problem. Slowly but surely, the individual with co-occurring mental illness is able to develop behavior that minimizes the symptoms that can lead to dysfunction. Because of the diversity of the Oxford House population and the disciplined democratic self-rule and self-support, Oxford House residency provides a smooth transition for integration into society at large. This ease of transition works for both those afflicted solely with addiction or with addiction plus an underlying psychiatric disorder including many forms of PTSD. Unfortunately, the Department of Veterans’ Affairs at the national level has seemed to resist using resources not directly controlled by the agency itself. Oxford House, Inc. is attempting to encourage it to utilize the cost-effective Oxford House program to serve veterans in recovery better. In the meantime, Oxford House outreach workers in Virginia and elsewhere make presentations to local VA Hospitals in order to explain the program and recruit new Oxford House residents and to provide the network of Oxford Houses the benefit of having some residents who are veterans. Veterans tend to provide leadership to each house and to the network of houses in general. Moreover, the veteran is able to

significantly improve the odds of developing sobriety strong enough to avoid relapse.

### Education

The egalitarian nature of alcoholism and drug addiction cuts across the least and most educated individuals in society. The educational level among Virginia Oxford House residents ranges from fourth grade to post graduate. The following chart illustrates the spread.

Figure 4



The average educational level is 13.3 years – a little more than the national average educational attainment [12.2 years] among Oxford House residents nationwide. Two-thirds of the residents had completed high school. While only 3% graduated from college, nearly 40% had some formal education beyond high school. There is no relationship between educational level and the mastery of sobriety.

Sobriety comfortable enough to avoid relapse is related to length of sobriety and the building of habits that focus on the value of not using any alcohol or other addictive drugs. The foundation for good habit-building is not using alcohol or other addictive drugs a day at a time. The days accumulate and, with the passage of time,

habits are formed to develop long-term comfortable sobriety.

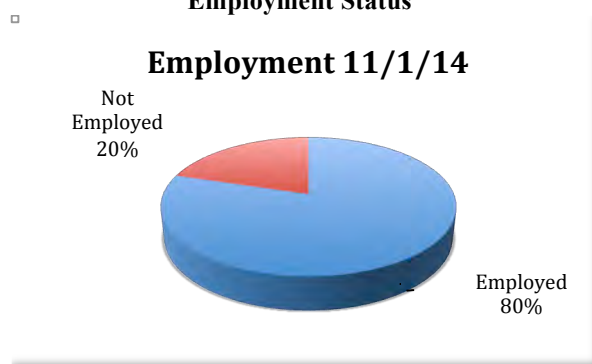
While residents of Oxford Houses are not required to attend 12-Step recovery meeting [AA/NA], almost all of the residents (98%) do so [605 of the 618 surveyed]. Meeting attendance becomes part of the social life of living in an Oxford House. The reasons for this vary from following suggestions of others in recovery to recognizing that attending a 12-Step meeting is an inexpensive social night out. The Virginia Oxford House residents attend an average of 5.4 AA or NA 12-Step meetings every week. This is more than twice as many meetings as is attended by the average member of those 12-step groups.<sup>6</sup>

### Employment

Most individuals living in an Oxford House get a job so that they can pay their equal share of household expenses (including rent). The equal share averages about \$105 a week, with a range of \$95 to \$165. Of those who participated in the survey, 79.7% were employed with the remainder [20.3%] being between jobs, looking for work, or receiving retirement or unemployment benefits.

Figure 5

#### Employment Status



<sup>6</sup> Every two years AA does a survey on meeting attendance and, on average, AA members attend 2 meetings per week.

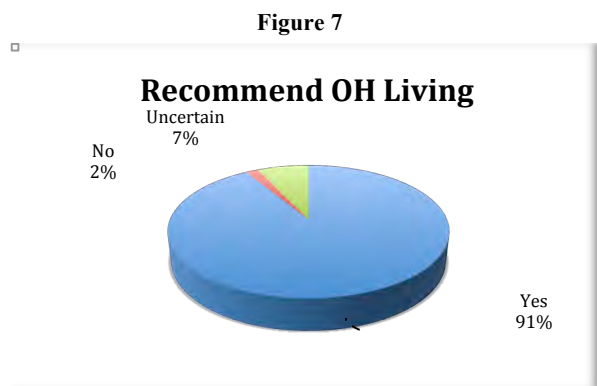
The average monthly income of Virginia Oxford House residents is \$1,465 – down about 20% from the average income of \$1,704 found in the 2007 survey. Monthly income ranges from a few hundred dollars to \$5,000 a month.

When considering monthly income, keep in mind that the average weekly equal share of household expenses per resident is \$105 a week, up only \$10 from 2007. The equal share of household expenses covers all the living costs for the resident except food, which is provided by each resident.

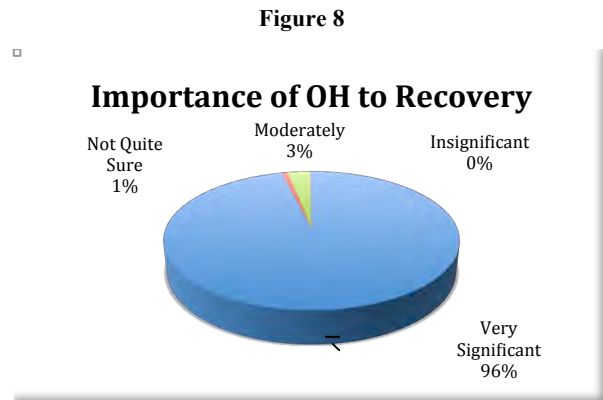
### How Residents View Oxford House

The fact that the number of Oxford Houses in Virginia continues to expand suggests that they are effectively serving individuals in recovery from alcoholism, drug addiction and co-occurring mental illness. Another piece of evidence of success comes from asking residents two relevant questions: [1] How important is Oxford House living to your sobriety and [2] Would you recommend Oxford House living to someone else.

Figure 7 below reflects the overwhelming support of Oxford House living by current residents of Oxford House. Only 10 persons in the survey of 618 Virginia residents would ‘not recommend’ Oxford House to newcomers in recovery and another 42 were “uncertain”. All of the “no” and “uncertain” individuals had lived in a house less than three months.

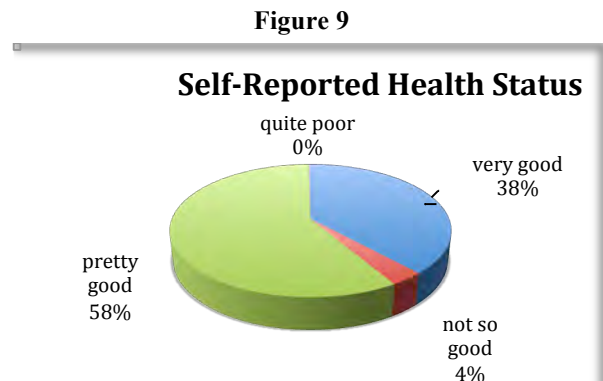


Survey participants were also asked to rank the importance of Oxford House living in relation to their continued sobriety. The scale used ranged from ‘moderate’ to ‘insignificant’ with ‘not quite sure’ and ‘very’ included in the middle of the list. As illustrated in Figure 8, almost all respondents found that Oxford House living sobriety.



### Self - Evaluation of Health

Alcoholism, drug addiction and addiction with co-occurring mental illness usually take a toll on physical health. The range of problems runs from relatively minor dental problems to very serious physical problems. During the first few months of living in an Oxford House, each individual begins the process of getting medical or dental help in fixing problems left over or caused from getting drunk and high on a regular basis – usually for a long time. During the survey residents were asked how they would rate their health.



Most (96%) of the respondents reported “very good” or “pretty good” health and less than 1% of the respondents responded that their health was “quite poor.”



**Oxford House - Hampton**  
64 Sherry Dell Drive  
Hampton, VA 23666  
*8 Men • Established February 1998*

### **Duration of Residency**

There is no time limit as to how long a resident can live in an Oxford House provided the resident stays clean and sober and pays his or her equal share of expenses. This unique feature of Oxford House is possible because the individual group the house.. When a house is full and turnover is non-existent or minimal, OHI, the chapter or residents of the house will suggest that another house be rented. In brief, when the supply of beds is less than the demand for beds, expansion makes sense. Such expansion is simple because there is no need to raise or accumulate the capital to buy property. Neither is there a need to hire or train new staff because the self-run nature of Oxford House makes it possible for the residents themselves to run the house and pay all the household expenses.

Examination of a website like Zillow shows that single-family rental housing is widely available in the Commonwealth. The ability of an Oxford House group to rent a house is

assured by the protections afforded under the federal 1988 Amendments to the Federal Fair Housing Act.<sup>7</sup> Even if an area has restrictive zoning classifications, it must make a reasonable accommodation to provide the opportunity for a group of individuals in recovery from alcoholism, drug addiction or co-occurring mental illness to live in a residential area.



**Oxford House - Diva**  
1300 N. Glebe Road  
Arlington, VA 22207  
*8 women • Established June 1, 1996*

Of course, the experience and support of OHI is a significant factor in the ease of expansion characteristic of Oxford House development and expansion. OHI reviews the prospective lease of a new house and the supply/demand conditions of the particular

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<sup>7</sup> OHI has been a pathfinder in developing the case law ensuring that recovering alcoholics, drug addicts and those with co-occurring mental illness are a protected class. See *City of Edmonds, WA v. Oxford House, Inc.* 514 U.S. 725 (1995) in which the U. S. Supreme Court affirmed OHI’s position that such individuals fall within the scope of ‘handicap’ under the FHA and are thereby a protected class of individuals, requiring that neighborhoods and local jurisdictions afford them a reasonable accommodation under zoning laws and any neighborhood exclusionary restrictions. OHI has won a number of other cases prohibiting discrimination by property insurance companies and fire safety regulators. The end result is that an Oxford House group must be treated the same as an ordinary family.

area. In the event of neighborhood opposition or other impediments to expansion, OHI is available to make certain that the residents of a new Oxford House are afforded the full protection of the civil rights laws prohibiting discrimination against group homes for recovering alcoholics and drug addicts. Furthermore, the initial charter given the expansion group is probationary to make certain that the new group understands the way Oxford Houses operate. Generally, it takes three to six months for a new group to meet the requirements necessary to be granted a permanent charter. Long-term recovery without relapse is the goal. Oxford Houses provide the time, peer support and living situation most likely to let individuals reach that goal. Thousands of Virginians have found long-term sobriety following this path – usually after repeated failures. As the network of Oxford Houses has grown throughout the Commonwealth, more and more Virginians in recovery are able to

avoid cycling in and out of treatment or incarceration. Over 80% [82.9%] of the residents surveyed listed the last formal or primary treatment facility they had completed before moving into an Oxford House. On average, residents went through prior treatment more than three times. [See Table 2]

Participation of residents from both private and public treatment programs adds to the diversity among Oxford House residents and improves networking. This improvement in networking helps more individuals to get jobs, necessary medical services and, often, leads to residents getting additional education and training. Above all it makes long-term sobriety a reality.

Both private and public treatment facilities where the residents had gone previously are listed in Table 6 on the next page.



Pictured above are some of the Virginia Oxford House residents and alumni at the 2015 Oxford House World Convention held in Washington, D.C.

## Prior Primary Treatment

Most of the residents in the survey had gone through detoxification, residential treatment or outpatient primary treatment before entering an Oxford House. To avoid relapse and the need to cycle in and out of treatment, many primary treatment providers are referring their clients to Oxford House after detoxification and short-term treatment [usually up to 28 days] or longer periods of treatment. See Table 6 below:

**Table 6**  
**Prior Treatment Provider**

12 Oaks		New Generations	1
A New Beginning	2	New Hope Detox	1
Alexandria Detox	44	New Life Center	2
Alpha Jail Services	1	New Life for Youth	1
Arise	2	Ninth Treatment Oklahoma City	1
Avery Road Treatment Center (Maryland)	2	Oakridge (Maryland)	1
Bethany Hall	1	P.B.I.	1
Black Mountain	1	Palm Partners (Delray Beach, FL)	1
Blue Ride Behavioral Center	1	Pasadena Villa	1
Boxwood Recovery Center	3	Pathways Treatment Center	11
Bradford Parkside (Birmingham, AL)	16	Phoenix House	43
Bridging The Gaps (Winchester, VA)	1	Pine Grove	1
Butner	2	Project Care (Greenville, SC)	1
C-PAT (Manassas, VA)	1	Residential Program Center	2
Caron Treatment Center	1	Riverside Rehabilitation Center	3
Clean & Sober Streets	3	Riversource Holistic Treatment Center	1
Clearbrook	1	Roanoke Rehabilitation	1
Colonial Behavior	1	Rubicon	14
Corner Stones	1	S.A.R.P. Portsmouth Naval Hospital	1
Courtland Center	1	Sagebrush	1
Crossroads	1	Saint Mary's	1
D.O.C. Program	22	Salvation Army Adult Rehabilitation Center	16
Demeter House	3	Second Genesis	2
Diversion Center	4	Serenity Acres (Maryland)	2
Edgehill Recovery Center	60	Serenity House	5
Elm Home	2	Steps To Recovery	3
Executive Drive	2	Summer Sky	1
Fairwinds (Florida)	1	Sunrise	1
Father Martins Ashley	1	Sunshine Lady	1
G&C Holistic	4	The Empire Recovery Center (CA)	1
Galaxy Life Center	1	The Healing Place	6
Gateway Foundation	1	The Life Center of Galax	5
Glenwood Behavioral Center	2	The Meadows	1
Good Samaritan/ Drug Court Program	1	The Mohr Center	7
Harrison House	1	The Turning Point	3
Inova CATS	13	The Watershed	1
Jude House	2	The Wellness Center	1
Lewis Gale	1	Therapeutic Program	1
Living Waters Treatment Center	2	Twin Lakes	1
Maryland Recovery Partners	1	VA Beach Recover Center	5
Maryveiw Psychiatric Hospital	1	Valley Hope (Kansas)	1
Merridian	2	Veteran's Affairs Program	16
Morworth	1	Virginia Hospital Center	1
Moshin	1	White Deer Run (PA)	1
Mount Regis	1	Williamsburg Place & Farley Center	21
Mountain Manor	9	Willow Oaks (Cartersville, VA)	8
N.I.H.	1	Women's Addiction Recovery Manor	1
NC Recovery Support Services	2	Youth Challenge	3

## **Part 2**

### **HOW AND WHY THE OXFORD HOUSE™ MODEL WORKS**

The Oxford House program is unique in its approach – and it is highly successful. The model is relies on three basic and inter-related principles – recovery, responsibility and replication. This section briefly discusses each, explains how the interaction of these principles leads to the success of the Oxford House program, and reviews the supporting academic research.

#### **Recovery**

Alcoholics, drug addicts and those with co-occurring mental illness have to change behavior in order to get well. That is easier said than done. In 1969, Vernon Johnson described the four transition phases from addiction to recovery as follows:

- Intervention
- Detoxification
- Treatment [Education, about the nature of addiction and motivation to change behavior] and,
- Long-term behavior change to assure sobriety without relapse.<sup>8</sup>

Today, outcome studies of recovering alcoholics and drug addicts show that the weakest element of four-phase prescription is long-term behavior change. The Federal TEDS [Treatment Episode Data Set] data, an annual snapshot of about 1.5 million individuals in the United States who are in treatment for alcoholism and drug addiction, shows that about 60% of the individuals had been through government treatment at least three times before their current treatment.<sup>9</sup> This is not surprising to those involved with treating alcoholics, drug addicts and those with co-occurring mental illness. For more than the last thirty years professionals in the field have characterized addiction as a chronic disease with frequent relapses. In some ways the presence of frequent relapses encourages the cycling in and out of treatment as demonstrated by the TEDS data.

Oxford House™ is unique in proving that relapse can become the exception rather than the rule. From its establishment in 1975, both the concept and system of operations underlying Oxford House worked to minimize relapse among residents. First, the concept of renting an ordinary house enabled low-cost development of housing for recovering individuals to live together in a sober living environment. Second, the utilization of a disciplined democratic system of operation for self-management and self-support not only enabled low-cost but also provided a method for each individual to build confidence by living and being a part of a living environment that provided opportunities to accomplish specific undertakings and develop new behavioral habits while staying clean and sober. The living environment itself promotes community. Moreover, the standardized system of operations requires participatory democracy by each resident from participation in weekly house meetings to election to a House office to undertake specific duties and responsibilities. The Oxford House concept and system of operation give

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<sup>8</sup> Vernon E. Johnson, *I'll Quit Tomorrow* (Harper and Row, San Francisco, 3rd edition, 1980) [First published in 1967]

<sup>9</sup> The TEDS data set has been collected for more than a decade and the percentage of individual with multiple treatment episodes has stayed about the same.

residents trust that they can operate and maintain their household in compliance with the charter granted to their particular house. This is achieved primarily through trusting that Oxford House residents themselves can take responsibility for their own recovery, following the time-tested Oxford House system of operation.

## RESPONSIBILITY

The Oxford House Manual<sup>®</sup> serves as the blueprint that enables each group of six or more recovering individuals living together as a well-functioning family. Each individual Oxford House is chartered by Oxford House, Inc. [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 process becomes the foundation for the continuing operation of each Oxford House.<sup>10</sup> It establishes and enunciates the core values of Oxford Recovery Houses. Both the temporary and permanent charter have three conditions that the group of six or more persons must meet in order to call itself an Oxford House<sup>™</sup>:

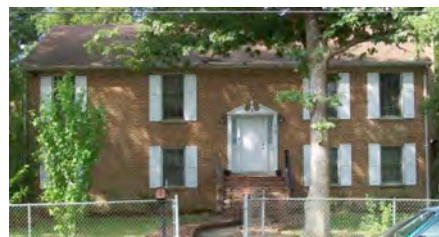
- The group must be democratically self- run,
- The group must be financially self- supporting, and
- The group must immediately expel any resident who returns to using alcohol or drugs.

These three basic requirements – democracy, self-support and absolute sobriety – along with open-ended residency lie at the heart of what makes an Oxford House work.

The 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 houses 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 responsibility, self-esteem, tolerance and accountability.

The requirement of self-support also has both practical and therapeutic value. Virginia Oxford House residents pay an average of \$125 a week into their group household account as their equal share of household expenses. The range of weekly equal household share of expenses is from \$110 to \$155 a week. 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. This is new behavior for many recovering addicts and it is a confidence builder that it is integral to the mastery of comfortable sobriety.

Finally, the charter requirement 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 because of relapse, each resident has the value of his own



**Oxford House – Glebe Road**  
2720 N. Rosser Street  
Alexandria, VA 22311-1342  
*8 Men • Established February 1991*

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<sup>10</sup> Almost all the Oxford Houses in Virginia have achieved permanent charter status. The remainder are in the process of qualifying. It usually takes about six months for a new group to master the system of operations and submit the paperwork to OHI to be granted a permanent charter. The permanent charter contains the same three conditions that a temporary charter contains but the group granted the permanent charter is able to feel more secure as a member of the Oxford House network of houses and takes pride in having met the basic test of mastering the standardized system of Oxford House operations.



sobriety enhanced. Likewise 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 continuous sobriety. 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.



**Oxford House - Chester**  
13911 Jefferson Davis Highway  
Chester, VA 23831-5333  
9 Men • Established October 1996

Research has shown that more than 80% of the residents in Oxford Houses stay clean and sober. In 2014, fewer than 17% of the residents in the National Network of Oxford Houses were asked to leave because of relapse. The Virginia network of Oxford Houses had a relapse rate of 16.8% during 2014, very close to the national average. OHI has no statistics about how many individuals who relapse and are expelled from a house will subsequently get sober and re-enter an Oxford House, there are numerous examples of individuals who have done this and succeeded.

### **Replication**

Over the last 40 years, Oxford House has expanded a single house in Silver Spring, Maryland to a national network of more than 1,900 Oxford Houses. Three mechanisms enabled such replication: [1] a time-tested system of disciplined, democratic decision-making and operation within each house; [2] a chartering system that utilized uniform standards and simplicity, and [3] use of outreach workers to provide on-site assistance and instruction to residents. Also key is the fact that all Oxford Houses are in residential rental property.

Renting, rather than building or owning a house, is important in that it utilizes an existing readily available market and is not capital intensive. Just like an ordinary family, an Oxford House family want to live in a good house in a good neighborhood. Each Oxford House group pays fair market value to a landlord to rent a suitable house. Over the years, OHI has taken legal action to ensure that groups creating Oxford Houses are treated the same as ordinary families would be in similar rental situations. OHI won a U.S. Supreme Court case – *City of Edmonds, WA v. Oxford House, Inc.* 514 U.S. 725 – in which the Court held that recovering alcoholics and drug addicts came within the definition of “handicap” under the Federal Fair Housing Act (FHA) and were thereby entitled to protection against discrimination in housing. Subsequent cases brought by OHI have made it clear that Oxford House groups should be accorded the same legal rights to reside in any neighborhood as any ordinary family would receive. Local government must make a reasonable accommodation under restrictive zoning laws or fire safety laws. Likewise, casualty insurance companies cannot create a special category for groups of recovering individuals living together in an Oxford House. The protection of civil rights under the FHA has been a hallmark of OHI. OHI defends every chartered Oxford House from discrimination and has been uniformly successful.

An important key to effective replication is the proper training of residents in new houses by supervised outreach workers. Virginia provides resources for three full-time outreach workers to help develop the statewide network of houses.<sup>11</sup> The outreach workers teach residents and also help organize houses into chapters to create community and increase quality control.

A chapter is a grouping of houses in an area in which the officers of the various Oxford Houses meet once a month. The chapter meetings provide a means for helping all the houses adhere to the time-tested procedures used by each house. Chapters also expand the recovery-oriented socialization of the residents of all the houses by organizing group events ranging from picnics to bowling or softball leagues. For example, among the Virginia Oxford Houses there are currently seven chapters. The chapters have also built a strong state association that has managed an annual statewide convention of Oxford House residents and alumni for the past six years.

### **Research**

Research on the Oxford House program and residents has been encouraged by Oxford House ever since 1987. In many ways the men and women in Oxford Houses opened the door to academic study of the recovery process. In 2010, Dr. Jeffrey D. Roth, MD, a Chicago psychiatrist who is editor of *Journal of Groups in Addiction and Recovery*, wrote:

While research on AA has been limited by the role of anonymity in recovery, the willingness of Oxford Houses to open their doors to academic research gives us an opportunity to see recovery from addiction in action.<sup>12</sup>

DePaul University in Chicago has published nearly 200 scholarly reports of research funded b In 2011, the federal government reviewed the research and decided to list Oxford House on the by the National Institute on Drug Abuse [NIDA] and the National Institute on Alcoholism and Alcohol Abuse [NIAA]. In 2007, for example, the DePaul research group completed a 27-month study of 897 Oxford House residents located in 219 houses across the country. At the beginning of the study period, they had requested that each participant provide a third party who knew them to certify the accuracy of their answers. When the third parties were contacted, it showed that 97% of the responses were verified. (Jason, Davis, Ferrari & Anderson, 2007). The article describing that study was published in *Addictive Behaviors* 32 (2007) and is downloadable from the Oxford House website: [www.oxfordhouse.org](http://www.oxfordhouse.org) under “Publications/ Evaluations/DePaul” by clicking on “*The need for substance abuse after-care: Longitudinal analysis of Oxford House.*”

Within Oxford House many residents and alumni have experienced institutional setting ranging from incarceration to traditional halfway house living. When asked to identify how Oxford Houses differ from halfway houses or incarceration, residents and alumni will quickly point out that there is no “we versus them” problem in Oxford Houses. The “we versus them” problems arise when an authority figure or body establishes rules and regulations. Oxford Houses have rules and regulations but decided by the group itself rather than an authority figure or outside force. This characteristic seems to eradicate any dependency or resentment within an Oxford

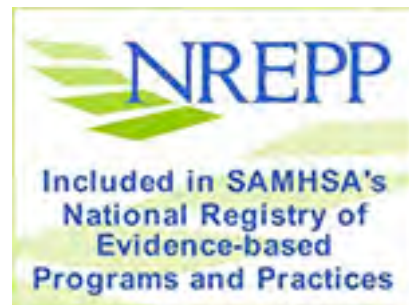
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<sup>12</sup> Jeffrey Roth, M.D., *Journal of Groups in Addiction & Recovery*, 4:2–6, 2009

House. As a matter of fact the process itself seems to enhance self-esteem and associate it with the behavior change that is required for living in an Oxford House. The restoration of self-esteem or confidence in sobriety has been measured by comparing new residents of Oxford House with similarly situated individuals [new in recovery] who attend 12-Step Meetings but do not live in Oxford House.<sup>13</sup> Majer and his colleagues at DePaul University found that the Oxford House living environment greatly increased abstinence self-efficacy and self-mastery.<sup>14</sup>

Subsequent studies have confirmed the importance of “self-efficacy in abstinence and the meaning in life” with respect to achievement of long-term recovery without relapse. In 2010, Majer and his colleagues interviewed 100 Oxford House residents equally divided between Mid-Atlantic region and Mid-western region with all residents given a Basic Information Survey [27 items] and a Treatment Involvement Survey [21 items]. Findings showed significant relationships between active 12-step involvement and increases in resources that sustain ongoing recovery, with treatment implications that addiction clinicians should target and encourage clients’ simultaneous involvement in a number of 12-step activities.

By encouraging research on recovery, Oxford House residents and alumni helped to stimulate research about the recovery process. Such third-party research explains why Oxford House is listed as a best practice on the federal government’s National Registry of Evidence-based Programs and Practices [NREPP]. The Virginia Network of Oxford Houses alone has demonstrated that those in recovery who live in an Oxford House greatly increase their odds of becoming comfortable enough in sobriety to avoid relapse. During 2014, only 16.8% of all residents in the Virginia Oxford Houses were expelled because of relapse. More significantly, because there is no time limit, residents are able to stay in an Oxford House until they are comfortable enough in sobriety to avoid relapse even after they voluntarily move out. While the average length of stay in Virginia Oxford Houses during 2014 is 9 months, many residents have lived in a house several years. Outreach workers in the state and the revolving loan fund enable development of additional Oxford Houses. 12 new houses were established in 2014. This feature of Oxford House coupled with self-support for operations and household expenses permits the open-ended residency.



## CONCLUSION

Oxford House is proud of the partnership forged between the Commonwealth of Virginia and OHI since 1990. It has become strong as the years have passed and been of benefit to thousands of recovering individuals. We look forward to continuing this partnership and hope to soon double the number of Oxford Houses within the Commonwealth.

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<sup>13</sup> OPTIMISM, ABSTINENCE SELF-EFFICACY AND SELF-MASTERY, John M. Majer, Leonard A. Jason, Bradley D. Olson, *Assessment*, Vol. 11, No. 1, March 2004 57-63

<sup>14</sup> Op. Cit. 62

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