

An Evaluation of the Network of Oxford Houses

Delaware



Oxford House – Saving Money: Saving Lives

December 2011

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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, Delaware was one of the first states to begin development of a network of Oxford Houses but it utilized the Delaware Addictions Coalition to administer its loan fund and help local individuals to start recovery homes. By 2009 ten houses had been established. In 2009 the state began to utilize Oxford House, Inc. to help open new Oxford Houses and to keep the existing houses on track. Today, there are 36 Oxford Houses in the Delaware providing 252 recovery beds. This report brings up-to-date the evidence about who is being served by the statewide network of Oxford Houses in Delaware. It profiles the residents and describes the ways and means that Oxford House enables successful recovery without relapse at a very low cost.

Oxford House provides that means and we urge the state to expand the network of houses to reduce recidivism and recycling of alcoholics and drug addicts through treatment. . Growth in the Delaware Network of Oxford Houses is still needed and hopefully this evaluation will help policy leaders to see how Oxford Houses in fact save money and lives by giving recovering individuals the opportunity to become comfortable enough in sobriety to avoid relapse. Recovery without relapse can become the norm rather than the exception.

Silver Spring, Maryland

December 2011

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Oxford Houses of Delaware

This is the 2011 Annual Evaluation of Oxford Houses in the State of Delaware. It is based upon completion of the standard Oxford House resident survey, monthly reports from the Oxford House outreach worker and monthly reports by the Delaware Oxford Houses. 154 residents [80% of those residing in the houses at the time] completed surveys during May and June 2011¹. The tables below provide an overview of the data.

2011 Profile of Delaware Oxford Houses

Number of Women's Houses	8	Number of Women Residents	51
Number of Men's Houses	29	Number of Men Residents	207
Total Number of Houses	37	Total Number of Oxford Recovery Beds	258
Annual Turnover Rate	2.1	Annual Recovering Persons Served	540
Applicants per Vacancy	3.4	Average Cost to Live in a Delaware OH	\$100/week

2011 Profile of Delaware Oxford House Residents

Race White Black Hispanic	75.2% 21.6% 3.3%	Marital Status Never Married Married Separated Divorced Widowed	58.2% 3.3% 9.8% 27.5 % 1.3%
Average Educational Level	12.4 Years	Military Veterans	12%
Employed [6/30/11]	75.2%	Average Monthly Earnings	\$1,243
Average Age	38.7	Age Range	18 – 72
Average Length of Sobriety	17.9 Months	Average Stay in Oxford House	10 months
Self-Assessment of Health Very Good Pretty Good Not So Good	34.6% 53.6% 11.8%	Importance of Oxford House to Recovery Very Importance Moderately Important Somewhat Not Really Sure Insignificant	81.0% 12.3% 2.6% 2.6% 1.3%
Prior Jail Time	69.7%	Average Jail Time Served	374 days
Prior Homelessness	63.8%	Average Length of Homelessness	110 days

¹ Computed on a house-by-house basis. For example, if a house with ten recovery beds had two vacancies eight was used to compute the percentage completing the questionnaire.

Oxford Houses save money because:

Oxford Houses are *rented* – never purchased – that avoids tying up capital and keeps the rental property on local tax rolls and...



Oxford House – Old Orchard

**3 Bradford Lane
Lewes, Delaware**

Home to 9 men in recovery since September 2009

Oxford Houses are self-run thereby avoiding the hiring of staff...

House residents democratically operate the houses themselves. Each resident has one vote to elect officers and to resolve issues facing the house.

Oxford Houses are self-financed ...

Residents pay all household expenses by equally sharing rent and related household expenses – average per resident about \$100 a week [range \$85 - \$150 a week].

Oxford Houses Save Lives By Enabling Long-Term Sobriety...

Instead of the usual outcomes – relapse with repeated treatment, incarceration or death – most Oxford House residents become comfortable enough in sobriety to avoid relapse and achieve long-term recovery.²



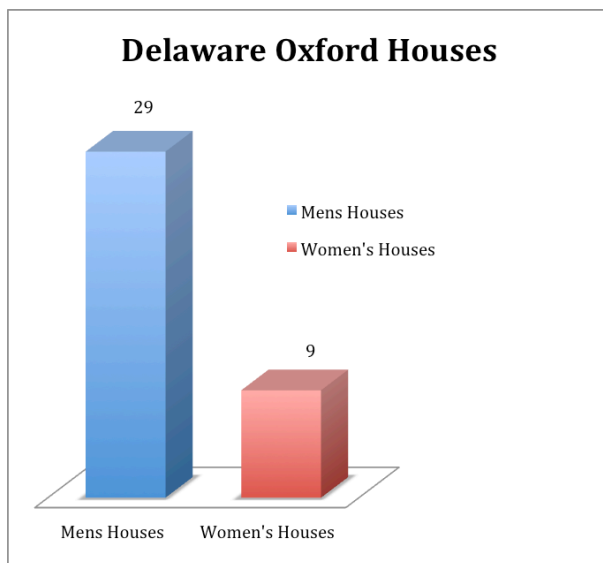
Oxford House – Crenshaw Court
7 Crenshaw Court
Middletown, Delaware
Home to 6 men in recovery since June 2010

² Arnold M. Ludwig, M.D., *Understanding the Alcoholic Mind*, Oxford University Press, New York 1988, p. 5 found that eighteen months after treatment only 10% were still clean and sober. George E. Vaillant, *The Natural History of Alcoholism Revisited*, Harvard University Press, Cambridge, Massachusetts, 1995 found that over a lifetime only 20% of alcoholics would stay clean and sober. R.J. Goldsmith, *The Essential Features of Alcohol and Drug Treatment*, *Psychiatric Annals*, 22, pp. 419-424, 1992, found that only 9% of studied persons leaving a traditional halfway house stayed clean and sober. Contrast that with outcome studies involving Oxford House. For example, on NIDA sponsored study by DePaul University followed 897 Oxford House residents for 27 months and found only 13% relapsed. [Peer-reviewed Journal article reporting study outcome downloadable from website: www.oxfordhouse.org under “Publications/Evaluations/DePaul”].

Delaware Oxford House Residents

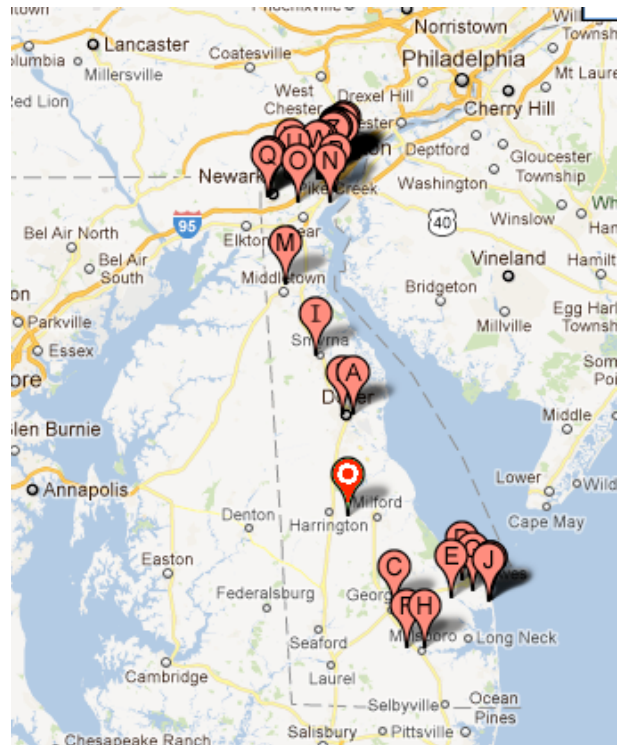
This evaluation provides detailed information about Delaware Oxford House residents obtained from residents during late spring and early Summer 2011. More than 80% of the residents of Delaware Oxford Houses participated in the survey.³ The 154 survey participants included 25 women residents [16.3%] and 129 men residents [83.7%] – identical percentages to the actual male and female recovery beds in the Delaware network of Oxford Houses.

Within the 38 Delaware Oxford Houses there are 258 recovery beds – 207 for men and 51 for women. This number represents more than a three-fold increase in the number of Oxford Houses in the state over the last three years [increased from 10 to 38 houses – 2009-2011]. With 29 of the houses for men and 9 for women the ratio of men's to women's houses [3:1] is about the same as nationally reflecting both the prevalence of men over women with respect to addiction and/or entry into treatment.



³ The survey is available at the Oxford House Website: www.oxfordhouse.org under "Publications/General" and has been used since 1987 to obtain a profile of residents to gain insights into recovery and the role Oxford House living plays in assuring recovery without relapse.

Living in an Oxford House provides the time, peer support and structure for individuals recovering from addiction or co-occurring mental illness to develop behavior that is comfortable enough to function well and to avoid relapse. Each individual in recovery responds at a different pace. Some have the ability to become comfortable enough in sobriety to avoid relapse very quickly. Others will require a long period of time. Because the Oxford House concept relies upon rental of ordinary single-family houses and operation by the residents themselves, taxpayer costs for expanding the availability of recovery beds is minimal.⁴ The location of the Delaware Oxford Houses is shown below.



There are 258 recovery beds in the Network of Delaware Oxford Houses and an annual turnover of the beds is about 2.1 times providing service to more than 540 individuals each year.

⁴ The state contract with Oxford House to provide outreach workers in the state and to manage a start-up loan fund was for \$140,000 during CY 2011.

Resident Characteristics

The residents of Delaware Oxford Houses fit the relapse profile of all alcoholics and drug addicts at the time they move into an Oxford House. Most have a track record of repeated relapses. Most have recycled in and out of residential treatment a number of times before moving into an Oxford House. Not only that but 69% over time had accumulated an average of 374 days incarcerated. Repeated treatment and incarceration illustrate a pattern of frequent relapse and recycling through treatment time after time.

Generally fewer than 20% of those afflicted with alcoholism and drug addiction will ever gain long-term abstinence – the best assurance of long-term recovery. However, the outcome for those who have an opportunity to live in an Oxford House is just the opposite – 80% or better will stay clean and sober. For example, the average length of sobriety for those living in Delaware Oxford Houses was a little more than 17 months – already well on the path to sobriety comfortable enough to avoid relapse forever.

From its beginning in 1975, Oxford House has demonstrated that its open-ended residency policy accommodated the fact that individuals become comfortable in sobriety over different lengths of time. Few have a “burning bush” experience but most will slowly but surely become comfortable enough in sobriety to avoid relapse if given an opportunity. The length of time living in an environment supportive of long-term sobriety differs depending on the individual. No “one size” fits all.

Three factors enable Oxford House to offer open-ended residency: [1] all the homes are rented ordinary single-family homes, [2] all homes are democratically self-run, and [3] all homes are financially self-supported. These factors enable individuals to stay as it takes to gain comfortable sobriety – provided they stay clean and sober and pay their equal share of household expenses. As a practical matter when

the demand for recovery beds exceeds the supply of vacancies it is relatively easy to rent another house and seed it with some experienced residents to establish another Oxford House.

In the last twelve months, 540 recovering individuals have lived in the Delaware Oxford Houses. Even with expanding capacity there are more than three applicants for every vacancy. The turnover rate is 2.1 as individuals move in and out of the 258 Oxford House recovery beds in the state [207 for men and 51 for women]. There are 29 houses for men and 8 houses for women.

There is little good that can be said about alcoholism and drug addiction except that they are equal opportunity diseases. Rich and poor, educated and uneducated, old and young individuals can all be afflicted with addiction. They are also color-blind and, during its 37 year history, Oxford House has never experienced discrimination based on race, religion or age.

As shown in Table 1, the Delaware Oxford House population racially reflects the overall Delaware population.

Table 1

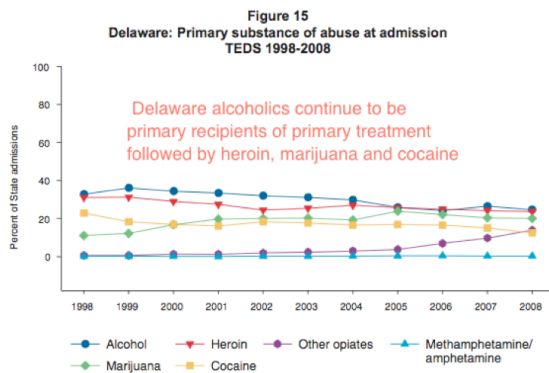
Race	Oxford House	DE 2010 Census
White	75.2%	74.5%
Black	21.6%	20.5%
Hispanic	3.3%	6.7%

Of the 25 million Americans suffering from active alcoholism and/or drug addiction fewer than one in twelve will get any treatment – including self-help groups – this year.⁵ Only one

⁵ The federal government statistics for 2009 and 2010 – the latest available –SAMHSA, Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies), National Survey on Drug Use and Health, 2009 and 2010 – shows 22.5 million [2009] and 22.1 million [2010] as addicted to alcohol and/or drugs. Alcoholics alone were 18.7 [2009] and 17.9 [2010]. Of those addicted only 1.8 million were admitted to treatment according to the latest TEDS data [Treatment Episode Data Set] collected by SAMHSA.

in twenty-five will get residential treatment for alcoholism and/or drug addiction. Among those “one in twenty-five” most will be repeaters; i.e., individuals who have been through similar treatment an average of three or more times before.⁶ In other words, the norm for treatment is chronic relapses leading to recycling the same individuals through residential treatment or jail over and over.

Each time through treatment the primary addictive substances tend to be the same with cross addiction between alcohol and major addictive illicit drugs. In Delaware, for example, the following chart shows over time that primary addictions have stayed about the same except for an increase in opiates other than heroin.



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 6/31/09.

The presence of Oxford House in the state can make a difference by reducing the number of repeat patients utilizing scarce residential treatment slots by making recovery without relapse the norm rather than the exception.

Since beginning in 1975, Oxford House has encouraged outside researchers to evaluate how Oxford Houses and the recovery process works. At the time, there had been little research about the recovery process because of the stigma associated with alcoholism and other drug addiction.

⁶ Substance Abuse and Mental Health Services Administration, Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

This stigma was re-enforced by the anonymity principles of the self-help groups AA and NA. For the last twenty years, the National Institutes of Health [NIAAA and NIDA] has funded research to better understand the processes used by recovering individuals to become comfortable enough in sobriety to avoid relapse.

In a recent book, Jeffrey D. Roth, MD, Board Certified in Addiction Psychiatry, 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.⁷

More than 125 peer-reviewed research articles studies of Oxford residents are listed at <http://www.oxfordhouse.org/userfiles/file/doc/pupeer.pdf>. DePaul University began studying Oxford House and evaluating the recovery process for both residents in Oxford House and others trying to recover from alcoholism and other drug addiction more than twenty years ago. Their research has been financially supported by NIDA and NIAAA and has opened a window on the way that behavior change from addiction to sobriety without relapse takes place more successfully in the Oxford House living environment. Key to understanding the value of Oxford House living is a basic knowledge about alcoholism, drug addiction and co-occurring mental illness.

Alcoholism, Drug Addiction and Co-occurring Mental Illness

Alcoholism, drug addiction and co-occurring mental illness are chronic conditions. Once a person has the illness it stays forever but produces no harmful effects if the afflicted individual can avoid ingesting the addictive substances.

⁷ *Recovery from Addiction in Communal Living Settings – The Oxford House Model*, Routledge, London and New York, 2011 [edited by Leonard A. Jason and Joseph R. Ferrari]

Total abstinence [sobriety] can arrest the bad effects of alcoholism and drug addiction and in most instances of co-occurring mental illness regular ingestion of the proper medication can arrest the bad effects of mental illness. The key is development of behavior change comfortable enough to be sustained. That is not an easy task because every individual is different and takes various lengths of time to master behavior change sufficiently strong to avoid relapse into old behavior.

This recycling in and out of treatment [or incarceration] is a manifestation of the chronic nature of alcoholism, drug addiction and co-occurring mental illness. Until the afflicted person becomes comfortable enough in sobriety to avoid all use of addictive drugs and alcohol, their lives will most likely move back and forth between periods of active alcoholism and drug addiction. Likewise, if there is an underlying mental illness the right medication, regularly taken in the right amount at the right time must become an unbroken habit or a flare up of the mental illness is likely to trigger a return to use of alcohol or illicit drugs as sort of “do it yourself fix” for the uncomfortable feelings associated with the mental illness.

To get off the merry-go-round of going in and out of active alcoholism and/or drug addiction an individual must become comfortable enough in sobriety to avoid relapse. If there is an underlying mental illness he or she must develop the habit of taking the proper medication in the appropriate amount at the right time. Oxford Houses provide the time and peer support essential for the development of behavior change essential for the addict to stay clean and sober without relapse.

Recently the federal government listed Oxford House as a best practice when it comes to providing effective treatment for alcoholism, drug addiction and co-occurring mental illness. The National Registry of Evidence-based Programs and Practices [NREPP] website is: <http://nrepp.samhsa.gov/ViewIntervention.asp>

[x?id=223](#). The process for identification as a “best practice” is through and requires scientific verification that the program and practice is creditable. In the case of Oxford House the National Institute on Drug Abuse [NIDA] and the National Institute on Alcoholism and Alcohol Abuse [NIAAA] both funded considerable academic research to determine whether or not living in an Oxford House produced substantial improvement in treatment outcome for alcoholism, drug addiction and co-occurring mental illness. More than 125 peer-reviewed articles in academic journals had already been published.⁸ However, listing as a best practice requires rigorous review by experts in the field and one of the NIAAA studies by DePaul University that measured Oxford House outcomes against a control group was particularly important to the reviewers.⁹

The success of the Oxford House program can best be attributed to the concept and system of operations. The concept – using rented housing and having residents run it themselves – coupled with a defined democratic system of operation and coordinated organization of houses into chapters, state associations with a centrally enforced adherence to charters assures quality control. For the last 37 years, the Oxford House Manual[®] has provided a true blueprint for assuring uniform operation that can be replication house by house, chapter by chapter.

How Oxford Houses Work

Oxford Houses are self-run and self-supported. The recovering individuals living in the house make all the decisions and pay all the bills. Common parlance within the Oxford Houses is that the “inmates run the asylum.” Because the

⁸ A list of those articles can be downloaded from the Internet at: <http://www.oxfordhouse.org/userfiles/file/doc/pupeer.pdf>

⁹ COMMUNAL HOUSING SETTINGS ENHANCE SUBSTANCE ABUSE RECOVERY, Leonard A. Jason, PhD, Bradley D. Olson, PhD, Joseph R. Ferrari, PhD, and Anthony T. Lo Sasso, PhD, *American Journal of Public Health*, Oct 2006; Vol. 96, pp1727–1729 [at: <http://www.oxfordhouse.org/userfiles/file/doc/niaaa.pdf>]

residents operate the house, there is no paid staff and each group *rents* a single-family house just like a biological family. For many, living in an Oxford House it is having an opportunity to begin again and to develop a lifestyle that avoids the use of alcohol and other addictive, behavior-changing drugs.

To get into an Oxford House a person recovering from alcoholism, drug addiction or with a co-occurring mental illness must apply to a particular house. Application is a two-step process: [1] completion of an application form and [2] be interviewed by the residents of the particular Oxford House. See the homepage of Oxford House, Inc. website: www.oxfordhouse.org and click on “How to Apply” for detail. The website also contains real-time vacancy data for each of the 1,500 Oxford Houses in the country. There are two ways to access the information: [1] under “Houses/Directory” indicate the particular state of interest and a list of houses sorted by city within a state pops up and the vacancy status of the particular house can be determined, or [2] click on “Vacancies” at the home page and a Google map of the country comes up to permit selection of houses with vacancies in the area of the country a person is seeking.

The existing members of an Oxford House vote on whether or not to accept an applicant. It takes an 80% affirmative vote for admission to a house. The new member has an equal vote within a house as soon as he or she is accepted. This is an important reason for the Oxford House success because every Oxford House must hold a weekly business meeting as part of operating the house.

House “officers” are elected to five offices within each house – President, Treasurer, Comptroller, Chore Coordinator, and Secretary. The standard *Oxford House Manual*[®] is the blueprint for operating the individual Oxford House.¹⁰ It

¹⁰ A copy of the Oxford House Manual[®], the Chapter Manual[®] and the World Council Manual[®] can be downloaded from the website www.oxfordhouse.org under “Manuals”.

sets forth the duties of each officer, the order of the house business meeting and the procedures for each house to comply with the charter it receives from Oxford House, Inc. – the national nonprofit umbrella organization.

The charter is the legal framework for a recovery home to hold itself out as an Oxford House and to use the time-tested system of operations that has worked so well for more than 37 years.



Oxford House-Dover

Dover, Delaware

Home to 7 Men – Established 1991

The Oxford House Charter is has three simple conditions:

1. The group must be democratically self-run following the procedures in the Oxford House Manual[®].
2. The group must be financially self-supporting.
3. The group must immediately expel any resident who returns to drinking alcohol or using drugs.

There is no charge for a group to be granted an Oxford House charter but the group home must accommodate at least six recovering individuals and must be individuals of the same gender. Oxford House World Services does not charter co-ed houses.

Each Oxford House must have at least six residents because experience has shown that the model does not work with smaller sized groups. The best size group is 10 to 12 individuals but

some houses are not large enough to accommodate that many occupants. Nationally the average number of residents per house is 8.2. In Delaware the average number of residents per house is 7 in part because the available urban housing stock consists of very few large single-family homes.

Within each Oxford House most bedrooms have twin beds to serve two residents. Having a roommate helps to combat loneliness and isolation, which often trigger self-pity and depression that can lead to relapse. Having a roommate also helps to keep the equal share of household expenses lower. If only four individuals live in a four-bedroom house, they would pay twice as much a month as eight individuals living in the same house.

Each individual Oxford House is a separate legal entity that behaves as an ordinary single-family. The individual house gets a federal tax identification number [FEIN] and establishes a checking account in the name of the individual home. This is important not only to enable sound management of the house finances, but also, contributes to the cohesiveness of the group as it utilizes the common bond of recovery to enable every resident to associate the accomplishments of the house with their own personal sobriety. This positive re-enforcement of sobriety underscores the value of sobriety and makes it more likely that the individual resident will stay clean and sober without relapse.

Within an individual Oxford House a standardized procedure is followed as spelled out in the Oxford House Manual[®] written by the members of the first Oxford House in 1975. This blueprint has served Oxford Houses well. It defines the democratic procedures used in regular meeting of house residents, election of five term-limited house officers and written traditions used to successfully operate an Oxford House. As residents participate in the democratic decision-making to operate the household, it builds confidence in the individual that is associated with sobriety and recovery. A number of the

NIAAA and NIDA studies undertaken by the DePaul University Community Research group show that self-efficacy in recovery is gained by living in an Oxford House.¹¹

One of the residents in a Delaware Oxford House described Oxford House living as “training wheels for learning how to live a normal life.” While the description is not one frequently used, it does reflect the fact that the democratic structure used by Oxford House residents is disciplined and provides a defined process for learning how to behave responsibly. Carrying out the duties expected of house officers and other residents does provide the opportunity to learn or relearn responsible behavior. The absence of a time limit on residency also allows each individual to become comfortable enough in sobriety to greatly increase the likelihood of lifelong recovery.

Delaware and Oxford House

Saving Money and Saving Lives

Oxford House came to the State of Delaware soon after the Anti-Drug Abuse Act of 1988 was enacted. From 1989 to 2008, Oxford House, Inc. [OHI] – the national nonprofit umbrella organization – worked with the Addictions Coalition of Delaware to develop a statewide network of Oxford Houses.¹² In fiscal year 2008, OHI entered a contract with the Division of Substance Abuse and Mental Health of the Delaware Department of Health and Social Services to administer its recovery home revolving loan fund in an effort to strengthen

¹¹ See particularly: Majer, J.M., Jason, L.A., & Olson, B.D. (2004). OPTIMISM, ABSTINENCE SELF-EFFICACY, AND SELF-MASTERY AMONG OXFORD HOUSE RESIDENTS: A COMPARATIVE ANALYSIS OF PERSONAL RESOURCES. *Assessment*, 11, 57-63.

¹² Initially the late Jim Huard and subsequently, the late Wendell Howell, headed the Addictions Coalition. Both men were in recovery from addiction. Earlier the late Jack Paradee who had been head of the Delaware United Transportation Union had been instrumental in getting Oxford House started in Delaware as well as being of assistance to establishment of the original Oxford House in 1975 in Silver Spring, Maryland.

the statewide network of Oxford Houses. In fiscal year 2010, the state agency expanded its contract with OHI to pay for an on-site outreach worker to provide technical assistance to the men and women living in and operating the ever-growing statewide network of Oxford Houses in Delaware.

The number of Oxford Houses in the state has expanded from ten to thirty-seven providing 258 recovery beds throughout the state. During 2011 around 500 recovering individuals lived in Delaware Oxford Houses. Over 80% of them remained comfortable enough in sobriety to avoid relapse.

While the common bond that ties the residents of Oxford Houses together is recovery from addiction to alcohol, drugs or co-occurring mental illness, the service provided subgroups of individuals should not be overlooked. For example, 12% of the Delaware Oxford House residents are veterans. This percentage is a little lower than the percentage for veterans [18%] for the national network of Oxford Houses. Traditionally Oxford House has reached out to veterans in recovery not only to provide them with an opportunity to master long-term recovery but also to strengthen the local network of Oxford Houses by attracting individuals who have exhibited civic leadership by having served in the military. Their experience strengthens the stability of Oxford Houses.

Experience has also shown that recovering veterans do well in an Oxford House living environment.¹³ Specifically the study found that while “veterans had higher rates of anxiety and suicide risk than nonveterans at baseline; however, after 12 months they reported similarly lower levels of anxiety.” More importantly the study concluded that “the self-governed recov-

ery home as a potentially effective substance abuse rehabilitation program for returning veterans.” The experience of Oxford House in general suggests that stronger outreach to recovering veterans can both increase the participation of vets in Oxford House living and result in more long-term recovery for veterans who take advantage of Oxford House living.

Another subgroup that should be mentioned is those individuals in recovery re-entering society following incarceration. Among the residents of Delaware Oxford Houses 69.7% had served an average of 374 days in jail or prison. The rate of relapse for these individuals was no greater than the average for the group as a whole. [18%] For individuals getting out of jail or prison the recidivism rate [committing another crime or failing to meet conditions of parole] can be as high as 65% during the first six months following reentry. This high recidivism rate makes sense when one realizes that the re-entry is usually back to the “old neighborhood” where the new best friend can become the old drug dealer. When addictive behavior returns so does the propensity to commit crime in order to fund the addiction. By living in an alcohol and drug-free, recovery supported Oxford House, the returning citizen is able to avoid the old behavior leading to a return to jail or prison. The cost saving to the community is substantial.

Finally, the “homeless” subgroup constitutes about 64% of the Delaware Oxford House population and it averaged 110 days of homelessness. But for living in the supportive environment of an Oxford House this group would be homeless, unemployed and quickly sliding back to active addiction. The 38 Delaware Oxford Houses provide an opportunity for many individuals to become comfortable enough in sobriety to assure long-term recovery.

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¹³ James R. Millar, Darrin M. Aase, M.A., Leonard A. Jason, Ph.D., *Sociodemographic and Psychiatric Characteristics of Veterans Residing in Self-Governed Recovery Homes for Substance Abuse: A Comparative Study*, PSYCHIATRIC REHABILITATION JOURNAL 2011, VOL.35, No.2, 141-144 [Study by DePaul Group under NIDA grants DA13231 and DA19935]