

Oxford House Profile Series 2009

Oxford Houses in Oklahoma And The People Who Live in Them



This report is an evaluation of the network of Oxford Houses in the State of Oklahoma – the state sponsored program that has enabled over 3,000 recovering individuals to help themselves stay clean and sober without relapse.

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

© January 15, 2010

Oxford House™

Recovery • Responsibility • Replication

Overview of Evaluation

Oxford House views recovery without relapse as a reasonable goal for all alcoholics and drug addicts. For 35 years, the concept and disciplined, democratic, self-supported system of operation of individual Oxford Houses has provided the time, peer support and drug-free living environment necessary to develop sobriety comfortable enough to avoid relapse. From its beginning in 1975, Oxford House has relied upon honest compilation of facts to determine what works and what does not work in order to understand how recovery without relapse can be achieved.

Four sources of data underlie the facts presented in the report: [1] confidential personal data to profile members of Oxford House; [2] monthly intake and exit data including expulsions for relapse, [3] household finances including rent each group pays the landlord, utility costs and other household expenses and [4] research data from professional outside researchers including NIDA and NIAAA sponsored DePaul University 15-year studies of Oxford House.

There are more than 1,400 individual Oxford Houses in the United States serving nearly 12,000 recovering individuals at any one time. Similar profile evaluations of Oxford Houses and residents in other states are available at the Oxford House website: www.oxfordhouse.org.

Oxford House World Services

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Oxford House Oklahoma Resident Profile

Number of Women's Houses:	13	No. of Women Residents:	101
Number of Houses For Men:	38	No. of Men Residents:	333
Total Oklahoma Houses:	51	Total Residents:	434
Average Age Women	34.9	Average Age Men	37.8
Average Age [men and women]	37.1	Percent Military Veterans:	13.9%
Average Schooling	12.64 yrs.	Percent High School or more	84.3%
Average Cost Per Person Per Week:	\$94	Rent Per Group Per Month:	\$1,350
Residents Working 10/15/09:	81%	Average Monthly Earnings:	\$1,514
Percent Addicted To Drugs¹ or Drugs and Alcohol:	44%	Percent Addicted to Alcohol only:	56%
Race --		Marital Status --	
White;	81.0%	Never Married	40.8%
Black;	4.6%	Separated	11.2%
Native American	11.4%	Divorced	40.8%
Hispanic	1.5%	Married	4.5%
Other	1.5%	Widowed	2.6%
Prior Homelessness:	56.0%	Average Time Homeless:	7.6 Mos.
Prior Jail:	88.3%	Average Jail Time:	19 Mos.
Average AA or NA Meetings Per Week Per Resident:	4.97	Percent Going To Counseling <u>and</u> AA or NA:	43.7%
Average Length of Sobriety of House Residents:	11.1 Mos.	Residents Expelled Because of Relapse:	16.8%
Average Length of Stay In An Oxford House:	12.1 Mos.	Average Number of Applicants For Each Vacant Bed:	3.3

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¹ Based on attendance at NA meetings either with or without attendance at AA meetings.

A Partnership – Oklahoma and Oxford House, Inc.

In June 2006 Oxford House World Services entered a contract with the Oklahoma Alcohol and Drug Addiction agency in Oklahoma to provide technical assistance to establish and maintain Oxford Houses in the state. The contract for the first time brought paid outreach workers to the state to help recovering individuals to establish and maintain a network of Oklahoma Oxford Houses. There are now 51 Oxford Houses in the state – 13 for women and 38 for men. Together, the houses provide 434 recovery beds–101 for women and 333 for men.

In the fourth quarter of 2009 most of the houses in the state completed a standard survey questionnaire. At the time of the survey 350 recovering individuals were living in Oklahoma Oxford Houses, with 270 completing the survey forms. [77%] Throughout the remainder of this report the profiles of residents in Oklahoma Oxford Houses will be discussed. To put the meaning of the data in context there follows a brief discussion of how Oxford Houses operate.

How Oxford Houses Work

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

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

These three basic requirements – democracy, self-support and absolute sobriety – lie at the heart of what makes an Oxford House work. The requirement that the group be democratically self-run has both a practical and therapeutic value. The residents in an Oxford House save money by managing their house

themselves rather than paying employees to “look after them.” That is the practical aspect. But also, in managing the operations of their house, the residents gain self-esteem, accountability and civic virtues – tolerance, responsibility and accountability.

The requirement of self-support also has both practical and therapeutic value. The Oklahoma Oxford House residents pay an average of \$94.00 a week into their group household account as their equal share of household expenses.² More importantly, when the residents of an individual house pay their monthly bills, each resident in the group gains the satisfaction of having behaved responsibly. This is new behavior for the recovering addict and a confidence builder for continued sobriety.

Finally, the requirement of the charter that any resident who relapses must be immediately expelled underscores that the primary purpose of the house is to gain sobriety without relapse. Whenever peers vote a resident out of the house, each resident has the value of his own sobriety enhanced. Also voting new residents into the house is sobriety enhancing. The older house members want to set a good example for the new residents and in doing so reinforce their own sobriety. The individual Oxford House becomes a safe haven for staying clean and sober. Because there is no time limit on how long a resident can live in an Oxford House, each individual can stay as long as it takes to become comfortable with sobriety without relapse. Experience has shown that sobriety – like addiction – is habit forming. More than 80% of the residents in Oxford Houses stay clean and sober. Only about 17% of the residents in Oklahoma Oxford Houses are asked to leave because of relapse. This low percentage of relapse carries over even after an individual has moved out of a house. [See the press report of the DePaul research findings on page 15 in this evaluation.]

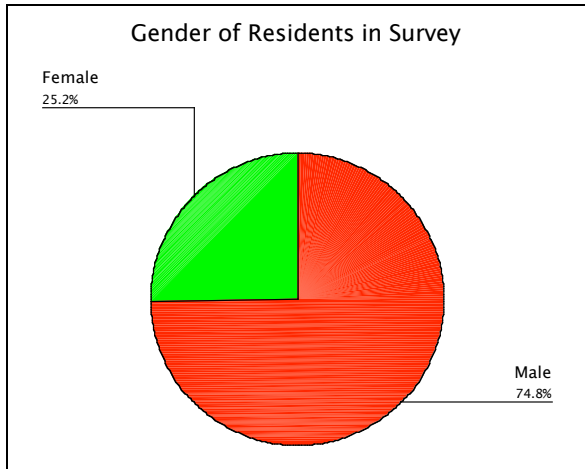
² During 2010, residents in the Oklahoma Network of Oxford Houses will pay approximately \$2,166,258 for their own household expenses for the 51 houses now in the state. A traditional halfway house system to accommodate 434 individuals [number of beds currently in the OK Network of Oxford Houses] would have cost taxpayers between \$10.3 million to \$17.5 million a year. Instead, the state is paying OHI \$144,000 a year to develop and maintain the statewide network of 51 self-supporting Oxford Houses.

Current Profile of Oklahoma Oxford House Residents

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

In October/November 2009, 270 [77%] of the then 350 men and women living in the network of Oxford Houses throughout Oklahoma completed a questionnaire that elicited information about their background and efforts to recover from alcoholism and drug addiction³. The survey questionnaire was one that has consistently been used by Oxford House since 1987. The data underscore the importance of Oxford House in the development of behavior change to assure recovery without relapse.

The total number of Oxford recovery beds within the state at the beginning of 2010 is 434. Of those, 101 [23%] were for women and 333 [77%] were for men - which represents an increase in the percentage of recovery beds for women from 2007 [17% to 23%].



The high response rate was evenly distributed among all the Oxford Houses in the state. The statistical profile of Oklahoma Oxford House residents for gender and race is as follows:

³ Overall in the time period of the survey [September-November 2009] there was an average of 400 beds and 50 vacancies. Of the potential 350 residents, 270 completed the survey questionnaires - 77%.

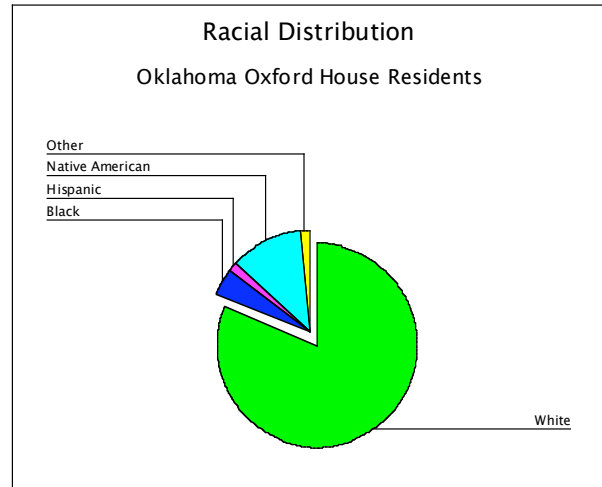
Table – 1- Gender

Male	74.8%
Female	25.2%

Table – 2 - Race

White	81.0%
Black	04.6%
Nat.Am.	11.4%
Other	3,0%

The racial breakdown of Oklahoma Oxford House residents shows slightly fewer African Americans and more Whites and Native Americans than the population of the state as a whole. The 2000 Census for Oklahoma shows the following racial breakdown: 74.1% White; 7.5% Black; 1.3% Asian; 7.7% Native American 5.2% Hispanic and other 1.7%.



All the houses are integrated because alcoholism and drug addiction really are egalitarian diseases. At any given time almost all of the houses have a mix of races and ages. Over time, the percentage breakdown by race will approximate the racial breakdown in the state although some slight differences may occur particularly with respect to whether alcoholism or drug addiction is the primary disease.

Slightly under-represented are Blacks - 4.6% Oxford House residents versus 7.5% of the population that is Black. This difference will tend to disappear after the Oxford House movement continues over time. However, OHI will focus on reaching out to more African Americans to make certain that everyone has an equal opportunity to enjoy the benefits of Oxford House living.

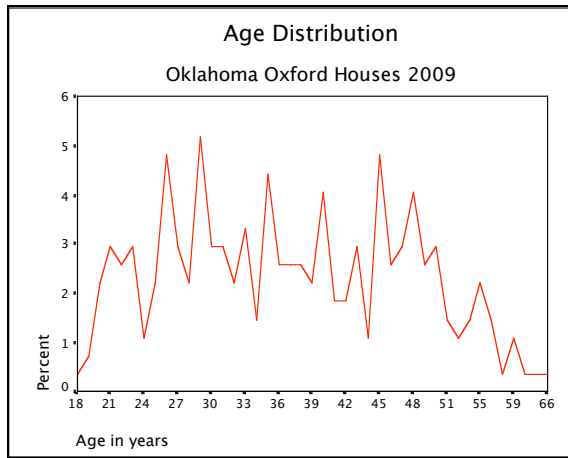
Age of Oklahoma Oxford House Residents

The average age of Oklahoma Oxford House residents in the survey is 37.1 years. Women are a little younger than men [34.9 years vs. 37.8 years]. The following table shows the breakdown of residents by age range.

**Table - 3
Age Range**

Age	Count	Percent
18-22	10	3.8%
23-27	22	8.4%
28-32	27	10.3%
33-37	40	15.3%
38-42	46	17.6%
43-47	50	19.1%
48-52	42	16.0%
53-57	17	6.5%
58-62	5	1.9%
63-68	3	1.1%
Total	262	100.0%

The graph below illustrates the distribution of individuals in Oklahoma Oxford Houses based on age.



The average age of 37 years old is about the same as the average age in other states. While the average age of residents is 37.1 years; age distribution ranges from 18 to 68.⁴

⁴ There are several older individuals [one age 73] living in the Oklahoma Oxford Houses but were not picked up in the survey. So the age range, in fact, is probably from 18 to 75 or older. Historically, age distribution throughout the national network of Oxford Houses ranges from 17 to 82.

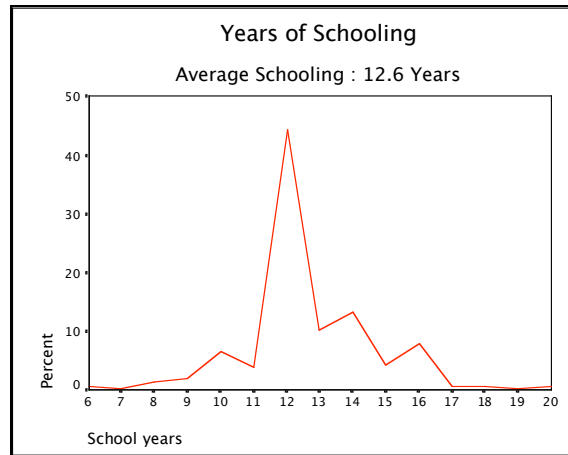
Most of the Oxford House residents in the state have never served in the military but 13,9% are veterans compared to 14.7% of the Oklahoma population overall who are military veterans – approaching the same percentage as the percent of Oklahoma residents who are veterans.⁵ The veterans are about eight years older on average than the non-veterans [43.8 years versus 35.9 years].

**Table - 4
Military Service**

Military?	No.	Percent
Yes	37	13.9%
No	230	86.1%
Total	267	100.0%

Educational Attainment

Not surprisingly, alcoholism and drug addiction do not discriminate on the basis of education – or any other demographic characteristic.



The average length of schooling of the Oklahoma Oxford House residents is 12.6 years. The range of education is from completion of grade six to college post-graduate work. Eleven percent of Oxford House residents in Oklahoma have a four-year college degree and 15.7% do not have a high school diploma. More than three-quarters [84%] of the residents graduated from high school. There is no statistically significant difference in education level when compared to race, age or gender.

⁵ The percentage of veterans in Oklahoma Oxford Houses will tend to equal or exceed the percentage of veterans in the state as the systematic expansion of Oxford Houses in the state continues.

The Table below shows the distribution of individuals based on last year of formal education.

Table - 5
Last Year of Formal Education

Last Year	Count	Percent
6	2	00.7%
7	1	00.4%
8	4	01.5%
9	6	02.2%
10	18	06.7%
11	11	04.1%
12	120	44.9%
13	28	10.5%
14	36	13.5%
15	12	04.5%
16	22	08.2%
17	2	00.7%
18	2	00.7%
19	1	00.4%
20	2	00.7%
Total	267	100.0%

If Oxford House residents in Oklahoma follow the behavior pattern of Oxford House residents in other states, many will utilize their time in Oxford Houses to obtain additional education. For example, many will obtain GEDs and will obtain community college or college degrees. No studies have been conducted to determine why this is so but a reasonable hypothesis is that the camaraderie among residents in an Oxford House and the low cost of living encourages the pursuit of additional education.

Prior Treatment

Most of the residents in an Oxford House have been through residential treatment more than once. This is not surprising given what is known about alcoholism and drug addiction. Ludwig found that only one in ten of treated individuals are clean and sober eighteen months after treatment⁶, and Vaillant found that over a lifetime only 20% of alcoholics achieve sobriety without relapse.⁷ The general outcome of

⁶ Arnold Ludwig, MD, *Understanding the Alcoholic's Mind*, Oxford University Press, New York, 1988.

⁷ George E. Vaillant, *The Natural History of Alcoholism Revisited*, Harvard University Press, Cambridge, Massachusetts, 1995

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

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

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

- ◆ Intervention
- ◆ Detoxification
- ◆ Education, and
- ◆ Long-term behavior change to assure sobriety without relapse.⁸

Long-term behavior change is the most difficult to achieve because behavior change – always difficult – becomes nearly impossible if the individual returns to a living environment identical or similar to where he or she was living as an active alcoholic or drug addict.⁹

Intervention, detoxification and education [about the nature of addiction and motivation to change behavior] is not difficult but alone these three steps can seldom produce recovery without relapse. Long-term behavior change requires the availability of a reasonable

⁸ Vernon E. Johnson, *I'll Quit Tomorrow* (Harper and Row, San Francisco, 3rd edition, 1980) [1st published in 1967.]

⁹ R.J. Goldsmith, *The Essential Features of Alcohol and Drug Treatment*, *Psychiatric Annals*, 22, pp. 419-424, 1992.

opportunity to become comfortable with abstinent behavior. Look at the treatment history of the residents in the Oklahoma survey.

**Table - 6
Times in Residential Treatment**

Times	Percent
One	24.8%
Two	20.9%
3-5	36.9%
6-10	10.8%
More than 10	6.6%
Total	100%

Prior residential treatment followed by relapse underscores the fact that behavior change – the only cure for alcoholism and drug addiction – is not easy. It takes time, motivation and a supportive peer living environment to develop comfortable sobriety without relapse. About 54% of the Oklahoma Oxford House residents have been through residential treatment more than 3 times. The mean of times through treatment among the residents is 3.88 times.

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

Two findings from the Oklahoma Oxford House studies – expulsion rate and length of stay – show that Oxford Houses are providing the time, motivation and supportive peer environment for residents to develop sobriety without relapse. The Oxford House charter requires the immediate expulsion of any resident who returns to using alcohol or drugs. Fewer than 20% [19.8%] of the residents in an Oxford House are expelled because they return to using alcohol or drugs during the time they are residents of a house. In addition, the current residents in Oklahoma Oxford Houses have accumulated a significant length of sobriety – even though the age of the network of the houses is relatively young.

The average length of sobriety among Oklahoma Oxford House residents is 11.1 months, which is a good start toward mastering life-long sobriety with about one-half less than six months and one-half more than six months.

The range of sobriety is from 1 month to more than 8 years. There is no time limit on length of stay in an Oxford House. Residents stay until they feel comfortable with sobriety.

**Table - 7
Current Sobriety in Months**

Months	Count	Percentage
1-6	136	51.7%
7-12	50	31.0%
13-18	26	9.7%
19-24	26	10.0%
25-32	11	4.2%
>32<96	14	5.4%
Total	263	100.0%

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.¹⁰

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

¹⁰ George E. Vaillant, *The Natural History of Alcoholism Revisited*, Harvard University Press, Cambridge, 1995, p. 300.

reinforces their illusion that relief of distress is pharmacological, not human.¹¹

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."¹² The same principle applies to Oxford House. It provides the benefits of prolonged hospitalization without the destruction of self-esteem. In fact, self-esteem is restored through the exercise of responsibility, helping others, re-socialization, and constructive pride in maintaining an alcohol and drug-free living environment without dependency upon any outside authority or helper.

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

The cost of addiction is high. The following table showing marital status reflects one of the costs. More than half [52.1%] of Oklahoma Oxford House residents had been married but are now separated or divorced. Most believe addiction was the primary reason they are no longer married.

**Table 8
Marital Status**

Status	Court	Percent
Single	109	40.8%
Married	12	04.5%
Separated	30	11.3%
Divorced	109	40.8%
Widowed	7	02.6%
TOTAL	270	100.0%

The nature of alcoholism and drug addiction is that the disease progresses from bad to worse. The alcoholic and drug addict use alcohol or their drug of choice compulsively. Studies

¹¹ Id. 301.

¹² Id. 301.

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

Forced intervention is often brought about by the criminal justice system. The uncontrolled behavior brought about when the alcoholic or drug addict is intoxicated may also bring about criminal behavior.

The profile of Oklahoma Oxford House residents shows indicia of forced intervention. Most residents [88.3%] have served time in jail. The average total length of time served in jail is about 19 months. Usually the individual who has jail time accumulated the jail time as the result of several periods of incarceration. In other words, the alcoholic and drug addict has chronic recidivism. Unless constant sobriety is developed, most alcoholics and drug addicts will continue a cycle of release from incarceration, followed by relapse, followed by arrest, conviction and incarceration again.

In an effort to avoid the revolving door of criminal behavior, drug courts attempt to correct the underlying problem of alcoholism and/or drug addiction early in the criminal process. An increasing number of Oxford House residents are participants in the Oklahoma Drug Court System.¹³ The premise behind drug courts is that the drug addict or alcoholic can be motivated to seriously attempt treatment if the leverage of possible conviction and jail time is used to encourage treatment.

¹³ At any given time there are more than 20 residents in Oklahoma Oxford Houses who are participants in drug courts. The Drug Courts that utilize Oxford Houses the most are in Tulsa and Oklahoma City. At the time of the survey 23 of the 270 [8.5%] in the survey were in an Oxford House as a result of drug courts.

Judges are recognizing that where the addict in treatment lives has an important bearing on the effectiveness of treatment. Unfortunately, access to Oxford House living is limited both by the availability of housing and coordination between drug courts [or the corrections system] and available vacancies in existing housing. Nevertheless more than a hundred OK criminal justice clients have gained long-term sobriety by living in an Oxford House and several dozen are in the houses at any one time.

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

The alternative to Oxford House living can be seen by looking at where Oklahoma Oxford House residents lived just prior to the treatment that led them to Oxford House. While only about 12% of the current Oxford House residents were homeless immediately preceding entry into an Oxford House, more than 56% had experienced homelessness during their addiction. The average length of such homelessness was a about 7.6 months [229 days]. The average number of times an individual had been homeless is 1.99 times.

Those who had been living in institutional settings [jail, mental hospital, halfway house, VA hospital] constituted approximately 13% of those living in Oklahoma Oxford Houses. But for these

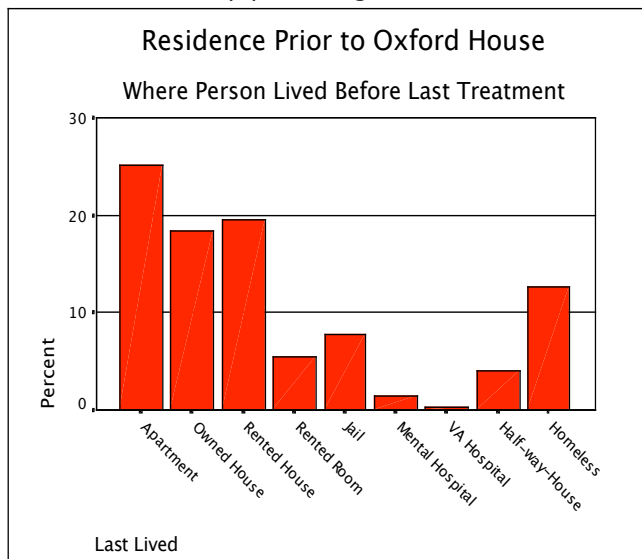
institutions it is likely they too would have been homeless.

The following table shows the place of residence immediately preceding acceptance into an Oxford House. Notice that over a third [33.5%] had marginal housing security before Oxford House, e.g., rented room, institution or homeless. Table 9 shows the distribution of prior living situations for the Oklahoma Oxford House residents.

Table 9
Prior Residence of Oklahoma Oxford House Residents

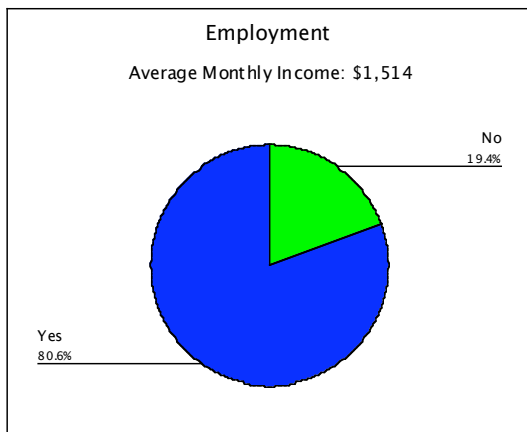
Place	Count	Percent
Apartment	68	26.5%
Owned Home	50	19.5%
Rented Home	53	20.6%
Rented Room	15	5.8%
Jail	21	8.2%
Mental Hospital	4	1.6%
VA Hospital	1	0.4%
Halfway House	11	4.3%
Homeless	34	13.2%
TOTAL	257	100%

If one classifies marginal living conditions as rented room, jail, mental hospital, halfway house and homeless, over 30% of Oxford House residents were in marginal living conditions just prior to admission to an Oxford House. Common sense suggests that even the highly motivated individual is unlikely to succeed in developing comfortable sobriety while living at the margin. When the living condition just prior to Oxford House admission is coupled with the data showing that 56% of all Oxford House residents have experienced homelessness averaging about 7.6 months, the role living conditions play in assuring life-long sobriety is beyond doubt.



Most Oklahoma Oxford House residents have a job. [81%] Their average monthly income is \$1,514. This is more than enough to pay an equal share of Oxford House average household expense of \$95 a week [range \$75 to \$120 per

week]. Even with unemployment up the residents of Oklahoma Oxford Houses have been able to get employment and encourage each other to do so.



Everyone in an Oxford House is encouraged to get a job because once an alcoholic and/or drug addict stops using they have “time on their hands” that was once filled with drinking or using drugs. Getting a job not only provides a source for income but fills time with workplace tasks. Individuals who have income sources such as retirement or veteran’s benefits still need to have something to do to fill the time that used to be time for drinking or using drugs.

Getting Comfortable in Sobriety

The self-run, self-supported operation system of an Oxford House helps to build self-efficacy associated with sobriety and plays a big part in helping individuals to become comfortable enough in sobriety to avoid relapse. John Majer, Ph.D. concluded the report of his study of self-efficacy in sobriety among a group of Oxford House residents and newly recovering individuals not living in Oxford Houses as follows:

Overall, findings suggest that cognitive resources facilitate substance abusers’ recovery and that the Oxford House model provides recovering substance abusers with an environment that provides greater support in their development of cognitive resourcefulness for ongoing abstinence.¹⁴

Within Oxford Houses the focus on recovery helps to encourage residents to participate in programs designed to strengthen sobriety. For example, in Oklahoma 43.7% of the Oxford House residents are motivated to find time to

¹⁴ John M.Majer, Leonard A. Jason, Bradley D. Olson, *Optimism, Abstinence Self-Efficacy, and Self-Mastery – A Comparative Analysis of Cognitive Resources, Assessment, Volume 11, No.1, March 2004, 57-63*

attend weekly counseling sessions in addition to attendance at 12-Step self-help meetings. This post-primary treatment counseling is in addition to participation in traditional self-help programs such as AA and NA. The attendance at 12-Step self-help meetings – Alcoholics Anonymous or Narcotics Anonymous – is important to bring about long-term behavior change but is not required as a condition for living in an Oxford House. Experience gained over Oxford House’s quarter century of operation has shown that voluntary rather than mandatory 12-Step meeting attendance works. Among Oklahoma Oxford House residents, the average number of 12-Step meetings attended each week is 4.97. This is more than twice the number of 12-Step meeting attended by the average AA or NA member. Within the context of Oxford House living, participation in 12-step meetings becomes a significant part of the new social life associated with sobriety.

Belief in Oxford House Living

More than 97% would recommend an Oxford House and 85% found Oxford House “very important” to their sobriety. Zero percent found it not to be significant while 13% found it to be “moderately” or “somewhat important.” Three [2.3%] individuals were unsure.

The bottom line is that more than 80% of the Oklahoma Oxford House residents are staying clean and sober. In the process they are staying out of trouble, holding jobs and exercising civic responsibility. They also tend to stay involved with Oxford Houses even after they have moved out of a house.

Looking ahead, it is important to recognize that Oxford Houses in Oklahoma have already helped nearly 4,000 individuals transform their life from addiction to sobriety, e.g.; 1,041 Oklahoma Oxford House residents lived in Oklahoma Oxford Houses during 2009 – of which 874 stayed clean and sober. In the process, the system of operation utilized by self-help Oxford Houses has taught responsible civic behavior. It has done so with practically no cost to the taxpayers or society at large.

The residents in the Oklahoma Network of Oxford Houses work hard to maintain the existing houses and to help start new ones. Trained outreach workers in the state have made their tasks easier and better organized. See recommendation with respect to start-up loan collection on page 16 designed to improve loan repayments.

Good Houses in Good Neighborhoods



Oxford House – Green Country
Tulsa – 2003 – Women

Trained outreach workers – under direct supervision of the Oxford House Central Services Office – find suitable houses to rent, recruit newly recovering individuals to live in them and teach them the standard Oxford House system of democratic operation and financial self-support.

During the year 2009, six new houses were established – 4 for men, 2 for women with children. The new beds added to the Oklahoma network of Oxford Houses were 34 for men and 18 for women with children.

The house above with recovery beds for nine women has served 127 women since it opened in February 2003. Some of the women relapsed [23] and were asked to leave. However, about 80 percent [102] have stayed clean and sober.

The house in Norman [at the right] started in July 2009 and serves ten men in recovery. The resident equal share of expenses is \$100 a week. The group pays the landlord \$2,150 a month rent.



Oxford House – Norman
Norman – 2009 – Men



Oxford House – Parkview Heights
Stillwater – 2007 – Women with Children

The house to the left started in Stillwater in 2007 and serves women and women with children. By the end of 2009, the house had served 62 recovering individuals and 51 have stayed clean and sober so far. It costs residents a \$100 a week to live in the house. The group pays the landlord \$1,250 a month rent.

Each year the Oklahoma Oxford House residents have paid the bulk of the costs involved in maintaining and expanding the statewide network of Oxford Houses. For example, the 51 Oxford Houses in the state at the beginning of 2010 will pay \$2,166,528 for household expenses during the year. That amount covers rent for each of the 51 houses, household supplies, and utility bills.¹⁵ This expenditure by the recovering individuals themselves compares well to the \$144,000 a year paid by the state to partially support the two outreach workers and supervision by the Oxford House, Inc. central services office.¹⁶

The Oklahoma Network of Oxford Houses has developed a strong beginning. It is now important to establish enough houses to give all individuals in recovery and opportunity to develop sobriety comfortable enough to avoid relapse.

Development of Oxford Houses in Oklahoma

There is a saying among members of Alcoholics Anonymous [AA] that all you need to start a new group is two people with resentment and a coffee pot. It is more difficult to start a new Oxford House but the principle of grassroots expansion is strong and the goal within Oxford House is to expand to meet the need for every recovering alcoholic and drug addict and to encourage expansion to meet that goal. However, just as AA depends upon providing service to recovering alcoholics and drug addicts by building a vast network of individual groups, Oxford House establishes individuals houses one at a time. By working with the state agency, Oxford House, Inc. has significantly expanded the opportunities for living in an Oxford House in the State of Oklahoma.

¹⁵ The 434 individuals living in the 51 Oklahoma Oxford Houses pay an average of \$96 per week as their equal share of household expenses.

¹⁶ The average annual cost per outreach worker to Oxford House, Inc. is \$80,000 broken down as follows: Salary \$22,000 to \$38,000; health benefits \$7,200; FICA \$1,683 to \$2,907; FUI \$2,100 plus travel expenses @ .41 cents per mile. Supervision costs are under \$5,000.



Oxford House – Southern Plaza

7527 E 55th Place
Tulsa, OK 74145

Tel. 918-622-0678 • 10 Men • Est. June 2004

This paper is an update to the May 2007 evaluation of Oklahoma Oxford Houses. Since then, the number of houses in Oklahoma has increased from 28 to 51.

Oxford House – A Proven Path to Recovery Without Relapse

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

The self-sufficiency of the original Oxford Houses became the hallmark of all subsequent houses. While start-up loans and technical assistance have utilized outside funding – usually from a government entity – these subsidies have been limited sufficiently to prevent erosion of the self-help core of Oxford House success. The system of operation has remained true to its origin and continues to be self-run and self-supported.



Oxford House – Darlington

1784 S, Darlington Avenue
Tulsa, OK 74112

12 Men • Established August 1, 2006

It was that “system of operation” that made Oxford House different from traditional halfway houses or informal sober houses started by professionals or dedicated 12-Step members. The system of operation was a mix of formality and practicality. It took the principles of the historic New England Town Meeting and applied them to groups of individuals looking for a way to stay clean and sober by accepting responsibility for operating a household centered on sobriety. It permitted open-ended residency for those who stayed clean and sober and paid an equal share of household expenses. In brief, by being self-run and self-supported and by adopting rules, procedures and policies that could be replicated, the first Oxford House established a formula that could expand to meet the need without breaking the bank.

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

In 1987, the late Bill Spillaine, Ph. D., who had retired from NIDA and was teaching at the Catholic University School of Social Work in Washington, D.C. followed up on each house application and tracked down the individuals

who had moved out. In total, he interviewed about 1,200 individuals who had lived in an Oxford House between 1975 and 1987.¹⁷ He found that 80% of the residents in those early Oxford Houses stayed clean and sober from the time they had moved into Oxford House and had stayed clean and sober even after they had moved out of Oxford House.

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

Spillaine’s findings showing the success for those who live in an Oxford House were confirmed by a major set of studies funded by the National Institute on Alcoholism and Alcohol Abuse [NIAAA] and the National Institute of Drug Addiction [NIDA]. Those agencies provided funding to DePaul University in Chicago to conduct national studies related to the efficacy of Oxford House. The studies consisted of a number of specific small-scale studies and two major studies. One of the small-scale studies examined optimism, abstinence self-efficacy and self-mastery of two groups of individuals in early recovery experienced. One group lived in an Oxford House and attended 12-Step self-help recovery meetings. The other group also went to 12-step self-help recovery meetings but did not live in an Oxford House. Both groups were interviewed to determine basic history [demographic and treatment history] and

¹⁷ It is unclear how many had actually lived in Oxford House over that time period because there was no centralized record keeping. Spillaine relied upon the application records each house maintained and then tracked the individuals down. We do not know how many applications were not filed and therefore we cannot know how many he was unable to track down because he did not know they had ever lived in an Oxford House. Also, he relied upon the self-reporting of the individuals he did track down. There is no reason to believe they lied but as pointed out later in this report, the recent DePaul Studies used a more scientific method by contacting the individuals every three months and by cross-checking the reports of interviewed residents by asking a friend for verification. Interestingly, the DePaul results found outcomes as good or better than the outcomes reported by Spillaine twenty years earlier.

individuals completed surveys related to the cognitive resources of optimism, abstinence self-efficacy and self-mastery. The researchers found that the group living in an Oxford House gained self-efficacy in the value of sobriety five times faster than a control group.¹⁸

More than 100 peer-reviewed research studies about Oxford House have been published in academic and professional journals since 1991. An up-to-date list of published research can be found at www.oxfordhouse.org under "About Us/Resources."

In a major study financed by the National Institute on Drug Abuse [NIDA], the DePaul researchers followed 897 Oxford House residents living in 219 Oxford House around the country for a period of 27 months to determine how many stayed clean and sober without relapse.¹⁹ Their findings were that after 27 months a remarkable 87% had stayed clean and sober for the entire period of time.

In a separate study funded by the National Institute on Alcoholism and Alcohol Abuse [NIAAA], the DePaul researchers randomly selected one-half of a group of 150 recovering individuals leaving treatment in Illinois to enter an Oxford House and compared their outcomes over a two-year period with a control group that would live wherever their normal habitant was following treatment. On its face, the findings were also remarkable – 65% of the Oxford House group stayed clean and sober without relapse for the two-year period and only 31% of the control group had the same outcome. When one examines the facts underlying the control group – where 8 of the 75 found their way to an Oxford House anyway and all 8 stayed clean and sober, and then subtracts the 8 from the control group who entered an Oxford House – the contrast between the Oxford House and the control group is 63% versus 23%. While the following AP news report published in August 2005 summarizes the DePaul University findings might be considered "yesterday's news," the 2009 results in Oklahoma confirm the success.

¹⁸ Majer, Op. Cit.

¹⁹ To be in this study the individual had to be an existing resident of an Oxford House but was followed for the full 27-month period even after he or she moved out of an Oxford House. The self-reporting of the resident every three months was cross-checked by getting confirmation from a friend designated by the subject at the beginning of the study.

Community - Based Homes Seem to Help Addicts

By THE ASSOCIATED PRESS
Filed at 12:41 p.m. ET; August 18, 2005

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

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

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

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

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

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

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

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

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

Catalyst for Expansion

It is clear that the unifying structure of Oxford House is the nonprofit corporation and the concept and system of operation described in its Oxford House Manual[®]. The Oxford House Manual[®] provides a concise way for each house to operate including the election of officers, the conduct of a weekly business meeting, the procedure for accepting new members and the paramount rule that the three conditions of its charter must be followed at all times. The charter conditions continue to be the bedrock for each autonomous Oxford House today. Those conditions are: [1] the group must be democratically self-run following the procedures

of the Oxford House Manual[®], [2] the group must be financially self-supporting, and [3] the group must immediately expel any resident who returns to drinking alcohol or using drugs. The umbrella nonprofit corporation is the sole grantor of individual house charters. However, the authority supporting the corporate structure of Oxford House, as a whole, is directly tied to the autonomy of each of the individual Oxford Houses.

In 1988, the Board of Directors of the corporation consisted of the President of each Oxford House – all of whom were elected to limited six months terms of office. In 1997, the Board was changed to an independent board plus an advisory World Council made up of Oxford House residents and alumni.

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

The 1988 Anti-Drug Abuse Act of 1988, PL 100-690, recognized the potential of the Oxford House model to increase the effectiveness of treatment for alcoholism and/or drug addiction by giving recovering individuals the opportunity to become comfortable enough in recovery to avoid relapse. Specifically §2036 of that law mandated that each state receiving federal block grant funding to combat alcoholism, drug addiction and mental illness should establish a recovery home revolving start-up loan fund. The requirements for loan eligibility required that such recovery homes be free of alcohol and/or drug users, serve at least six individuals and be democratically self-run and self-supported.²⁰

In August 2006, the state entered an agreement

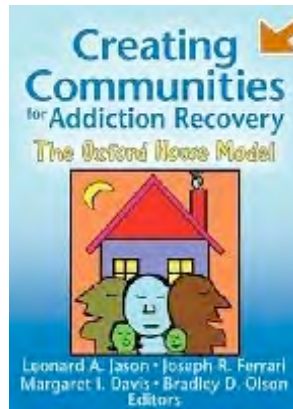
²⁰ §2036 of PL 100-690, the Anti-Drug Abuse Act of 1988 was codified at 42 USC 300x-25. The original law was amended – with the support of Oxford House, Inc. – in 1999 to make the requirement permissive rather than mandatory.

with Oxford House world services to expand the Oklahoma Network of Oxford Houses.²¹ This report reflects that the partnership has expanded the network of Oxford Houses in the state. However, repayment of start-up loans by houses to the state agency has been less successful than in other states. As 2009 ended, 16 of the houses were behind on their repayments to the state recovery home revolving loan fund. Unlike the program in most states Oxford House, Inc. does not manage the recovery home revolving loan fund.

Recommendation

Beginning in March 2010, Oxford House, Inc. shall collect loan repayments and submit them as a batch to the state agency. This will enable better compliance.

Research Findings – All Positive



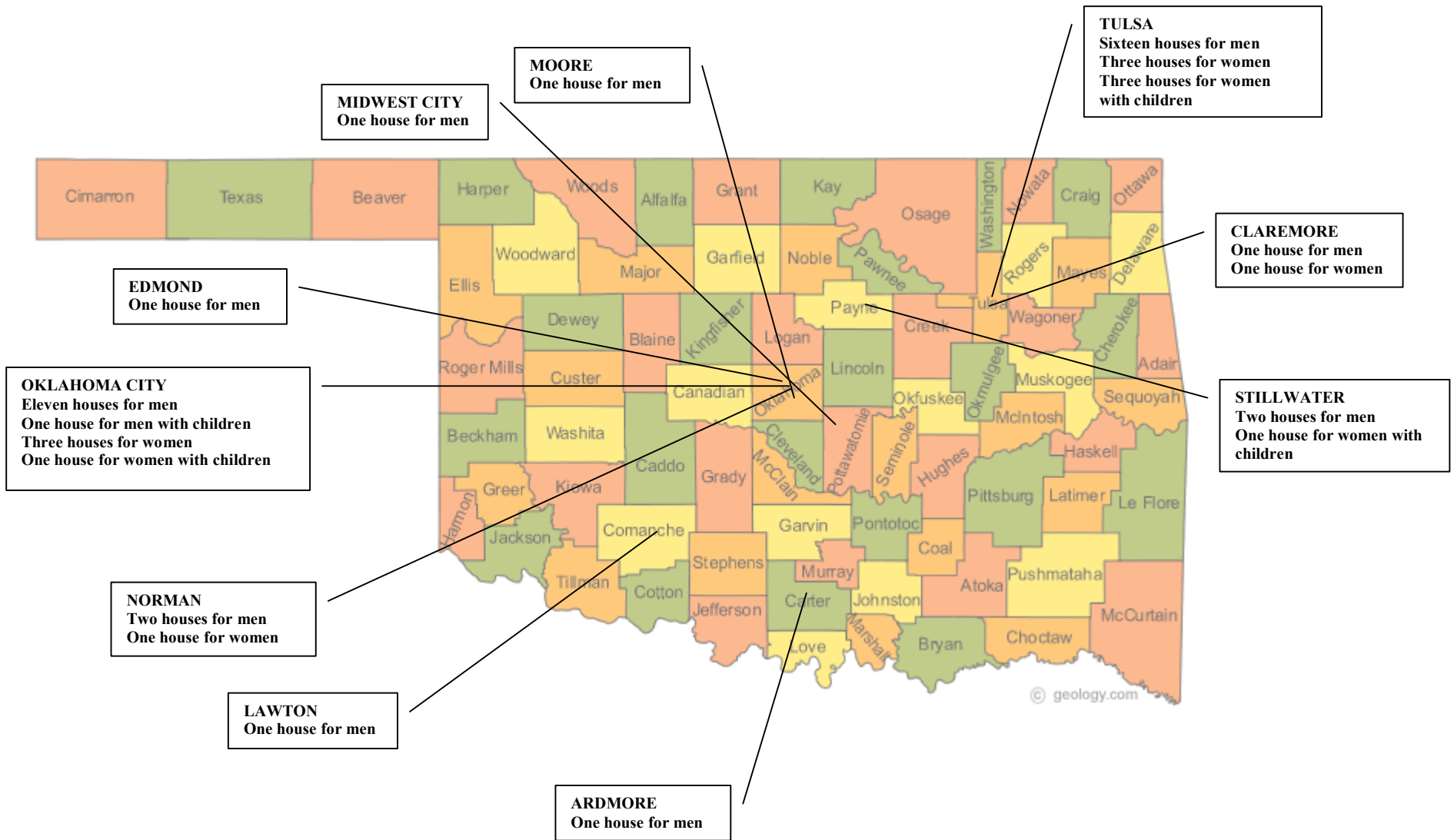
The book shown at the left, written by DePaul University researchers, is available from Amazon. In addition, more than 100 peer-reviewed research reports have been published in various academic journals. A list is downloadable at www.oxfordhouse.org by clicking "About Us/Resources."

An earlier 2007 study of Oklahoma Oxford House residents is available at www.oxfordhouse.org by clicking "Publications/Evaluations/States."

Evaluations of Oxford Houses and resident profiles of a number of other states are also available for download at the same site.



²¹ The contract between OHI and the Oklahoma state agency is \$140,000 a year and is now in its third year. The contract provides funding that nearly pays the salary and expenses for two outreach workers. Full expenses are covered by nearly a \$30,000 subsidy by OHI made up from contributions from houses primarily located in other parts of the country. It is hoped that costs can be fully covered in subsequent contracts with the state agency because the statewide network of Oxford Houses has matured enough to justify full compensation for costs incurred by OHI.



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