

Oxford House 2004 Profile Series

Recovery • Responsibility • Replication



June 2005

Hawaii Oxford House Resident Profile

Oxford House World Services

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About Oxford House, Inc.

Oxford House, Inc. is the thirty-year-old Delaware nonprofit, 501(c)(3) corporation that serves as the umbrella organization of the worldwide network of more than 1,100 individual Oxford Houses. Its central office is located at 1010 Wayne Avenue, Suite 400, Silver Spring, Maryland 20910.

Oxford House™ is a concept and system of operations based on the experience of recovering alcoholics and drug addicts who learned that behavior change is essential to recover from alcoholism and drug addiction. They also learned that Oxford House provided the living environment that could help them become comfortable enough with abstinent behavior to stay clean and sober without relapse.

The Oxford House Manual® is the basic blueprint that provides the organization and structure that permit groups of recovering individuals to successfully live together in a supportive environment. All Oxford Houses are rented ordinary single-family houses in good neighborhoods. There are Oxford Houses for men and Oxford Houses for women but there are no co-ed houses. The average number of residents per house is about eight with a range per house of six to sixteen.

Oxford House works because it: (1) has no time limit on how long a resident can live in an Oxford House, (2) follows a democratic system of operation, (3) utilizes self-support to pay all the household expenses, and (4) adheres to the absolute requirement that any resident who returns to using alcohol or drugs must be immediately expelled. Oxford House provides the missing elements needed by most alcoholics and drug addicts to develop behavior to assure total abstinence. It provides the time, peer support and structured living environment necessary for long-term behavior change to take hold.

Individuals living in an Oxford House learn or relearn values and responsible behavior, and slowly but surely develop long-term behavior to assure comfortable sobriety – forever. Some individuals live in Oxford Houses a few months; others for many years. Together, these individuals develop each Oxford House into a place where residents can learn to live a responsible life without the use of alcohol and drugs.

More than 1,100 individual Oxford Houses follow the three goals of Oxford House - Recovery, Responsibility and Replication – year after year. 2004 represents another successful year. The Oxford House goal, however, is to establish enough houses for every alcoholic and drug addict to have the opportunity to achieve recovery without relapse.

The following report looks at the successful network of Oxford Houses in the State of Hawaii.

J. Paul Molloy, May 2005
Silver Spring, Maryland

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Hawaii and Oxford House

A 15-Year Partnership

In March 1989, the federal Department of Health and Human Services published regulations to govern the administration of the state revolving loan provisions of the 1988 Federal Anti-Drug Abuse Act. Within three months the State of Hawaii was working with Oxford House, Inc. – the umbrella nonprofit organization for individual Oxford Houses – to help get Oxford Houses established in Hawaii. Elaine Wilson, the Division Chief of the Alcohol & Drug Abuse Division of the Department of Health was a leader in utilizing the revolving loan provision to help groups of six or more recovering individuals to establish an Oxford House.



Oxford House-Kaneohe Bay, Kaneohe, Hawaii
9 Men; Established Dec. 1991

One of the first Houses established in Hawaii – Oxford House-Kaneohe Bay, pictured at left – has been in continuous operation since December 1991. This single house has served 154 individual recovering men since it opened and 118 have stayed clean and sober [76.6%]. The history of Oxford House-Kaneohe Bay is typical for an Oxford House and represents the norm for the twenty-five Oxford Houses in the state.

Today, Oxford House-Kaneohe Bay is one of 25 Oxford Houses in the State of Hawaii – 21 houses for men [193 beds] and 4 for women [42 beds including 6 for children].

At any given time, 235 recovering individuals are safely living in an Oxford House and gaining the time, peer support and confidence needed to stay clean and sober without relapse. The profile data used in this report was primarily collected in June 2004 when there were four fewer houses and 39 fewer residents.

Comparative data using similar survey conducted in prior years is used throughout the report. While there are minor differences, the overall resident characteristics are essentially the same. The profile of residents in Hawaii Oxford Houses during June 2004 is based upon the standard resident profile questionnaire used by OHI since 1987.¹

This report looks back over the fourteen years of partnership between Oxford House, Inc. [OHI] and the state's Alcohol and Drug Abuse Division [ADAD] that forged ahead with the development of the successful network of Hawaii Oxford Houses. That partnership sets a high benchmark for other states. Hawaii and Oxford House began their partnership in 1990 and even though the annual grant amount has been modest [\$68,000 a year] it has made possible a strong network of Oxford Houses that has enabled more than 2,000 individuals to achieve recovery without relapse. FY 2006 is time to expand the network of houses beyond Honolulu and to increase the contract to pay for another trained outreach worker.

¹ A copy of the standard confidential resident questionnaire is printed at the end of this evaluation.

Oxford Houses in Hawaii

As of March 2005, there were 25 Oxford Houses in Hawaii [19 for men and 4 for women] providing a total of 235 beds.² In June 2004, residents in a representative sample of Hawaii Oxford Houses completed the standard profile questionnaire to provide sufficient data to develop a profile of current Hawaii Oxford House residents. The questionnaire has been used by OHI since the late William Spillaine; Ph. D. designed it in 1987. This enables comparisons with resident profiles of other states and earlier resident profiles in Hawaii. Various tables and comparisons contained in this evaluation utilize three comparative time periods 2004, 2000 and 1997, for profiling residents in the Hawaii Oxford Houses over time.

Background

It has been 15 years since the first Oxford House was established in Hawaii – Oxford House-Judd Street in Honolulu. That house for seven men closed in 2003 when the property was sold. During its 13-year existence more than 100 men in recovery from alcoholism and/or drug addiction found comfortable sobriety without relapse. Each individual Oxford House in the state has a similar history. Recovering individuals move into a house and 80 percent stay long enough to master sobriety without relapse.

Some houses – like Oxford House-Judd Street – move to new locations. All Oxford Houses are rented, ordinary single-family dwellings. Once a house has started and has become operational it is easier for the particular group to move because it already has an identity, household furnishings and a common bond.

The simple concept of *renting* rather than *owning* houses makes it possible to expand the capacity of the houses and the self-help system of disciplined operation makes it cost-effective. Residents themselves can be trained to run a clean and sober recovery home in a standardized manner that prevents exploitation of the residents. The American traditions of democracy, self-help and entrepreneurial spirit all combine to make replication of the individual Oxford House feasible.

The worst situation for an individual newly in recovery from alcoholism and/or drug addiction is to live in an environment that invites isolation. One Oxford House resident explained the difficulty as follows:

The last time I tried to get clean and sober I went through detox and stayed for two weeks in a treatment program. Then I moved into a single

² The 235 beds are distributed as follows: 193 for men; 36 for women and 6 for children of residents in the houses for women.

room all by myself. While there were more than a dozen other individuals at the place I lived we did not have any common bonding except we lived in the particular building. I would go to my room after work and sometimes I would go out to a 12-Step meeting but when I came home I was alone in my room with my TV. Almost every night I would start thinking how lonely I was. The old self-pity and resentments would soon creep into my mind and my depression and loneliness would soon lead me back to using. In my mind I always thought that using would make me feel better. It never did.

Now that I am in an Oxford House everyone in the house has the common ground of the past despair of addiction and the hope of gaining comfortable recovery. When I start to get the old feelings of hopelessness, I talk to one of the other guys in the house and I don't feel so bad. Usually his bad day or current problem is bigger than mine and I realize how lucky I am. Sometimes we just talk about what's on TV or the last 12-step meeting we attended. Sometimes we talk about our fellow residents. Sometimes we talk about getting some new thing for the house. Sometimes we talk about fixing the leaky faucet in the downstairs bathroom. Whatever we discuss each of us know we are not alone.

“Not being alone” is a significant deterrent to going down the path of self-pity leading to a return to alcohol and/or drug use. Oxford Houses provide the time, peer support and sober living environment for a long enough period of time for individuals to become comfortable in recovery without relapse.

Charles G. Curie, Administrator of the Substance Abuse and Mental Health Services Administration [SAMHSA] and Dr. H. Westley Clark, Director of the Center for Substance Abuse Treatment [CSAT], have noted the important role the self-run, self-supported recovery home can play in achieving recovery without relapse.³

“Recovery from the disease of alcoholism or other drug addiction is often plagued by relapse – which is simply the use of alcohol or other addictive drugs following a period of abstinence. For those addicted to alcohol or other drugs, relapse can trigger a return to uncontrolled drug use. The self-run, self-supported recovery house provides many recovering individuals effective relapse prevention because of (1) the support gained from living with other individuals coping with the same problem and (2) the knowledge that the use of alcohol or drugs will result in immediate expulsion.

Most treatment providers and experts in the field of recovery accept relapse or a return to using alcohol

³ *Self-Run, Self-Supported Houses for More Effective Recovery from Alcohol and Drug Addiction*, TAP series 5, U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, DHHS Publication No. (SMA) 02-3700, printed 2002.

and/or drugs as the norm. Thirty years ago, when the first Oxford House was established in Silver Spring, the first residents recognized that relapse can occur but viewed relapse as the exception rather than the rule. If any resident drank alcohol or used the drugs, the other residents in the house immediately threw him out. It took only a majority vote of house members. The question was simple. Had the individual used alcohol or drugs? If the vote was yes, the consequence was swift, immediate expulsion. That principle was embedded in the first Oxford House and it continues as a bedrock principle of Oxford House today – because it works.

The first Oxford House™ started October 1, 1975 in Silver Spring, Maryland and in March 1976 a second house was started in Northwest Washington, DC. By the end of 1976, there were five Oxford Houses and each one followed the system of operation spelled out in the Oxford House Manual[©] that was written during the first month of establishment of the first house.

Each Oxford House was granted a charter by the nonprofit umbrella organization established by founders. The charter from the beginning had three simple conditions: (1) the group must democratically self-run, (2) the group must be financially self-supporting, and (3) the group must immediately expel any resident who returns to using alcohol or drugs. Experience showed that the Oxford House Model worked. Hundreds stayed clean and sober. Residents could remain in the house as long as they stayed sober and paid their equal share of household expenses. Demand by newcomers to live in an Oxford House™ was met by renting another house and having a few experienced members move in to teach newcomers the ropes. By 1987, there were 13 Oxford Houses in the Montgomery County – Washington, DC area.

In 1988, Dr. Ian MacDonald visited the house at the request of then President Ronald Reagan to find out how to replicate the Oxford House model throughout the country. He met with the residents of the house and learned that they had about 26 applicants for every vacancy. When he asked why they did not just rent another house, he was told that it took the D.C. group of eight houses about a year to save \$5,000 – the amount it took to buy beds and pay the first month's rent and security deposit on another house. He then suggested the need for a revolving loan fund after getting the men in Oxford House-Northampton to agree that getting a start-up loan from the government would not violate the Oxford House tradition of self-support.

Shortly after Dr. MacDonald's visit to Oxford House-Northampton, the late Edward Madigan (R. Ill) added an amendment to the Anti-Drug Abuse Act of 1988

(§2036 of PL 100-690) to require jurisdictions receiving federal block grant funds for alcoholism and drug addiction to establish such funds.⁴ It was that law that led Elaine Wilson, Division Chief, Alcohol and Drug Abuse Division of the Hawaii Department of Health to enter into a contract with OHI to [1] manage a state funded recovery home revolving loan fund, and [2] provide technical assistance to groups of six or more recovering individuals who establish Oxford Houses in Hawaii. OHI and the state agency have continued a partnership for the last 15 years.



Oxford House-Enchanted Lake, Kailua, Hawaii
Established April 1994 it houses 10 women

During that time, the average number of Oxford Houses in Hawaii per year was eighteen. During 2004, there were 23 houses in the state. During the first quarter of 2005, two additional houses came on line bringing the current total to 25 – 21 for men; 5 for women with a total of 235 recovery beds.

Growth

Three factors have been responsible for the successful expansion of Oxford House in Hawaii. First, the cost-effective concept of renting houses and using a standard, self-help system of operation works. Second, the employment by OHI of Joe Chavez, an alumnus of Hawaii Oxford Houses now in his 14th year of sobriety, as statewide coordinator has enabled both the expansion and smooth operation of the Hawaii network of Oxford Houses. Third, the support and partnership with the Division of Alcohol and Drug Abuse has provided the continuity needed to steady increase and strengthen the Hawaii network of Oxford Houses.

⁴ §2036 of PL 100-690, the Federal Anti-Drug Abuse Act of 1988 mandated that any state receiving federal funds for treatment of alcoholism, drug addiction or mental illness establish a recovery home revolving loan fund and enumerated the conditions for the amount and administration of the fund. The original law was amended in 1998 to make the requirement permissive rather than mandated and is now codified at 42 USC 300x-25.

One factor could become a barrier to future growth. As this paper is being written in April 2005, the legislature is considering SB 791 and HR 1734 – companion bills that could make it more difficult to site new Oxford Houses. This potential barrier to expansion is discussed at the end of the evaluation.

Cost Effectiveness

The first observation about Oxford House is that it is a cost-effective way to provide newly recovering individuals the time, peer support and alcohol and drug-free living environment for a long enough time to develop habits of total abstinence and sobriety without relapse. Because the groups of six or more recovering individuals always rent – rather than purchase – a house, the need for large amounts of up-front capital does not exist. While the maximum amount of start-up loans has remained at \$4,000 per new house since 1989, it seems sufficient to get a group started. Some states have increased the amount to \$6,000. This enables the group to pay the first month's rent, security deposit and buy a few single bed sets. With either the \$4,000 or \$6,000 start-up loan a new group has to pool their resources to buy beds and other basic needs to get a house started and they do.

The Oxford House Manual[©] sets out the basic system of democratic operation followed by all Oxford Houses since 1975. It has stood the test of time and can be downloaded as a PDF document from the web site: www.oxfordhouse.org.⁵ The Oxford House Chapter Manual[©] describes the system of operation used by clusters or groups of individual houses to share their strength, experience and hope with each other. It also can be downloaded. These publications provide the road map for self-run, self-supported operation.

The Oxford House Manual[©] has remained basically the same since it was first published in 1976. In general, it reflects a common sense application of the principles of Alcoholics Anonymous to the everyday practicalities of recovering individuals living together in a disciplined, fair and pragmatic fashion. Oxford Houses stay on track by following the Oxford House standard system of operation set forth in the Oxford House Manual[©] and Oxford House Chapter Manual[©].

The residents of each house meet once a week to conduct a democratic house meeting using parliamentary procedures with a definitive structure to enable an orderly process.

⁵ Click "Publications and Forms" for a download of the Oxford House Manual[©] and Chapter Manual[©] that describes how clusters of individual Oxford Houses provide mutual support to help each other to stay on track.

Within each house five officers are elected every six months and each has specific duties. A resident can hold the particular office for only six months at a time – a limitation designed to prevent 'bossism' from crowding out the egalitarian principles of Oxford HouseTM.

The table below shows the basic duties and responsibilities of each of the five elected officers:

President

- ◆ •Leads Weekly Meeting
- ◆ •Overall Leadership
- ◆ •Attends Chapter Meetings
- ◆ •Co-signer of checks

Secretary

- ◆ •Takes Meeting Notes
- ◆ •Contacts Treatment Providers
- ◆ •Notifies House Applicants
- ◆ •Monthly reports to OHI

Treasurer

- ◆ •Keeps Checkbook
- ◆ •Pays House bills
- ◆ •Co-signer of checks

Comptroller

- ◆ •Collects Weekly Rent
- ◆ •Audits Treasurer's Books
- ◆ •Posts weekly payments

Coordinator

- ◆ •Supervises Household Chores
- ◆ •Buys House Supplies
- ◆ •Reports to meeting on chores
- ◆ •Enforces fire safety practices

The weekly business meeting follows parliamentary procedures and regular order. The entire house discusses issues affecting the group and duties of each officer. Applicants to fill vacancies are discussed and

the group takes a vote to approve admission. A super majority vote of 80% approval is necessary to be admitted into membership in the house. Whenever the group suspects that a resident has used either alcohol or an illicit drug, an emergency meeting is called and a vote taken to verify relapse. If a simple majority believes a relapse has occurred, the offending resident must immediately leave.⁶

On-Site Statewide Coordination

Joe Chavez, an alumnus of Hawaii Oxford Houses has worked full-time for OHI as statewide coordinator in Hawaii for more than four years. Prior to working full-time Joe was a part-time worker. In both roles he has helped start more than a dozen houses and organized strong chapters. Joe has been clean and sober since February 1990 and knows first-hand how Oxford Houses operate. He fully appreciates the importance of having a living environment supportive of sobriety without relapse and civic responsibility.



Joe Chavez, second from left, has been an outreach worker in Hawaii for the past seven years. He is seen here with Paul Molloy and two residents at a June, 2001 workshop.

He has found new houses to rent, recruited suitable residents for the houses, taught them the Oxford House system of operation and worked with all the Oxford Houses in the state to keep them on track and functioning well. This outreach or on-site training of new residents is made possible because of the annual contract between OHI and the state alcohol and drug agency.⁷

⁶ Not only is Condition Three of the house charter specific that any resident who relapses must be immediately expelled, but also §2036 of PL 100-690, that authorizes start-up loans from a state recovery home revolving loan fund, requires immediate expulsion.

⁷ Since its inception in 1990 the total amount of the annual contract has been \$68,000 a year. See "Prospects for the Future" at the end of this report for a more detailed discussion of the contract and its impact on Oxford House development in Hawaii.

Self-Help – Heart of Oxford House

Every individual in a house gets an opportunity to gain self-esteem and confidence in the viability of recovery by playing a strong role in the house. The weekly house meeting becomes the focal point of the house operations and group success by the house spills over to every individual in the house. Being able to pay the landlord, the cable TV company, and the electric company become building blocks that underscore the value of sobriety. The individuals working together as team players help each other develop a new way of life. Each Oxford House™ becomes the functional equivalent of a biological family – helping and caring about each other.

The democratic self-rule of the group prevents the "we versus them" division that characterizes the dynamics of a traditional halfway house or other institutions administered by a staff or manager. The peer system of operation changes the common bond among residents from one centered on reacting to institutional authority to one where the bond among residents is the common quest of achieving comfortable in sobriety without relapse.

Moreover, the group places behavior expectations on all residents to do chores, carry out responsibilities of office, and to offer recovery support to each other and to live as



Oxford House-Campbell Avenue, Honolulu, Hawaii
11 Men; Established April 2004

a well functioning 'family.' This cohesive mutual support gives every resident the opportunity to function well without the use of alcohol or drugs. Slowly, but surely, sobriety without relapse becomes a habit. This change partially comes about because residents in an Oxford House gain self-esteem more quickly than recovering individuals not living in an Oxford House.⁸ Majer, and others found that Oxford House residents in the study reported significantly higher levels of

⁸ John Majer, Leonard Jason and Bradley D. Olson, Optimism, Abstinence Self-Efficacy and Self-Mastery, *Assessment*, Vol. 11 No. 1, March 2004 © Sage Publications

abstinence and self-efficacy than non-Oxford House members attending the same number of 12-Step meetings. Common sense suggests that the family living environment of an Oxford House adds to the confidence in sobriety that is so important for preventing relapse.

Practical experience indicates that most individuals who move into an Oxford House do so because they have no place else to live. Addiction over time has often eroded other living options and applying to live in an Oxford House is sometimes a last resort. Another factor that motivates an individual to apply to live in an Oxford House is a desire to stay sober without relapse. Counselors, judges, or others in recovery have often suggested an Oxford House for a recovering individual.

Independent studies show that Oxford House residents report that the primary reason for choosing to reside in an Oxford House is the fellowship provided and the existence of a structured setting where avoidance of substance use is enforced.⁹ Specifically the survey participants in the study noted above believed that Oxford House differed from other recovery programs they had experienced because it allowed fellowship with similar others, stability in their lives, and sufficient time for change and personal growth. Other studies have shown that residents who stayed in Oxford Houses for longer period of times experienced increases in their sense of community.¹⁰

In addition to an increase in self-efficacy and a sense of community, the notion of 'family' extends to houses helping each other. In Hawaii it has not been uncommon for houses to lend money to each other to take care of unexpected emergencies and together the Hawaii Oxford House Chapters have repaid loans for some houses that have failed. At least annually, residents from all the houses and many local alumni members get together for a workshop, dinner and general get-togethers. In this setting it becomes more like an extended biological family rather than a group of unrelated persons. Alumni and residents from different houses offer each other moral support and friendship.

The bonding or extended family behavior arises not only from the common bonds of recovery but also from the common bonds forged through the democratic self-rule inherent in the Oxford House system of operations. Current and former residents of Oxford Houses often take the procedures of self-operation and self-support

⁹ Jason L. A. , Ferrari J. R., Smith B., Marsh P., Dvorchak P.A., Groessl E. K., Pechota M. E., Surtin M., Bishop P. D. Knot E., & Bowden B.S. (1997) An Exploratory Study of Male recovering Substance Abusers Living in a Self-Help, Self-Governed Setting. *Journal of Mental Health Administration*, 24, 332-339.

¹⁰ Bishop, P.D., Chertok, F., Jason, L.A. (1997). Measuring Sense of Community: Beyond Local Boundaries. *Journal of Primary Prevention*, 18(2), 193-212.

for granted. However, an objective observer is struck by the disciplined system of operation that underlies the self-operation. As previously noted, each individual has an equal vote in decisions effecting house operations, admissions and expulsions.

Officers carry out their meeting duties by following a very structured format. The Secretary records meeting activities and reports past meeting activity using a standard form and format. The Treasurer reports income and outgo using standard reporting forms and the Coordinator does likewise. Other rituals include the reading of one of the nine Oxford House Traditions at the beginning of each meeting and the Serenity Prayer at the end of each meeting.



Oxford House – Puu Aina, Honolulu, Hawaii
10 Men Established December 2002

This disciplined system of operation becomes one of the common experiences shared by alumni and current residents. Storytelling about past meetings and current problems become a common ground for both present and past members. In the process of storytelling and sharing of experiences the extended family builds upon the value of sobriety without relapse. Along with 12-Step principles, the Oxford House living experience helps to place value on the sobriety without relapse.

Most individuals living in Oxford Houses in Hawaii and elsewhere will tell interested observers that sobriety without relapse is something that grows more comfortable with the passage of time. The shared experience makes recovery without relapse the expected norm. In this regard, Oxford House is different from the common perception that addiction is always fraught with relapse.

What follows is a profile of the residents living in Hawaii Oxford Houses in June 2004. Where appropriate, Hawaii Oxford House resident characteristics in 2004 are compared to resident characteristics in prior years.



The 2004 Profile Of Hawaii Oxford Houses And Residents

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 below are current as of March 31, 2005. Resident profiles are derived from state surveys conducted June 2004.

Number of Women's Houses:	4	Number of Women Residents:	42*
Number of Houses For Men:	21	Number of Men Residents:	193
National Network of Houses:	25	Total Number of Residents:	235
Average Age:	36.4 years	Age Range::	19 – 62 years
Cost Per Person Per Week [average]:	\$86.25	Rent Per Group Per Month [average]:	\$2,192
Percent Military Veterans	12%	Average Years of Education	12.0
Residents Working 6/30/04:	52%	Average Monthly Earnings:	\$1,015
Percent Addicted To Drugs or Drugs and Alcohol:	55%	Percent Addicted to Only Alcohol:	45%
Race –		Marital Status –	
White;	28.8%	Never Married	59.5%
Black;	2.4%	Separated	10.7%
Asian	10.7%	Divorced	20.2%
Pacific Islander	26.2%	Married	8.3%
Hispanic	10.7%	Widowed	1.2%
Other	26.2%		
Prior Homelessness:	61.9%	Average Time Homeless:	14 Mos.
Prior Jail:	85.4%	Average Jail Time:	30 Mos.
Average AA or NA Meetings Attended Per Week:	4.8	Percent Going To weekly Counseling <i>plus</i> AA or NA:	50.6%
Average Length of Sobriety of House Residents:	32.2 Mos.	Residents Expelled Because of Relapse:	19.1%
Average Length of Stay In An Oxford House:	13.1 Mos.	Average Number of Applicants For Each Vacant Bed:	4.2

* Includes six children

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Highlights for Hawaii

- Oxford House Recovery Beds: 235
- State Cost Per Recovery Bed: \$289 *per year* or \$0.79 *per day*
- Resident self-support cost per week: \$86.25
- Average cost per group per month for rent to landlord: \$2,192
- Average education level of residents: 12 years
- Average length of current sobriety: 32.2 months
- Average 12-step meetings attended each week: 4.8
- Annual income of Hawaii Oxford House residents: \$2,862,300
- Hawaii Oxford House residents annual aggregate FICA [social security and Medicare taxes] paid: \$419,326
- Percentage of residents going through residential treatment 3 or more times before Oxford House residence: 40%
- Percentage of residents in jail prior to Oxford House residence: 85.4%
- Percentage of residents homeless prior to Oxford House residence: 61.9
- Percentage of residents staying clean and sober while residing in an Oxford House: 80.9%
- Percentage of residents going to weekly counseling *in addition to* 12-Step meetings: 50.6%

Profile of Hawaii Oxford House Residents

Age

The average age of Hawaii Oxford House residents in June 2004 was 36.4 years old. This is a little older than in 2000 [34.0 years old] but about the same as it was in 1997 [36.5 years]. Likewise, the age distribution among Oxford House residents is about the same over the 1997-2004 period. The following table shows the approximate age distribution for three different survey years – 1997, 2000 and 2004.

Table 1
1997 Age Grouping of Hawaii Oxford House Residents

23-27	28-31	32-35	36-40	41-47	Over 47
17%	20%	17%	17%	16%	13%

2000 Age Grouping of Hawaii Oxford House Residents

20-27	28-31	32-35	36-40	41-47	Over 47
12%	19%	21%	20%	12%	16%

2004 Age Grouping of Hawaii Oxford House Residents

19-27	28-31	32-35	36-40	41-47	Over 47
16%	13%	18%	15%	14%	24%

There is no statistical difference for the age distribution among Hawaii Oxford House residents over the last seven years, but, as shown in the table above, there is a higher percentage of residents in 2004 over age 47 than either of the prior survey years.

Resident Income and Expenses

In dollars not adjusted for inflation, average monthly income of residents in 2004 was higher than in 2000 but still a little lower than in 1997.

Table 2
Average Monthly Income Among Hawaii Oxford House Residents

1997	2000	2004
\$1,078	\$996	\$1,015

The average monthly income among the approximately 9,000 residents nationwide is \$1,383 – substantially more than monthly income of Hawaii Oxford House residents. This is explained because nationally 92% of Oxford House residents are employed while only 49% of the Hawaii Oxford House residents in June 2004 reported current employment.

In Hawaii, the average amount each group pays to rent an individual house is \$2,192 compared to a national average of \$1,287 per month per individual house. The

availability of public assistance contributes to the low employment percentage among Hawaii Oxford House residents. Intuitive Oxford House experience suggests that while public assistance is helpful for the newly recovering individual to be able to move into an Oxford House, it may discourage return or entry to the workforce.



Oxford House-Noeau, Honolulu, Hawaii
8 Men; Established May 2004

Education

The average educational level of the Hawaii Oxford House residents is 12 years with about 7 percent having a college degree. Thirty percent of the residents have not graduated from high school and about 17 percent have some post high school education but not a college degree.

The following table compares the average educational attainment with that of Oxford House residents in several other states.

Table 3
Comparison of Mean Educational Attainment

HI	WA	KS	DC	NC	NJ
12.0	12.6	12.8	13.2	12.5	12.7

Current Sobriety

The current sobriety of Hawaii Oxford House residents is 32.2 months – nearly three years. This finding is longer than the average length of sobriety among residents of Oxford Houses throughout the nation. Based on a sample of 2290 residents from 15 states the weighted average length of sobriety in June 2004 was 17.8 months. The range of Oxford House resident current sobriety ran from 9.6 months for residents in Louisiana to 42.3 months for residents in the District of Columbia.

It should be observed that there is a correlation between the average length of current sobriety and the rate of expansion of Oxford Houses in any geographic

area. When Oxford House first arrives in an area, all the houses are newly established houses with most of the residents newly recovering individuals. As a cluster or network of Oxford Houses ages, the average length of sobriety among the residents increases. Since there were only four Oxford Houses added to the Hawaii network of Oxford Houses last year, most of residents are "oldtimers." These individuals with long-term sobriety provide stability to their respective houses and the network of houses as a whole. For example, more than ten percent of the Hawaii Oxford House residents now have six or more years of continuous sobriety. This open-ended residency policy not only recognizes that different individuals take different period of time to become comfortable in sobriety but also recognizes that continue residence in an Oxford House helps others by providing the operating knowledge and sobriety example important to motivate others to follow recovery without relapse.

The need for the establishment of new Oxford Houses is great. In February 2005, Gwen Tani and Victor Yee from the state agency visited and evaluated the Oxford House program.¹¹ In their report they found:

There is a wait list of approximately 25 people to date and increasing daily. Referrals are increasing from drug court, treatment facilities and self-referrals. Another house should be opened, if available, and could easily be filled to capacity.

A primary feature of the Oxford House concept and system of operation is that residents may live in an Oxford House for as long as they want, provided they stay clean and sober and pay their equal share of household expenses. This open-ended residency in an environment supportive of recovery is one of the reasons that recovering individuals are able to become comfortable enough in sobriety to avoid relapse.

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

- (1) offering the patient a non-chemical substitute dependency for alcohol,

- (2) reminding him ritually that even one drink can lead to pain and relapse,
- (3) repairing the social and medical damage that he has experienced, and
- (4) restoring self-esteem.¹²

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

Disulfiram [Antabuse] and similar compounds that produce illness if alcohol is ingested are reminders not to drink, but they take away a cherished addiction without providing anything in return: they provide the second component but ignore the first. Prolonged hospitalization provides the first three components but ignores the fourth and eventually the first. Hospital patienthood destroys self-esteem, and when hospitalization ceases the patient loses his substitute dependency. Tranquilizing drugs provide the first component but ignore the other three. For example, providing the anxious alcoholic with tranquilizers will give temporary relief of anxiety but may also facilitate the chain of conditioned responses that lead to picking up a drink at the next point of crisis. Over the long term, providing alcoholics with pills only reinforces their illusion that relief of distress is pharmacological, not human.¹³

Vaillant does note "self-help groups, of which Alcoholics Anonymous is one model, offer the simplest way of providing the alcoholic with all four components referred to above."¹⁴ 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. As pointed out earlier in this evaluation self-efficacy in reaffirming the value of sobriety is higher among those in an Oxford House environment than for those leaving treatment and taking another path.¹⁵

The cost of addiction prior to living in an Oxford House is high and is shown in many ways. The following table showing marital status reflects one of the costs. Nearly half of Oxford House residents had

¹¹ Alcohol and Drug Abuse Division, Department of Health, Program Monitoring Report dated February 25, 2005. Monitors, Gwen Tani, Program Specialist/Contract Manager and Victor Yee, Criminal Justice Coordinator visited the Hawaii Oxford Houses February 17, 2005.

¹² George E. Vaillant, *The Natural History of Alcoholism Revisited*, Harvard University Press, Cambridge, 1995, p. 300.

¹³ Id. 301.

¹⁴ Id. 301.

¹⁵ Op. Cit. Majer.

been married but are now separated or divorced. Most of the residents had never been married but for those who had been married many believe that addiction was the primary reason they are no longer married. The June 2004 survey of Hawaii residents showed the following distribution of marital status among the residents.

Table 4
Marital Status 2004 vs. 1997

Marital Status	2004	1997
Single	59.5%	54.7%
Married	08.3%	4.7%
Separated	10.7%	10.9%
Divorced	20.2%	28.1%
Widowed	01.2%	1.6%

As shown above, the distribution of marital status among Hawaii Oxford House residents is about the same in 2004 as in 1997. In both instances the data suggests that most individuals addicted to alcohol and/or drugs do not get married and those who marry tend to divorce or separate.

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

Status Prior to Intervention

Prior to the 1960s it was generally assumed that the alcoholic and/or drug addict would not change behavior until he or she “hit bottom.” Vernon E. Johnson, a minister in recovery himself, popularized the notion that by creating a crisis earlier in the addiction process could raise one’s “bottom”.¹⁶

¹⁶ Vernon E. Johnson, *I'll Quit Tomorrow*, Revised Edition, Harper-Collins, New York, 1990

Today, the criminal justice system is often used to force intervention. The Hawaii Oxford Houses work closely with the Honolulu drug courts to enable drug court clients to improve their chance of recovery without relapse. Likewise arrest, conviction and jail time can force the alcoholic or drug addict to enter a recovery process.

Among Oxford House residents in Hawaii 85.4 percent have served an average of about two and half years total jail time. This is a little higher than it was in the 1997 and 2000 surveys but not significantly so.

Table 5
Percent of Residents Who Served Jail Time

2004	2000	1997
85%	73%	70

The percentage of Oxford House residents having served jail time is consistent with the experience of Oxford Houses in other states.

Table 6
State Comparison of Jail Time Served

HI	WA	KS	DC	NC	NJ
85%	81%	78%	58%	77%	80%

Many residents have experienced homelessness during their addiction. The frequency and duration of homelessness is substantial. In the 2004 survey 61.9% of the Hawaii Oxford House residents had been homeless for an average duration of fourteen months. The frequency of homelessness was an average of 2.1 times. Table 7 compares the percent homeless in 2004 with the 2000 and 1997 surveys.

Table 7
Percentage of Homelessness Among Residents

2004	2000	1997
62%	54%	57%

Marital status, prior jail time and homelessness are all indicia of the devastating effects of alcoholism and drug addiction. The indicia confirm that the addiction of residents of Hawaii Oxford Houses is chronic and has progressed to a serious level.

Where one is living just prior to detoxification or treatment immediately preceding moving into an Oxford House confirms the severity of addiction. From the 2004 survey it shows that over 60 percent of the residents were living in a marginal housing situation prior to moving into an Oxford House. Table 8 shows the distribution of place of residence before Oxford House in 2004, 2000 and 1997.

Table 8
Residence Just Before Oxford House

Place	2004	2000	1997
Owned House	14.3%	15.7%	15.4%
Rented House	8.3%	20.2%	16.9%
Apartment	14.3%	28.1%	23.1%
Rented Room	15.5%	16.9%	10.8%
Jail	25.0%	5.6%	10.8%
Mental Hospital	2.4%	0%	0%
Halfway House	2.4%	2.2%	4.6%
Homeless	16.7%	11.2%	18.5%

Notice in the table above that (1) there are more individuals coming directly from jail to Oxford Houses in the 2004 profile than in prior years, (2) homeless, halfway house and rented room categories are about the same, and (3) all survey years show a high percentage of residents come from marginal housing situations –homeless up through rented room on the table. Specifically, the percentages from marginal housing environments are: 62% in 2004; 34% in 2000 and 55% in 1997. Oxford House provides an effective alternative and the addicts with marginal living conditions find that the stability of an Oxford House contributes to recovery without relapse. When individuals successfully move out of an Oxford House, they move into an apartment, a rented house or in a few cases buy a house and become a homeowner.

Racial Composition of Residents

Our survey form lacks precision when it requests that residents identify their race. The 2000 United States Census breaks down racial composition for Hawaii as follows: White 24.3%; Black 1.8%; Asian 41.6%; Hawaiian 21.4% and Other 10.9%. While those categories equal 100%, Census also indicates that 7.2% are of Hispanic origin, which overlaps with the other categories. The questionnaire breaks down racial categories as follows: White, Black, Hispanic, Oriental, Pacific Islander and other. Aside from not treating Hispanic as a secondary category to other racial categories the questionnaire uses Pacific Islander and Oriental rather than Hawaiian and Asian. Nevertheless, as shown in the table below, the Hawaii Oxford House population is diverse.

Table 9
Racial Breakdown of Hawaii Residents

White	23.9%
Black	02.4%
Hispanic	10.7%
Oriental	10.7%
Pacific Islander	26.2%
Other	26.2%

Prior Treatment History

Alcoholism and drug addiction are chronic diseases for which the only effective treatment is total abstinence. Unfortunately, most individuals who go through detoxification and either outpatient or inpatient treatment fail to stay clean and sober. Dr. George E. Vaillant after studying prospectively the Harvard Medical School's Study of Adult Development, that followed 660 men from 1940 through 1980, found that behavior change takes time, peer support and discipline.¹⁷

After analyzing data from his lifelong sample, Vaillant writes:

Staying sober is not a process of simply becoming detoxified but often becomes the work of several years or in a few cases even of a lifetime. ... I have found that 10-20 percent never relapse after their first serious request for help; and that thereafter, depending upon the characteristics of the sample, 2-3 percent will achieve recovery each year.¹⁸

Most of the residents of Oxford Houses in Hawaii have a history of repeated relapses but 35 percent of residents were on their first sobriety try. The table below compares percentages of residents and residential treatment histories among several states.

Table 10
Prior Treatment Record of Oxford House™ Residents
(Percentage)

Number of Sobriety Tries Residential Treatment	HI	WA	KS	DC	NC	NJ
	One	35.0	22.0	22.8	21.1	17.8
Two	25.0	23.3	25.0	23.9	22.8	22.2
Three to Five	32.5	33.6	33.7	30.9	38.0	31.3
Six to Ten	01.3	13.1	11.9	18.3	14.3	20.1
More than 10	06.3	08.0	06.5	05.6	07.0	12.5

More than 40 percent of the Hawaii Oxford House residents had been through residential treatment three times or more before moving into an Oxford House. This is not surprising and is consistent with Vaillant's findings that 'the quality of eventual social adjustment of the recovering individual cannot be reliably assessed during the first two years of abstinence.'¹⁹

Of course, Dr. Vaillant did not have the advantage of being able to study an Oxford House population. The

¹⁷ George E. Vaillant, *The Natural History of Alcoholism*, Harvard University Press, Cambridge, MA 1983. See footnote 12 for a subsequent book written by Vaillant [1995] that followed-up on this initial evaluation.

¹⁸ Id. P. 314

¹⁹ Id. P. 313

Oxford House population has the advantage of living in a recovery home for as long as it takes for the healing process to assure long-term abstinence and social adjustment to comfortable sobriety.

Recovery Prospects

There is no requirement that Oxford House residents attend 12-Step meetings or attend outpatient-counseling programs. However, Tradition Four of the Oxford House Nine Traditions specifically states:

As an organization Oxford House™ is not part of AA or NA. However, the members of Oxford House™ have found only by being active in AA and/or NA have they found comfortable, long-term sobriety for themselves and the Oxford House™ in which they live.

The tradition of *suggesting*, not mandating, attendance at AA or NA meetings has paid off. Throughout the national network of Oxford House residents go to more than twice as many 12-Step meetings a week than do other 12-Step meeting attendees.²⁰ Hawaii residents in the June 2004 survey reported attending an average of 4.8 meetings a week. This meeting-going habit not only shows seriousness of the individuals in recovery without relapse but also augers well for living a clean and sober life when they move out of an Oxford House. Table 11 compares the meeting-going pattern of Hawaii Oxford House residents with five other jurisdictions.

Table 11
12-Step Meeting Attendance

State	HI	WA	KS	DC	NC	NJ
AA	3.8	2.6	2.9	2.3	2.7	3.2
NA	1.0	1.3	1.0	2.1	3.1	1.9
Combined	4.8	3.9	3.9	4.4	5.8	4.7

Moreover, many of the Hawaii Oxford House residents attend weekly counseling sessions in addition to AA or NA. The June 2004 survey showed that 50.6 percent of the residents attended weekly counseling. Combined 12 Step meetings, counseling and the disciplined living environment explain why current sobriety among the residents was 32.2 months – well over the two-year mark where Vaillant felt comfortable in predicting future sobriety without relapse. Sobriety for a recovering alcoholic and/or drug addict becomes a learned behavior that becomes stronger the longer it is practiced. Living in an Oxford House the individual is able to take the time necessary to become comfortable enough in sobriety to avoid relapse or recidivism.

²⁰ Every other year AA takes a survey of meeting attendees and the results show that the average AA member attends two meetings a week. Alcoholics Anonymous, GSO, NY, NY

Resident Perceptions of Oxford House

The June 2004 survey asks several questions designed to measure how residents themselves view Oxford House living as a tool for recovery without relapse.

Specifically, residents are asked how important they feel living in an Oxford House is to their own sobriety [Q.16] and whether they would recommend living in an Oxford House to an individual in early recovery [Q.17]. Tables 12 and 13 show the responses of Hawaii residents and those in comparative jurisdictions.

Table 12
Importance of Oxford House Living to Sobriety

Importance	HI	WA	KS	DC	NC	NJ
Somewhat	7.2%	3.2%	1.0%	8.2%	3.2%	4.3%
Moderately	2.4%	4.8%	7.3%	6.8%	3.4%	4.7%
Very	83.2%	89.8%	89.6%	82.2%	91.8%	87.3%
Insignificant	3.6%	1.3%	1.0%	1.4%	0.2%	0.7%
Not Sure	3.6%	1.0%	1.0%	1.4%	1.4%	3.4%

Table 13
Would You Recommend Oxford House Living to an Individual in Early Recovery?

State	HI	WA	KS	DC	NC	NJ
Yes	92%	97%	99%	99%	93%	96%
No	08%	03%	01%	01%	07%	04%

While the Hawaii Oxford House residents are a little less enthusiastic about Oxford House living than their peers in other jurisdictions, a substantial percentage find Oxford House very important to their sobriety and over 92% would recommend Oxford House to others in early recovery.

That Oxford House living is producing long-term sobriety cannot be doubted. The *average* length of current sobriety among the Hawaii Oxford House residents is 32.2 months. Over half of the residents have more than one-year sobriety and three-quarters exceed eight months. There is a saying among Oxford House residents that sobriety is habit forming. For most that saying becomes a reality. Fewer than 20% of the residents who move into an Oxford House in Hawaii are expelled. They stay clean and sober as the current sobriety of more than 32 months shows.

Joe Chavez, with more than 14 years of continuous sobriety, is an example of the Hawaii Oxford House success story. Hundreds of other alumni of the Oxford Houses in Hawaii are staying clean and sober without relapse. Joe has done yeoman service as an outreach worker, but with 25 houses making up two chapters on Oahu and the need for houses on neighboring islands, it may be time to increase the grant to enable an additional outreach worker in Hawaii.

□□□

The Next Goal

The February 17, 2005 Program Monitoring Report by Gwen Tani and Victor Yee [Tani/Yee Report] found that the wait list for living in an Oxford House is “an indication of the compelling need for expansion on Oahu as well as the neighboring islands.” As of the date of their report there was a wait list of approximately 25 persons trying to get into one of the Hawaii Oxford Houses.

Expansion

Outreach Workers

From the standpoint of OHI, the goal is to establish enough Oxford Houses so that all recovering individuals who want to live in an Oxford House can. Matching supply with demand is obviously an on-going process. Key to that process is to have trained outreach workers to find suitable houses to rent, find suitable residents and teach them the Oxford House system of disciplined democratic operation and financial self-support. An additional outreach worker is needed to expand and strengthen the Hawaii Network of Oxford Houses.

The many tasks the outreach worker performs are listed below.

- ◆ Finding a suitable house to rent
- ◆ Getting a charter from OHI
- ◆ Getting an FEIN number from IRS
- ◆ Recruiting initial residents
- ◆ Teaching resident house operations
- ◆ Building mutually supportive chapters
- ◆ Developing supportive relationships with treatment providers, drug courts and parole officers
- ◆ Developing good relations with communities and neighborhoods
- ◆ Balancing supply and demand
- ◆ Developing employment linkages
- ◆ Documenting success/failure

In their February 2005 report, Gwen Tani and Victor Yee noted:

It was discussed that an assistant to the State Coordinator may be justified, if Oxford House expands to the neighbor islands; provides adequate coverage for legislative hearing and neighborhood board meetings; and is better able to develop a broad base of support within the substance abuse treatment system for continued and effective communication.

Since Joe Chavez was hired on a full-time basis two years ago, he has expanded the number of Oxford Houses in the state and improved their ability to work with each other to stay on track. With 25 houses to

monitor, Joe is spread pretty thin and cannot devote the time needed to develop clusters of houses on neighboring islands. Another trained outreach worker should be hired to work with him to continue expansion.²¹

Transportation Expenses

Another cost factor of expansion is the necessity to budget for some transportation between Oahu and the neighbor islands – not only to permit the two outreach workers to get together to share information and expertise but to also encourage the Oxford House ‘extended family’ to be able to share knowledge and experiences. The inter-island airfare appears to be about \$150 – \$200 roundtrip. As Oxford Houses expand to neighbor islands, it is anticipated that a budget would include adequate funding for such flights. At \$8,000 a year, 40 to 50 roundtrips could be made. At \$10,000 per year, 50 to 60 roundtrips could be made. In addition, expenses should be included to permit a number of the residents to attend workshops together within the state and to have a representative group attend the annual world conference. See below, “*Workshops and the Annual Conference.*”

Start-up Loans

P.L. 100-690, the 1988 Anti-Drug Abuse Act [§2036] specifies \$4,000 start-up loans to groups of six or more recovering addicts wanting to establish a self-run, self-supported recovery home. The revolving loan fund was mandated until 1998 – when it was made permissive. [Codified: 42 U.S.C. 300x-25] The state can decide to increase the start-up loan. Inflation since 1989 and the high cost of renting in Hawaii justify an increase of the amount that can be loaned. The Tani/Yee Report notes the following:

The feasibility of increasing the national revolving loan fund allowance per house [\$4,000] to better match the inflated rental market in Hawaii was discussed. The disadvantage would be the longer payback period and possible more risk for a negative balance would there be vacancies, which would leave that portion of the rent not accounted for.

We suggest that, where it is necessary for renting a new house, a group could obtain a start-up loan of \$6,000 repayable at \$170 per month for 36 months. This would result in a payback of \$6,120 into the revolving loan fund. The fund does not charge interest and payback of the traditional \$4,000 loan consists of 23 monthly payments of \$170 and a final payment of \$90 –

²¹ OHI has paid Joe Chavez a very modest salary but because he is grateful to his own Oxford House living experience and dedicated to the program he has been a willing and very competent employee. His salary should be increased.

or a total that is exactly the same as the amount borrowed. The larger loan of \$6,000 would require a payback of slightly more than the amount loaned – \$120 or less than 1% over the three year period. This two-track approach would provide greater flexibility without creating a great burden on the group establishing the new house.

Workshops and Training Conference

The self-run, self-supported Oxford House model draws heavily from the democratic, self-reliant history and tradition of the United States. As an outgrowth of American culture democratic processes and self-help are second nature to American's in recovery. AA, NA and Oxford House experience are testaments to that culture heritage. However, it is necessary that individuals learn the nuts and bolts of democracy, bookkeeping, financial self-support, organization of the house meeting, officer duties and responsibilities and the relationship between individual houses, the chapter, the state association and the national movement. Workshops and Training Conferences are where that training takes place and where the small 'family' of an individual house becomes part of a larger 'family' made up the chapter, the state association and the national organization. Together the various groups learn from each other and together they learn best practices for starting enough houses to meet demand and best practices for keeping houses on track once they have been established.

Hawaii, because of the geographic separation from the 48 states on the North American continent, is at a disadvantage in networking with the vast number of existing Oxford Houses and their members. The annual convention is a place where residents and alumni from houses throughout the country get together to learn more about recovery, Oxford House operations and the ways to expand the number of houses to better serve other recovering individuals. Now in its seventh year the national convention is a hardworking four-day workshop to learn more about recovery without relapse in general and Oxford House living in particular.

A contract between OHI and the state should provide some subsidy to make certain that a core group of Hawaii Oxford House residents are able to learn best practices and bring them home to those unable to attend the national convention. Roundtrip flights from Honolulu to Washington, DC, site of the national conference/convention are between \$850 and \$1,000.²² It will substantially strengthen the Hawaii network of Oxford House, if we are able to subsidize ten residents to attend the national convention. Therefore, any

²² The convention this year is at the end of September and fares quoted on United are as of June 20, 2005 about \$850 roundtrip.

budget should allocate about \$10,000 to assure that the residents and outreach workers directly committed to Hawaii Oxford Houses are able to participate. Knowledge transfer and contacts among residents from other states can help keep houses on track and provide motivation to expand the existing network of houses.

Zoning

The not-in-my-backyard –NIMBY– problem has not been absent in Hawaii but Oxford House, Inc. has dealt with it professionally and effectively over the years. In 1990, the City of Honolulu informally agreed to a recommendation of the federal Department of Housing and Development [HUD] that the 1988 Amendments to Federal Fair Housing Act required the city to make a reasonable accommodation for groups of recovering individuals to live together in an Oxford House. Last year the state legislature amended the law to make it crystal clear that Oxford Houses were to be treated just like any biological family for purposes of zoning. This year the legislature repealed that law and the zoning question is likely to resurface. Already two landlords have received notices of fines and the residents of the two Oxford Houses involved have filed a HUD complaint that may resolve the matter.

Since 1995, when the U.S. Supreme Court decided *City of Edmonds, WA vs. Oxford House, Inc.* 514 U. S. 725 (1995), most jurisdictions quickly conform to the requires of the Federal Fair Housing Act. We anticipate this will be the outcome of the Honolulu issues. Oxford House, Inc. stands ready to defend the handicapped status of all Oxford House residents and to make certain that their rights are protected.

Organizing Alumni

The alumni of Hawaii Oxford Houses continue to grow and Joe Chavez is working with existing house residents to help organize the alumni. They can be a valuable resource for future growth and often volunteer to help existing residents to better understand how Oxford Houses work.

Conclusion

The long-standing partnership between Hawaii and Oxford House, Inc. has resulted in a strong network of 25 Oxford Houses ready to expand to neighboring islands. The newly recovering individual can have an opportunity to stay clean and sober without relapse if he or she can find space in an Oxford House. The wait list discovered by Gwen Tani and Victor Lee show the need for more houses exists. The challenge is to provide them.

**Hawaii Oxford Houses June 2004
Self-Administered Questionnaire**

This is a self-administered Confidential set of questions approved by Oxford House, Inc.. Please do not sign your name or identify yourself on this questionnaire. It will provide useful data for our future grant applications.

Please check or answer only ONE response for each question.

1. What is your current age? _____ years. 2.. Sex Male Female
3. Are you presently employed? Yes No 4. Ever served in Military Service? Yes No
5. Race? White Black Hispanic Oriental Native American Pacific Islander Other _____
6. What is your marital status? Never Married Married Separated Divorced Widowed
7. What is your current gross (before taxes & insurance are taken out) monthly income? \$ _____.
8. How many years of school have you completed? _____.
9. How many times have you tried to get sober or straight counting this time? _____.
10. How long have you been sober or straight this time? *Indicate number of days, weeks, months or years.*
Name of last Treatment Facility _____
11. How many times have you ever been in detox without continuing an outpatient or residential treatment program? _____
12. How many times have you been in a residential treatment program? _____
13. How many times have you ever been arrested while intoxicated? _____ How much total time have you spent in jail? _____ Longest period in jail? _____ (days or months or years)
14. Have you ever been homeless? Yes No *If "yes," indicate how many times? _____ times. If yes, longest period of time was _____?*
15. Where did you last live (other than a residential treatment facility) before coming to Oxford House? apartment; owned house; rented house; rented room/ SRO hotel; jail; mental hospital; VA hospital; half-way house; homeless
16. How important has Oxford House been to your sobriety? somewhat important moderately important very important insignificant not really sure
17. Would you recommend Oxford House to other alcoholics or drug addicts in early recovery? Yes No Uncertain
18. Approximately how many AA or NA meetings do you attend each week?
_____ AA meetings; _____ NA meetings
19. Do you now go to counseling in addition to AA or NA ? Yes No
20. In general how would you rate your health? very good; pretty good; not so good quite poor
21. Name of Oxford House you now or last lived in. _____
22. What month and year did you move into Oxford House? _____ If moved out, month and year: _____

Thank you for your help in this survey. It will help Oxford House document its story so that the Oxford House concept and system of operation can be shared with others around the country and help us document our success.

Oxford House™

1975-2005

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

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

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