

Oxford House 2009 Profile Series

An Evaluation of the Network of Oxford Houses

Missouri



A Hub for Oxford House Development in Mid-America

June 2009

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Oxford House, Inc.

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

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

The individual Oxford House works for most residents because: (1) there is no time limit on how long a resident can live in a house, (2) the group follows a democratic system of operation, (3) it utilizes self-support to pay all the household expenses, and (4) it adheres to the absolute requirement that any resident who returns to using alcohol or drugs must be immediately expelled.

The national network of Oxford Houses works because the umbrella organization assures the quality of Oxford Houses through a time-tested system of operation, fosters expansion through partnerships with individual state governments and assures the civil rights of residents to locate in good neighborhoods.

Expansion of Oxford Houses began in 1988 following enactment of §2016 of the Anti-Drug Abuse Act of 1988 – PL 100-690. Missouri was the first state to embrace Oxford House development and as such served as a hub for encouraging Kansas, Illinois, and Oklahoma to develop statewide networks of Oxford Houses. From the outset, Oxford House has put an emphasis on independent research to validate its performance.

As the nation considers improvement of its health care delivery systems, it is hoped that political leaders will look at Oxford House as a model of how citizens can help themselves – particularly with respect to behavior health problems including addiction and mental illness. Oxford House's 34-year experience shows that individuals are more than willing to help themselves if given a realistic opportunity to do so by using means that are fair, easily understood and easily replicated.

Silver Spring, Maryland

June 2009

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

2008 Profile Of Missouri Oxford Houses And Residents

Number of Houses for Women:	13	Number of Women Residents:	104
Number of Houses For Men:	45	Number of Men Residents:	376
Total Network of Missouri Houses:	58	Total Number of Residents:	480
Average Age:	41.9 Years	Age Range	19 – 68 Years
Cost Per Person Per Week [average]: [Range \$90 - \$135]	\$100	Rent Per Group Per Month [average]: [Range \$900 - \$3,500]	\$1,424
Percent Military Veterans	18.1%	Average Years of Education	12.84
Residents Working 10/30/08:	84.7%	Average Monthly Earnings:	\$1,484
Percent Addicted To Drugs or Drugs and Alcohol:	71.8%	Percent Addicted to Only Alcohol:	28.2%
Race –		Marital Status –	
White;	69.7%	Never Married	42.5%
Black;	26.0%	Separated	11.6%
Other	4.3%	Divorced	39.7%
		Married	4.0%
		Widowed	2.2%
Prior Homelessness:	67.5%	Average Length of Homelessness:	8.9 Mos.
Prior Jail:	78.8%	Average Jail Time:	17.9 Mos.
Average AA or NA Meetings Attended Per Week:	3.6	Percent Going To Weekly Counseling in Addition to AA or NA meetings:	38.6%
Average Length of Sobriety of House Residents:	23.6 Mos.	Residents Expelled Because of Relapse:	21%
Average Length of Stay In An Oxford House:	9.1 Mos.	Average Number of Applicants For Each Vacant Bed:	+4.0

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

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Early Highlights

Oxford House™ and Missouri

- November 1988 – Robert Larsen, Assistant U.S. Attorney for Kansas City [now a federal Judge] watched a CSPAN repeat of a Congressional hearing at which three Oxford House residents were testifying. He became interested and called Oxford House in Silver Spring the next day.
- January 1989 – Oxford House leaders visited Kansas City to meet with local leaders including Lois Olson, Director of state alcohol and drug agency from Jefferson City.
- March 1989 – Sue Giles, Executive Director of KC Anti-Drug Task Force, came to Washington to visit an Oxford House and meet with Oxford House leaders. Also in March, HHS issued guidelines for administration of §2036 Anti-Drug Abuse Act recovery home revolving loan fund.
- May 1989 –The Kansas City Anti-Drug Task Force granted Oxford House \$25,000 to send an outreach worker to start Oxford Houses
- June 1989 – Oxford House sent Nkosi Haleem – an OH resident from DC – to Kansas City to find houses to rent.
- July 1, 1989 – Oxford House-Harrison, a house for ten men, opened in Kansas City after Nkosi Haleem and FBI agent Dennis Glenn found a suitable house to rent.
- September 1, 1989 – Oxford House – Karnes, a house for ten women, opened in Kansas City.
- By the end of 1993, there were 33 Oxford Houses throughout Missouri.
- Today – May 2009 – there are 58 Oxford Houses in Missouri providing 480 beds for individuals recovering from alcoholism and/or drug addiction.
- Nationally, there are 1,343 Oxford Houses in 43 states providing 10,327 recovery beds for individuals recovering from alcoholism and/or drug addiction. More than 250,000 individuals have lived in Oxford Houses and about 200,000 have stayed clean and sober since its inception in 1975.

History of Missouri Oxford Houses

In Missouri, the awareness of the Oxford House movement came from a Congressional Hearing on a health care crisis in 1988.¹ The Hearing was shown several times on CSPAN including a repeat late on Thanksgiving night. One of the viewers of the late-night CSPAN telecast of the Florio hearing was Robert Larsen, then an Assistant U.S. Attorney in Kansas City, Missouri. Today, Robert Larsen is a Magistrate Judge in Federal Court in Missouri. After he saw the CSPAN telecast of the hearing in 1988, he contacted Oxford House. Out of that contact grew several visits from individuals connected with the Kansas City Drug Abuse Task Force -- including two visits from Sue Giles, then Executive Director of the Task Force.²

¹ Former Congressman James Florio (D. NJ), who subsequently became Governor of New Jersey, held a hearing in the fall of 1988 relating to coverage of treatment for drug addiction by health care insurers. At that hearing, three residents of Oxford Houses in the nation's capitol testified. The gist of their testimony was that they had unsuccessfully tried to get clean and sober several times before their current success. They each attributed their current success to the fact that they were living in an Oxford House with other recovering individuals. They told the Committee how Oxford Houses were simply rented ordinary single-family houses that operated in a democratic manner with each resident having an equal vote and paying an equal share of household expenses. They explained that groups of 8 to 15 individuals had already rented 11 separate houses in the District of Columbia and 2 such houses in Bethlehem, Pennsylvania.

² About this same time, another event was taking place in the U.S. Congress. Congressman John Dingell (D. MI), Chairman of the House Energy and Commerce Committee and Edward Madigan (R. Ill.), then ranking minority member of the health subcommittee of the Energy and Commerce Committee and Henry Waxman [D.CA.] Chairman of the Subcommittee, began working on provisions of the Anti-Drug Abuse Act of 1988. At the request of Congressman Madigan, the Oxford Houses in the District of Columbia invited committee staff and various employees of federal agencies to visit Oxford Houses. Everyone was impressed and anxious to suggest an influx of federal money. The residents of the existing Oxford Houses did not want federal grant money for fear of undermining the self-help concept of Oxford Houses. However, they admitted to congressional staff that, while the demand for new Oxford Houses was great, it took existing houses a year or two to save enough money to finance the opening of one new house. Start-up money was a barrier to having enough houses to provide every recovering drug addict with a safe place to learn behavior necessary to stay clean and sober.

In November 1988, Congress passed the Anti-Drug Abuse Act of 1988, PL 100-690, which contained §2036, a provision to encourage start-up loans for self-run, self-supported recovery homes based on the Oxford House model. When this law became effective in March 1989, Missouri was one of the first states to implement the program.

Sue Giles, the Kansas City Drug Task Force leader, had held a number of meetings with Lois Olson, who was at that time Director of the State Alcohol and Drug Treatment Division to get Oxford Houses started in Missouri. Initially, Kansas City received a state grant of \$25,000 to bring experienced Oxford House residents to Kansas City to help get the first two Missouri Oxford House started. Oxford House-Harrison was started for men in Kansas City in July 1989. One month later, in August 1989, Oxford House-Karnes, an Oxford House for women, was started in Kansas City. A few months after the first two Missouri Oxford Houses had been established, Lois Olson, the State Director left to accept a job in Texas and Sue Giles took her job as Director of the State Alcohol and Drug Abuse Treatment Division.³ Ms. Giles eventually hired five former residents of Oxford Houses to help start a network of Oxford Houses throughout the state.⁴

³ Both Lois Olson and Sue Giles had a major influence on how Oxford House, Inc – the umbrella non-profit organization for the network of individual Oxford Houses – approached the opportunity to expand the number of Oxford Houses throughout the country. Ms. Olson, who had worked for the Economic Opportunity Agency in Iowa (a great society poverty program of the 1960s), warned that Oxford House should avoid too close a relationship with government or it would lose the self-help feature that formed the basis of its success. Ms. Giles, by establishing a state program to hire and utilize outreach workers to start new Oxford Houses, provided an example to all states of how Oxford Houses could supplement state and private treatment programs to achieve higher success rates.

⁴ Missouri was the first state to directly employ outreach workers. The system has worked well but over time it has been a less effective way to provide necessary outreach support to start new houses and to keep existing houses on track than the system used by many other states that relies upon a direct contract with Oxford House, Inc. This later method – used for example by North Carolina, Virginia, Washington and Hawaii and other states – is able to provide services in a more consistent manner than direct employment by a state agency. The direct employment tends to fluctuate from year to year depending on state agency funding. For example, in Missouri during the early 1990s there were five

She also contracted with Oxford House, Inc. to manage the state recovery home revolving loan fund – which it has continued to do since 1990.



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Start-up Loan Funds

The start-up loan fund is one of the catalysts that facilitated the development of Oxford Houses in Missouri and throughout the country. It enables a group of six or more recovering individuals to get up to \$4,000 to start an Oxford House. The loan must be paid back into the fund within 24 months. This is usually done at the rate of \$170 a month for 23 months plus a final payment of \$90. No interest is charged the group but late penalties are assessed.

In recent years, repayment has been simplified by permitting individual houses to use monthly electronic transfer of funds from their house checking account to Oxford House World Services [OHWS]. OHWS then accounts for each payment, consolidates payments made by all Missouri Oxford Houses and sends a monthly check to the state agency revolving loan fund escrow account. Some houses still use the monthly coupon booklet to send checks reflecting the monthly payment but most use electronic transfer. The electronic transfer not only

outreach workers in the state. Now there are only two outreach workers – both of whom work very hard but the state is simply too large to enable them to both encourage expansion and help the houses to stay on track through mutual support organization such as chapters and state associations.

simplifies the repayment procedure but also makes certain that payments are on time because of the automatic debiting of the house checking account.

Missouri is one of the states that continues the Recovery Home Revolving Loan Fund even though §2036 of PL 100-690, the Anti-Drug Abuse Act of 1988, was amended in 2000 to make such funds *permissive* for states receiving federal block grant funding for treatment of alcoholism and drug addiction rather than *mandatory*. By 2000, there was already a strong network of Oxford Houses in the state. Of the 58 Oxford Houses in Missouri today, 37 were started before the end of 2000. By the end of 1993, there were 33 Oxford Houses and by then had helped more than 1,500 individuals gain sobriety comfortable enough to avoid relapse. Today, over 16,000 recovering individuals have lived in Missouri Oxford Houses and it is estimated, based on the DePaul studies, that 80% [12,800] have stayed clean and sober.

The original \$100,000 Missouri Recovery Home Revolving Loan fund has loaned more than \$300,000 to start new Oxford Houses. The fund has turned over three times because most of the houses started have paid back their start-up loans and that money has been available to be loaned out again and again.

The start-up loan is still capped at \$4,000 – the amount set by §2036 of the 1988 Anti-Drug Abuse Act. This makes it a little more difficult to start a new house today than it was ten or twenty years ago because of inflation. If a cost-of-living adjustments for inflation had been made, the \$4,000 limit set in 1988, would now be worth about \$7,190. When it comes to renting a suitable house to establish an Oxford House, changing the \$4,000 limit to \$6,000 would be sufficient. The start-up money is used to pay the first month's rent on the house and a security deposit. Any amount left over from that is used to buy twin bed sized mattresses and frames. The rest of the house furnishing can be collected by the first few residents moving into the house – just like newlyweds do when they move into their first apartment or house. Church groups, family members and friends in recovery are more than willing to donate pots, pans, linens, and used furniture to get a house up and running.



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Technical Assistance

Technical assistance is necessary to teach the newly-recovering residents in an Oxford House the disciplined system of democratic operation and financial self-support. Missouri directly hires two outreach workers who have been residents of Missouri Oxford Houses. One works out of the St. Louis area and the other works out of the Kansas City area. Both are dedicated women who do a good job. However, the size of the state requires additional workers to serve the population more adequately. The State of Washington, for example, with a population of 6.2 million versus Missouri with a population of 5.7 million has six outreach workers to serve its network of 206 Oxford Houses. Several years ago, Missouri utilized four outreach workers. More outreach workers would be able to serve the existing network of houses better and have time to encourage expansion.

Since alcoholism and drug addiction is more or less equally spread throughout the country, one method to measure the sufficiency of the number of Oxford Houses in a particular state is to use a per capita basis. In Washington State, there is an Oxford House for every 31,000 persons. In Oregon, there is an Oxford House for every 29,000 persons. In Missouri there is an Oxford House for about every 98,000 persons. Clearly a greater number of outreach workers in Missouri

would lead to a ratio of houses to population closer to the ratio in Oregon or Washington.⁵

Each individual Oxford House is provided a charter from Oxford House, Inc. The charter sets forth three specific conditions:

- The group must be democratically self-run using the system of operations spelled out in the Oxford House Manual,
- The group must be financially self-supporting, and
- The group must immediately expel any resident who returns to drinking alcohol or using drugs.

The duties of the outreach worker range from finding a suitable house to rent and mentoring the new group of residents as they learn the system of operations and learn how to educate the treatment community about the value of Oxford Houses. The outreach worker also has to be able to organize the individual houses into mutually supportive chapters and the chapters into an effective state association.⁶ Experience has shown that without outreach workers operating within a state, there is little motivation for existing houses to open new houses. In some cases networks of houses have become smaller when on-site outreach workers are not available to motivate expansion and encourage rigid adherence to Oxford House quality standards.⁷

⁵ The ratio in North Carolina is one house per 66,000 population; New Jersey one house per 118,000; Virginia one house per 96,000; Oregon one house per 27,000; Washington State one house per 31,000; Oklahoma one house per 75,000 and in the District of Columbia one house per 19,000 populations. Since the houses in all of these states always have more applicants than available beds we do not know the optimum number of houses as it relates to overall population.

⁶ The Oxford House FY 2007 Annual Report at the website: www.oxfordhouse.org under "About Us/Finances" contains a good description of the duties and costs of outreach workers. While Missouri directly employs its two outreach workers it might want to consider utilizing Oxford House, Inc. as a contractor to work with and supervise its outreach workers. There are a number of advantages although OHI always invites the Missouri outreach workers to various training sessions.

⁷ For example, OHI had outreach workers in NJ from 1990 to 1995 and established 32 houses. OHI outreach workers left the state in 1996 and five years later the number of houses had declined to 23. Outreach workers returned in

An outline of the tasks the outreach worker performs is 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
- ◆ Balancing supply and demand
- ◆ Developing employment linkages
- ◆ Documenting success/failure

Experience has shown that outreach workers are important for establishing the quality control necessary to make certain that new Oxford Houses are established and existing houses stay on track. The outreach worker number in Missouri is now down to two – too few for such a large diverse state. Several years ago, there were five and the network of houses was growing. Now it is holding on but the need for more recovery beds is clear. Each house is taking only about one of every three or four applications because space is not available.



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The central office of OHI supplements technical service to keep Oxford Houses on track with direct contact by residents of each house through the website and a toll-free telephone number. Any resident can call the central office at any time with

2001 and today there is a strong network of 74 houses in the state.

questions they may have about the operation of a house. For example, in 2008 more than 200 telephone calls came from residents of Missouri Oxford Houses. Questions may be as simple as what happens when there is a tie vote on an issue at a house meeting to fears that a person has relapsed but others in the house are not taking action. Each question is answered and usually the issue or matter is promptly resolved.

Sometimes issue resolution takes time. For example, it may take time to clarify the status of an Oxford House for utility companies or insurance companies. The law requires that Oxford Houses be treated the same as ordinary families. This often requires legal correspondence to educate local officials or utilities about the Federal Fair Housing Act, the Anti-Drug Abuse Act and the American's with Disabilities Act. Sometimes legal issues may result in litigation.

Legal Issues

Oxford Houses in Missouri and elsewhere sometimes run into the Not-In-My-Backyard – NIMBY – problem. When §2036 of PL 100-690 the 1988 Anti-Drug Abuse Act was enacted, amendments to the Federal Fair Housing Act [FHA] were also enacted. The 1988 FHA amendments extended the protection against discrimination in housing to “handicapped” individuals. In the early nineties, litigation questioning whether local governments had to make “reasonable accommodations” in their zoning laws to accommodate the need for recovering alcoholics and drug addicts to live in supportive housing was frequent – including in Missouri.⁸

Initially, the key question was whether recovering alcoholics and drug addicts fell within the scope of handicapped thereby being a protected class under the FHA. That matter was resolved in *City of Edmonds, WA v. Oxford House, Inc.* 514 US 725 [1995] when the U. S. Supreme Court found in

⁸ Oxford House-A; Oxford House, Inc., Plaintiffs-Appellees, v. City of University City, Defendant-Appellant, 87 F.3d 1022 (8th Cir. 1996) in the 8th Circuit Court of Appeals the Court ruled against Oxford House because it had also filed a HUD complaint and HUD had entered a consent decree with the City that permitted 8 residents per house – which the court found to be a reasonable accommodation for the recovering individuals to live together in a supportive environment.

favor of Oxford House. As a protected class, recovering individuals living in an Oxford House have the right to request that local government make reasonable accommodation in single-family residential zoning to permit group recovery homes. When the Supreme Court decided the *Edmonds Case*, OHI was in litigation in 14 different federal courts. The Supreme Court had taken the *Edmonds Case* because of a split between Circuits Courts over land use regulations and occupancy standards. The Circuit for the Athens, Georgia halfway house case believed that the FHA did not put halfway house residents within the protection of the Act because occupancy standards can be exempt under the FHA. The 9th Circuit in the *Edmonds Case* had held that recovering alcoholics/drug addicts are a protected class and that the City of Edmonds' ordinance was a land use ordinance not occupancy standard designed to prevent overcrowding. The U.S. Supreme Court upheld the 9th Circuit decision.

The favorable decision in the *Edmonds Case* headed off many other lawsuits – but not all. Some local governments have tried to get around the discrimination provisions of ADA and FHA by trying to impose different fire and safety standards on Oxford Houses than they do on ordinary families. Three days after September 11, 2001 Oxford House lawyers went to trial in federal court in Waterbury, Connecticut to argue against a requirement that 7 men living in a house in West Haven, Connecticut had to install a sprinkler system in the house or move.⁹ The decision essentially held that the sprinkler system requirement could not be required unless the same requirements were applied to ordinary families.

The steady hand of OHI – the national umbrella organization – will probably always have to organize legal defenses for individual Oxford

⁹ *Tsombanidis and Oxford House, Inc. v. City of W. Haven*, 180 F. Supp. 2d 262 (D. Conn. 2001) was decided in favor of Oxford House and intentional discrimination was found on part of defendant city and fire district. On appeal to the 2nd Circuit the court affirmed the outcome [that men could live in the house without installing a sprinkler system] but found that the city was not guilty of discrimination because of disparate impact but it had discriminated in other ways. To show disparate impact it would have been necessary to have statistical evidence that the city applied the law differently on a systematic basis.

Houses to defend against both direct and indirect discrimination.

One form of indirect discrimination involved property insurance companies that tried to charge Oxford House landlords higher premiums than if the landlord were renting the property to an ordinary family. OHI had to litigate this issue in Federal court and won in the *Wai Case*.¹⁰ The matter has come up at least three times in Missouri but the *Wai Case* has caused the three separate insurance companies to back down following much back and forth between OHI and the carriers.

An unintended consequence of landlord/tenant laws – designed to prevent tenant hardships arising from eviction – is where an individual relapses and is voted out of the house but refuses to leave. Clearly, the motivation for giving a tenant time to adjust to eviction is a good one. However, an Oxford House resident is not a tenant in the usual sense. He or she is the member of a group that agrees to expel any resident who drinks alcohol or uses drugs. In some areas, landlord/tenant laws have been used to thwart the immediate expulsion of a resident as required by the start-up loan criteria in §2036 of the Anti-Drug Abuse Act. This has become a significant enough problem in several states – not Missouri – that OHI will ask the 111th Congress to make it clear under the start-up loan conditions authorized by §2036 of the Anti-Drug Abuse Act of 1988, as amended, [42 USC 300x-25] that the requirement for immediate expulsion pre-empts

state or local landlord/tenant laws.¹¹ As a practical matter, a house is not a sober house if an individual using alcohol and/or drugs is permitted to live in the house.

As the success of Oxford House has become documented by independent research, most communities welcome Oxford House as a good and valuable neighbor. Oxford House history has invited independent from the outset – both to better understand the internal dynamics of the model that lead to successful transformation from addictive behavior to sober behavior.

Over the last decade and half, both NIDA and NIAAA have funded independent research of Oxford House. More than 100 peer-reviewed studies have already been published. The list of peer-reviewed published studies is kept updated and available at the Oxford House website: www.oxfordhouse.org at “About Us/Resources”. Selected articles that can be reprinted from “Publications/Evaluations/DePaul.”

In this evaluation some of independent research is discussed in detail as it relates to outcomes of individuals with dual diagnosis or past criminal incarceration.

The annual Oxford House evaluations by state – based on the 1987 survey questionnaire developed by William Spillaine, Ph.D. – are available at the website under “Publications/Evaluations/State. The profile data is particularly useful in tracking the Oxford House populations over time and by comparing profiles state by state.

A table comparing basic data among residents in 15 states is updated periodically and available at the Oxford House website: www.oxfordhouse.org under “Publications/General” by scrolling to the bottom of the page.

¹⁰ In *Wai v. Allstate Insurance Co*, 75 F. Supp. 2d 1 (D.D.C. 1999), two landlords who rented their homes to people with disabilities were denied standard landlord insurance and were directed to purchase costlier commercial insurance policies. The Court held that although insurance policies are not explicitly mentioned in the text of the FFHA, denial of homeowners’ insurance on the basis of disability violates §3604(f)(1), which declares it unlawful to “discriminate in the sale, or rental, or otherwise make unavailable or deny, a dwelling to any buyer or renter because of handicap.” The court held that denial of insurance coverage would make a dwelling unavailable to the persons with disability and the insurer had to make a reasonable accommodation. Oxford House was a party to the suit. The *Wai Case* settled the fact that recovering alcoholics and drug addicts are subject to the nondiscrimination provisions of both FFHA and ADA

¹¹ “Notwithstanding any other provision of law...” before subparagraph [6] of §2036 of PL 100-690.

Table 1

Last Treatment	No.
Athena Center	2
Archway	2
BASIC	1
Beatty Counseling	1
Benilde	1
Bridgeway	26
Burrell Behavioral	1
Carol Jones	2
Centerpoint Hosp	2
Clay Crossing	1
Calyton County Jail	1
Cremer TC	1
DART	1
Daybreak	3
Dwyer Hospital	1
Gateway	4
Edgewood	1
Family Guidance	11
Farmington	4
HCADA	2
Hannibal A&D	2
Harris House	7
Hopewell	1
Imani House	13
Inglewood	1
JCCC	1
Jefferson Barracks	4
KCCC	2
Koala	1
Lafayette House	3
Mainstream	1
Maryville	2
McCambridge	3
Mexico Area Recovery	5
New Beginnings	3
OCC	3
Ozark New Directions	3
Parallax	1
Pathways	8
Phoenix	27
Pioneer	2
Preferred Family	11
Queen of Peace	4
Rediscover	2
Renaissance West	1
SATOP	1
Salem	2
Salvation Army	20
Sigma House	6
St. Anthony	1
St. Joseph Correctional	2
St. Louis Metro	1
Two Rivers	1
Valley Hope	21
VA Hosp	15
Western Region	2

Treatment, Research and Outcomes

Oxford House residents in Missouri – like Oxford House residents everywhere – generally come to an Oxford House following some sort of specialty treatment – a facility designed to help alcoholics/drug addicts stay clean and sober. The table at the left shows the last treatment facility that Missouri Oxford House residents attended. Only 20% came to Oxford House after their first treatment endeavor – either outpatient or residential. The average number of times Missouri Oxford House residents had been in residential treatment is 3.5.

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

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

- Intervention
- Detoxification
- Treatment [Education, about the nature of addiction and motivation to change behavior] and
- Long-term behavior change to assure sobriety without relapse.¹²

Outcome studies of recovering alcoholics and/or drug addicts show that the weakest element of Johnson’s prescription is long-term behavior change.

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.¹³

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

¹² Vernon E. Johnson, *I'll Quit Tomorrow* (Harper and Row, San Francisco, 3rd edition, 1980) [1st published in 1967.]

¹³ George E. Vaillant, *The Natural History of Alcoholism Revisited*, Harvard University Press, Cambridge, 1995, p. 300.

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.¹⁴

Vaillant notes that "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."¹⁵ 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.

Too often, problems in America are categorized and labeled in ways that mask the nature of the problem, and solutions, if any. Solutions for alcoholism and/or drug addiction are too often put into a

basket called "treatment" without understanding what treatment is or how it works. This has contributed to a lack of understanding by society at large, treatment professionals and political leaders. Research about Oxford House has looked more to the nuts and bolts of transforming alcoholics and drug addicts into sober citizens.



Oxford House—Marlboro

1410 W 77th Terrace

Kansas City, Missouri 64131

Tel. (816) 333-2267 • Est. 3/1/95 • 8 M

Recently, *Counselor – The Magazine for Addiction Professionals* published an article about Oxford Houses, which raises a basic question concerning the proposition about alcoholism and/or drug addictions that "relapse is part of the disease." The article suggests that relapse may be a defect in a treatment protocol that does not include support for recovery maintenance. The authors go on to point out that for the last three decades Oxford House has demonstrated that with adequate post-treatment support the relapse rate can be significantly reduced.¹⁶

The Missouri Oxford House data show that the houses serve individuals from a variety of primary treatment providers. As Table 1 shows, the residents came from almost all the treatment providers in the state. In short, Oxford House is the one-size fits all fix for the deficiency in the present treatment system that fails to provide the time and recovery support necessary to assure long-term sobriety without relapse. Oxford Houses provide uniform access and availability irrespective of primary treatment.

¹⁴ Id. 301.

¹⁵ Dr. George Vaillant published his major works on alcoholism in 1983 and 1995 but he had reported significant findings much earlier. At Harvard, Vaillant became head of the longitudinal studies of human behavior involving the Grant group – a large sample [268 men] of selected – beginning in 1937 as sophomores and continuing to 1940 – over their lifetime to measure physical and psychological behavior. For 42 years psychiatrist, Vaillant has been chief investigator and the Harvard studies picked up a core city group and a women's group to monitor in the same way. The June 2009 issue of Atlantic monthly has a good article about the Doctor and his remarkable data research base. Vaillant is also a non-alcoholic Trustee on the Board of Alcoholics Anonymous – in part because of his work on alcoholism which is an outgrowth of the longitudinal studies.

¹⁶ William L. White and J. Paul Molloy, "Oxford Houses: Support For Recovery Without Relapse," *Counselor – The Magazine for Addiction Professionals*, Vol.10, No. 2, April 2009.



Oxford House—United
1558 W. Cherokee Street
Springfield, Missouri 65803
Tel. (417) 368-3686 • Est. 2/1/06 • 8 W

In 1988, Dr. Arnold M. Ludwig, a professor of psychiatry at the University of Kentucky, reported that eighteen month follow-up studies of alcoholics after treatment showed that about one-half of the alcoholics managed to stay dry for a minimum of three months; about one-third for six months; about one-sixth for twelve months; and less than one-tenth for an entire eighteen month period.¹⁷ In 1996, the Rand Corporation studied recovery from cocaine addiction and found that one-year after treatment only 13% were still clean and sober. Dr. Vaillant's longitudinal study [now covering 70 years] predicts about a 20% recovery rate – with or without treatment.¹⁸

R.J. Goldsmith in *The Essential Features of Alcohol and Drug Treatment* found that six-months after a traditional halfway house stay only 10.9% of male residents maintained sobriety and only 9.5% of female residents remained sober.¹⁹ By contrast the outcome for residents of Oxford Houses is eight times better than what Goldsmith reports. More than 100 peer-reviewed published research articles about Oxford house financed mostly by NIAAA and NIDA support this fact.²⁰

¹⁷ Arnold M. Ludwig, M.D., *Understanding the Alcoholic Mind*, Oxford University Press, New York 1988, p. 51.

¹⁸ George E. Vaillant, *The Natural History of Alcoholism*, Harvard University Press, Cambridge, 1983, p. 300. [when this book was published the study of college men and core city group covered a 42 year period]

¹⁹ *Psychiatric Annals*, 22, pp. 419-424 (1992).

²⁰ www.oxfordhouse.org “Publications/Evaluations/DePaul “ contains a list of articles – both from DePaul researchers and others. It is updated monthly.



Oxford House-St. Charles
225 N. Fifth Street
St. Charles, Missouri 63301
Tel. (536) 724-4562 • Est. 2/1/94 • 7 M

During the early years of Oxford House, there was very little research showing any relationship between treatment for alcoholism and/or drug addiction and the achievement of long-term sobriety. Alcoholics Anonymous was already nearly 40 years old when the first Oxford House started in 1975 and hundreds of thousands of alcoholics and drug addicts could testify that AA worked. However, the anonymity traditions of the program made scientific evaluation difficult if not impossible.

Oxford House and Modern Research

The early members of Oxford House developed their tradition of inviting outside research from the outset. Since enactment of the Anti-Drug Abuse Act of 1988, the National Institutes of Health have sponsored scientific research to evaluate whether residents mastered behavior change sufficient to achieve long-term sobriety. Oxford House shares the self-help principles of AA/NA and most residents are active participants in either one or both of the 12-Step programs. A considerable body of research and evidence about Oxford House residents has been developed that documents the ways and means sobriety without relapse is achieved and it provides a window into the dynamics of AA/NA, as well. For example, NIDA sponsored study by DePaul University in Chicago tracked 897 Oxford House residents living in 219 different houses for 27 months.²¹ The researchers interviewed each resident every four months and verified respondent's answers by confirming with a friend identified during the first interview. In their report to the 2005 annual convention of the

²¹ Addictive Behaviors 32 (2007) 803-818 [NIDA Grant # DA 13231]

American Psychological Association, the DePaul researchers reported that 87 percent had stayed clean and sober – four to five times better outcomes than Vaillant, Ludwig or others had found in analyzing sobriety without relapse following treatment.

In another study by DePaul – funded by NIAAA and presented at the same APA Convention – the university researchers measured Oxford House outcomes against outcomes of a control group.²² That study randomly selected 75 of 150 recovering individuals leaving treatment to go to Oxford House and 75 going to where they normally would go; e.g., home, halfway house or other place. Both groups were followed for two years using the same interview plus verification method used in the NIDA study. The results showed that 65% of the Oxford House group stayed clean and sober without relapse but only 31% in the control group did. Eight of the 75 participants in the control group went to an Oxford House on their own and all stayed clean and sober which may have made control group outcome a little better than it would have been if they had not. Nevertheless, the difference between the two groups was significant.

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

Carol North, MD, then at Washington University Medical School in St. Louis, along with DePaul researcher John Majer, Ph. D. and others, looked at psychiatric comorbidity among 29 men and 23 women substance abusers residing in one of the eleven Oxford Houses located in the St. Louis area.²³ The Diagnostic Interview Schedule (DIS) was used to measure current and lifetime DSM-III-R diagnosis in addition to socio-demographic and substance abuse information. Considerable psychiatric comorbidity was present. Antisocial personality (ASP) disorder, affective disorders, and anxiety disorders were the most frequently observed comorbid disorders among these substance abusers,

whose drugs of choice were cocaine, alcohol, and cannabis. A major finding was that even with dual diagnosis of substance abuse plus a psychiatric disorder the residents in Oxford House did well. Outcome measures showed that after six month 69% of the study participants were clean and sober and functioning well.

The 2002 St. Louis study set the stage for a larger longitudinal study of the national Oxford House residency published in 2008.²⁴ Researchers in this study tested 897 Oxford House residents [604 men /293 women] using Addiction Severity Index [ASI] and calculated the Psychiatric Severity Index [PSI] to identify residents with moderate or severe co-occurring disorders. The findings have important implications – not only for effective addiction treatment but also for dealing with individuals having dual diagnosis. For example, those with severe psychiatric disorders did as well as those with less severe psychiatric disorders. Moreover, the study found that individuals with psychiatric disorders along with alcoholism and/or drug addiction did just as well in staying clean and sober as those individuals who did not have psychiatric disorders. Both groups of individuals who lived in an Oxford House for six months or more had better than an 80% rate of total abstinence and those with mental illness found the social networks that helped maintain both abstinence and effective functioning in society.



Oxford House-Humphrey
3542 Humphrey
St. Louis, Missouri
Tel. (314) 762-9776 • Est. 2/1/95 • 9 M

²² American Journal of Public Health, Oct 2006; Vol. 96, pp1727–1729 (NIAAA grant AA12218)

²³ Addictive Behaviors 27 (2002) 837–845

²⁴ Majer, J. M., Jason, L.A., North, C.S., Ferrari, J.R., Porter, N. S, Olson, B.D., Davis, M.I., Aase, D., & Molloy, J.P. (2008). A longitudinal analysis of psychiatric severity upon outcomes among substance abusers residing in self-help settings. *American Journal of Community Psychology*, 42, 145-153 [Dr. Carol North now – and when she worked on this study – is at the University of Texas Southwestern Medical School in Dallas, Texas.]

Underlying the internal and external studies of the Oxford House population is the desire to understand the dynamics that go into bringing about behavior change that allows the alcoholic and/or drug addict to become comfortable enough in sobriety to avoid a return to addictive use. The task is important but not easy in a free society. It is important – not only to alleviate the personal hardships caused by alcoholism and/or drug addiction – to deal with addicted related deviant behavior in modern society that requires a minimum level of order to function well.

Everyone who is an alcoholic and/or drug addict or who has a close relative afflicted by the disease knows the personal hardship on the addict and everyone around him or her. The problems caused society are just as real but seldom measured because of the hopelessness surrounding the problems of alcoholism and drug addiction that makes demand reduction seem unattainable. Significant demand reduction does not have to be an unrealistic goal.

Fully utilizing independent research of the recovering individuals in Oxford House is one step toward learning how society can better deal with the problem. Understanding the cost-effective way that Oxford Houses can be replicated can lead to making it feasible for society to minimize the disorder and profit that arises from the sale and consumption of illegal drugs by making recovery without relapse following intervention the norm. Today, there seems to be a general understanding that when only 10% of the population generates a demand for drugs to feed addiction, 100% of society is at risk – not only directly from the irresponsible behavior of the addict but also, from the financing of suppliers who disregard all respect for the law and order a modern civil society requires. Making treatment of addiction effective would produce dramatic demand reduction.

Understanding the Problem

Identifying and labeling a problem is not easy. On an individual basis the addict, the family, the employer and the community often cover up alcoholism and/or drug addiction. In the midst of World War II [1943] Betty Smith wrote “A Tree Grows in Brooklyn” which became a best seller and was sent to many of the troops overseas because it painted a picture of a real family living in the

Williamsburg section of Brooklyn. The mother held the family together, the young girl yearned to move up the social and economic ladder with education and the father was a loveable but non-productive alcoholic. The mother always referred to his sickness but never that he was a drunk. He dreams wonderful dreams, always fails – except he does get his daughter into an upscale middle school – and dies young from his disease. Even at death his family convinces the sympathetic medical doctor to put pneumonia as the cause of death – not acute alcoholism – covering up the truth even in death because society prefers nice labels.

Today, the anonymity badge – characteristic of 12-step groups – often thwarts independent research to better understand the recovery process. Slowly, but surely, the men and women living in Oxford Houses members – by cooperating with researchers – have lifted the anonymity barrier. Independent researchers are able to document and analyze the factors that are leading to behavior change for Oxford House residents. In doing so they get a window into the 12-Step programs because the average Oxford House resident attends of 5 AA/NA meetings each week.²⁵

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

Treatment Episode Data Set

In 2008, about 48,000 alcoholics and/or drug addicts in Missouri were treated for alcoholism and/or drug addiction – 69.7% males and 30.3% females. About 40% of admissions were alcoholics and 60% were primarily addicted to other drugs. More than 60% had been in treatment before and based on national data about 12% had been in specialty treatment five times or more before. More than a quarter had previously been through treatment at least three times. More than a third [37%] were referred to treatment through the criminal justice system. In 2008, in Missouri, 71.3% of those getting treatment were White; 25.2% Black.

²⁵ In Missouri the survey showed that residents attend 3.7 meetings per week. This compares to a national average of 5.1 among Oxford House residents and about 2 meetings a week for the 12-Step members as a group.

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

The most significant findings of the TEDS data are [1] the extent of the alcoholism and/or drug addiction problem, [2] the small percentage who are getting inpatient or outpatient treatment, and [3] the recycling of those who do get treatment. Oxford House collects profile data of its residents that confirms the recycling but also shows how recycling can be stopped by providing all individuals leaving primary treatment with an opportunity to live in an Oxford House. In Missouri, the Oxford House resident has been through residential treatment an average of 5.4 times – about the same average number of times residents in other states have been through treatment. Oxford Houses cause a big reduction in recycling because most resident stay clean and sober.

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

value of sobriety.²⁶ The group in Oxford House gained efficacy in sobriety at five times the rate of the control group.

Effect on Neighboring States

The establishment of Oxford Houses in the State of Missouri attracted development of Oxford Houses in neighboring states. Some of the states contiguous to Missouri were quick to see the value of Oxford Houses and began their own development programs. By 1991, residents from Kansas had expressed an interest in Oxford House because they saw first hand the benefits provided by the cluster of houses in Kansas City, Missouri. A group of church members organized “Friends of Recovery” and working with Oxford House World Services opened the first Oxford House in Kansas in 1992.²⁷ Kansas now has 55 Oxford Houses.



In 1991 Kent Johnson, who had gained comfortable sobriety by living in Missouri Oxford Houses, accepted a job as an outreach worker in Springfield, Illinois and started Oxford House-Southern View January 1, 1992. That house continues to provide recovery beds for nine men and Illinois now has 47 Oxford Houses.

The late Reggie Midget, an alumnus of Oxford House and outreach worker in the state, went an extra distance to help recovering individuals in his old hometown Tulsa, Oklahoma by starting an house there. Reggie, sadly was killed in February

²⁶ John M. Majer, Leonard A. Jason, Bradley D. Olson, Optimism, Abstinence Self-Efficacy, and Self-Mastery A Comparative Analysis of Cognitive Resources, *Assessment*, Vol.11, No.1 [2004]

²⁷ A by-product of the association with the Kansas group was an endorsement of Oxford House by the World Council of the Methodist Church in 199

2002 – when a relative by marriage shot him – but hundreds of recovering alcoholics and drug addicts in Missouri and Oklahoma have gratitude for his dedication in expanding the number of Oxford Houses.²⁸



Oxford House-Gravois
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Missouri Oxford House Resident Profile

During the fall of 2008, residents in Missouri Oxford house completed a questionnaire used by OHI since 1987. This part of the evaluation of Missouri Oxford Houses compares the survey profile, where appropriate, to the overall data from TEDS and evaluations of residents in other states.

Of the 58 houses in Missouri, 49 participated in the survey with a participation rate of 72.1% [277 of the 384 residents then living in the houses surveyed]. The gender ratio in actual recovery beds in Missouri is 375 [79.3%] recovery beds for men and 104 [21.7%] for women. In the survey 81% of respondents are male and 19% are female about the same as actual beds in the state.

In 2008, the TEDS data shows the percentage of females going through treatment in Missouri is 30.3% versus 69.7% males. This suggests that the ratio of men's beds to women's beds in Missouri

Oxford Houses is tilted toward males. However, it should be noted that women often have children to care for which creates a barrier to living in an Oxford House. However, several of the women's Oxford Houses in Missouri do accept women with children. Irrespective of gender, the number of Oxford House recovery beds in the state can accommodate only 2.4% of those going through specialty treatment for alcoholism and/or drug addiction. It is clear that [1] as shown in Table 1, on page 10, residents who do get into Oxford Houses came from a wide variety of treatment facilities in the state, and [2] there are approximately four applicants for every individual accepted into a Missouri Oxford House. With an adequate number of Oxford Houses it is likely treatment facilities would encourage even more of their graduates to apply for admission to an Oxford House – particularly as the outcome studies become better known.

The average age of Missouri Oxford House residents is 41.9 years. Males are older on average [42.85 years] than females [37.78 years].

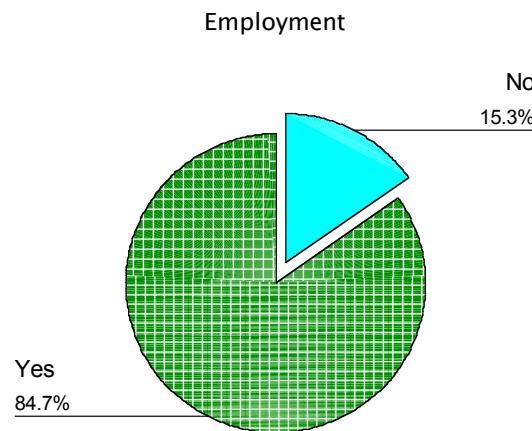
Table 2
Age Distribution

Age Range	Number	Percent
18-22	13	4.7
23-27	18	6.5
28-32	26	9.4
33-37	23	8.3
38-42	50	18.1
43-47	59	21.3
48-52	49	17.7
53-57	28	10.1
58-62	9	3.2
63-67	2	.7
Total	277	100.0

In 1993 – when there were 35 Oxford Houses in Missouri – the average age was nearly ten years younger [33.9 versus 42.9]. This is explained by the facts that some present Oxford House residents have stayed a long time. There is nothing wrong with this because when one house is full the group can and should rent another to expand capacity. As a practical matter this does not occur unless there is an adequate number of outreach workers to monitor supply and demand and when necessary to take the initiative to find another house to rent.

²⁸ The Oxford House World Council established an annual award named in his honor that is presented at each World Convention to the individual selected each year as making extra-ordinary efforts to help expand the national network of Oxford Houses.

About 19.5% of the residents in Missouri Oxford Houses are military veterans [N. 93]. When the survey was conducted in October-November 2008, there was no effort to ascertain whether or not the veteran population had served in wartime and if so which war. However, anecdotal evidence throughout the country indicates that some of the Iraq and Afghanistan are beginning to move into Oxford Houses. As the DePaul studies indicate, individuals with dual diagnosis do well in an Oxford House setting and anecdotal evidence indicates that some veterans with PTSD are doing well in the Oxford House setting because individuals recovering from addiction are able to tolerate behavior that is sometimes frightening to both the individual and the group.



Most Missouri Oxford House residents have a job to earn income to pay their equal share of household expenses averaging about \$100 a week [range \$75 to \$130]. Of the 15% not employed at the time of the survey, one-half were seeking employment and the other half were in receipt of a pension or some other source of regular income. Most houses request that those who have income but are not employed volunteer for some service work such as working the AA/NA call desk or volunteering at a hospital or shelter. Individuals in an Oxford House are discouraged from just sitting around watching TV.

During 2008, the Oxford House residents in Missouri paid landlords, utilities and other household expenses approximately \$2,496,000. This money came from residents themselves. The average income of Missouri Oxford House residents was \$17,076 and the average cost to live in an

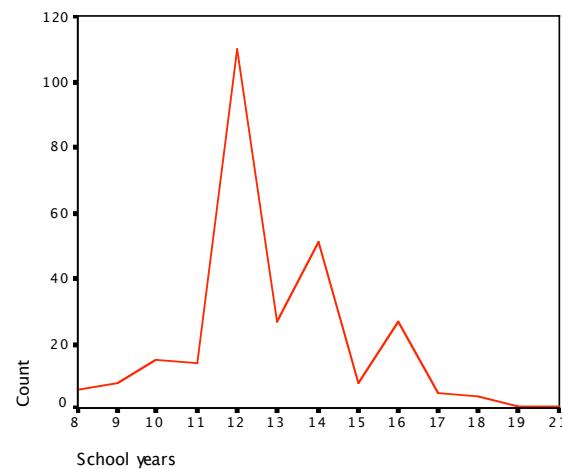
Oxford House is \$100 a week – less than a third of a resident's income.

There are a couple of ways to look at this. If the residents were living in traditional halfway houses in the state, the estimated cost to taxpayers would be about \$11,400,000 a year²⁹. Therefore, one could speculate that the Missouri Network of Oxford Houses is saving taxpayers at least that amount.

Second, based on the percentage of residents who have done prison or jail time [78.8%] one could assume that but for Oxford House they would be incarcerated. The taxpayer cost for incarceration of 78% of the residents would be more than \$11,232,000.³⁰ Instead of the taxpayer cost for either halfway housing living or incarceration of those who had done jail time, the residents paid their own expenses and paid taxes. FICA taxes alone paid by Missouri Oxford House residents were \$1,200,784.

Education

The averages educational level of Missouri Oxford House residents is 12.8 distributed as below:



Men and women had virtually the same education – women 12.9 years versus 12.8 years for men. About 15% had not graduated from high school but 44% had education beyond high school with 14% having a 4-year college degree.

²⁹ A 1982 study of halfway houses by NIAAA found the average cost then to be \$23,750 per bed per year. Using a constant dollar cost of \$23,750 times 480 [present Oxford House recovery beds in Missouri] equals \$11,400,000.

³⁰ Using an estimate cost of \$30,000 per year for incarceration.

Unsurprisingly, alcoholism and drug addiction cuts across all levels of education – just as it cuts across all other criteria measuring society. While some residents with more education can more easily understand the system of operation, everyone in Oxford House participates in an egalitarian manner. The extent to which they do so is illustrated by an event that happened in one of the early houses in Kansas City. One of the residents who had spent years in prison came into an Oxford House. After several months he was elected President – in part because he had another member of the house read the Manual aloud to him more than a dozen times. “My glasses do not work,” he told the reader. He was eventually elected President of the house. After three years he acknowledged that he had never learned to read. The men in the house convinced him to give a literacy program a shot. He did and at age 47 he learned to read.

The author does not know of other examples where literacy was acquired in such a fashion. However, in almost every state, residents who entered an Oxford House with education attainment less than high school graduation have gained an GED while living in a house.

Racial Make-up: Treatment, State, Oxford

The racial composition of the Missouri Oxford House residents was close to the same as the racial composition of those who had gone to treatment during 2008 in the state.

Table 3

Race	Treatment	State	Oxford
White	71.3%	83.8%	71.0%
Black	25.2%	11.2%	26.5%
Hispanic	—	2.1%	1.5
Nat. Am.	0.3%	0.4%	1.1
Other	1.3%	3.6%	—

Twice as many Blacks are getting treatment and living in Missouri Oxford Houses than their share of the Missouri population. The racial make-up of Oxford Houses is almost identical to the racial make-up of those getting treatment according to the 2008 TEDS data.

In 1993, 42% of OH residents in Missouri were Black and 55% were White. As more houses were established in the state the racial make-up shifted to better reflect the racial make-up of the state. The change in racial makeup since 1993 demonstrates the trend as houses were established in parts of the

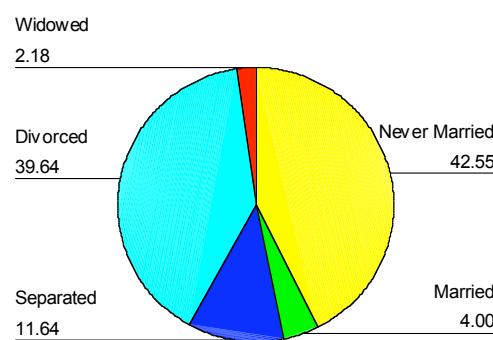
state other than the two major metropolitan centers of St. Louis and Kansas City.

In its 34-year history Oxford House has never had a racial problem within houses. Alcoholism and/or drug addiction are color blind. It appears that the common ground built around the disastrous nature of alcoholism and/or drug addiction is strong enough to overcome bigotry and racism. All the houses in Missouri are integrated most of the time as residents come and go during the course of any year. OHI has never received any complaints in Missouri based on alleged discrimination.

Marital Status

Alcoholism and drug addict are not conducive to marriage or at least to marriages that last. Slightly over 40% of residents have never been married.

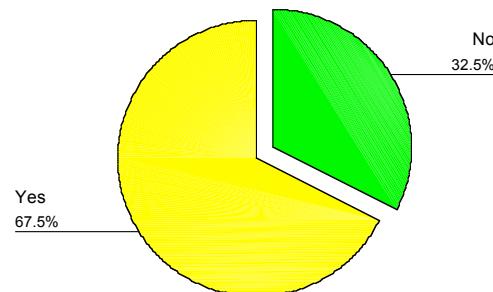
Marital Status of Residents



Only 4% of the residents in Missouri Oxford Houses are still married. About 51% are separated or divorced.

Homelessness

Prior Homelessness Among Residents

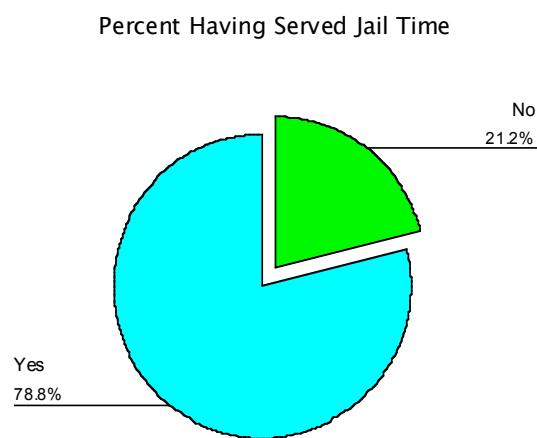


Most of the residents [67.5%] in Missouri Oxford House have been homeless during their active addiction for an average duration of 8.9 months.

The average number of times homeless is 2.4 and those who have been homeless had an average age of 43 versus an average age of 39 for the group that had not been homeless.

Among the Missouri Oxford House residents are 15.7% who were homeless immediately before moving into an Oxford House. The rest [about 52%] had been homeless in the past including homelessness just prior to the treatment that preceded admission to Oxford House. This survey did not solicit information as to how long ago homelessness had occurred.

Transition from Incarceration



Most Oxford House residents have served jail or prison time with an average of length of imprisonment of 19.5 months. The longest duration of a single jail term averages about 12 and half months and the number of arrests average slightly over 3 times. If such individuals are able to become comfortable enough in sobriety to avoid relapse, they will be less likely to commit another crime which has important implications for success of such programs as envisioned in the Second Chance Act.

Research examining Oxford House sobriety outcomes shows that those who have been incarcerated do well in the Oxford House setting as they re-enter society.³¹ It is important that further

³¹ Aase, D.M., Jason, L.A., Olson, B.D., Majer, J.M., Ferrari, J.R., Davis, M.I., and Virtue, S.M., A Longitudinal Analysis of Criminal and Aggressive Behaviors Among a National Sample of Adults in Mutual-Help Recovery Homes, *Journal of Groups in Addiction & Recovery*, 4:82-91, 2009

research efforts focus on why this is true because the Oxford House model is uses a different re-entry process from the traditional parole model. For example, many jurisdictions prohibit ex-inmates from living together after release – apparently influenced by the popular movies showing ex-convicts plotting new criminal behavior. Such concerns have validity if the common bond becomes the commission of another crime. However, if the common bond were built around behavior change to develop comfortable sobriety such fears would seem to be misplaced. An early advocate of using Oxford House as a tool for recovering inmates returning to society was Ernest M. Read in his 1996 book *Partners in Change* for officials dealing with probation, parole or community correction. Read calls Oxford Houses: “A Workable Geographic Cure,” and strongly recommends that probation and parole officers to utilize Oxford House as a way to prevent relapse and recidivism. He writes:

Oxford House expanded the opportunity for individuals to practice the principles of AA and NA by developing a practical way for recovering individuals to live together in a supportive family environment.³²

Read goes on to point out that Oxford House members are very serious about the tradition of immediate expulsion for relapse “so much so – and this is the beauty of peer support – that more often than not house members are able to pick up on someone’s potential for relapse way before the drink or drug is ingested.”³³ Because of the familiarity each person has from living in a family self-help environment the potential relapse is often headed off and over time the habit of sobriety takes hold.

One of the first residents in the first Oxford House in Kansas City was an individual returning to society after his latest period of incarceration that had been eight years for serious criminal activity. His persona fit the stereotype of a “hardened professional criminal.” His physical stature was big

³² Edward M. Read, LCSW, NCAC II, U. S. Probation Officer for the U.S. District Court, DC, *Partners In Change – The 12-Step Referral Handbook for Probation, Parole & Community Corrections*, Hazelden, Center City, MN (1996).

³³ Id. P. 145.

and powerful and his demeanor that of a tough guy who always wanted to be boss. The men starting the house wondered if the fellow could ever adapt to the democratic self-run Oxford House environment. He had been a "boss type" fellow in prison and had functioned in that environment for 12 years. He got a job as a city bus driver and lived in the house eight years before moving out clean and sober. He became one of the strongest house members and took to his fellow house members as members of a family. He also became active in 12-Step programs, the Oxford House Chapters and the State Association. Others from incarceration had functioned well in Oxford House but this member proved the point that long-term prisoners could flourish and change within the Oxford House living environment.

Three things should be noted about utilization of Oxford House by individuals re-entering society from incarceration: [1] the model is different from the prison or post-prison model of custodial supervision, [2] expectations of self-rule differ greatly with closely supervised reward/punishment parole guidelines and [3] the common bond of recovery provides a community bond that tends to outweigh prison resentment or criminal conspiracy bonding.

The original Oxford House represented a deliberate departure from the traditional halfway house the men had been living in just prior to their establishment of a self-run, self-supported recovery home. The common bond that had united the men in the halfway house setting was the almost constant testing of the authority of the house manager. This "we vs. them" conflict is inherent in custodial care and becomes a distraction from any common bond to change individual behavior to become comfortable enough to avoid a return to alcohol and/or drugs. Many parole officers' doubt that "the inmates can run the asylum." As pointed out above, Edward Read – a probation officer for the U.S. District Court in DC – is not one of those doubters. He recommends that all probation and parole officers send most of their charges to Oxford House. Speaking to the 2003 Oxford House World Convention, Read said that when he convinces one of his charges to get into an Oxford House he is almost certain of success.

Every probation and parole officer is likely to find most of his charges are alcoholics and/or drug

addicts. Over 40% of offenders on probation or in local U.S. jails were found to be drinking at the time of their offense. (Bureau of Justice Statistics [BJS] 1998)³⁴ While less than 10% of the general population has a substance abuse disorder, 69% of jailed inmates met diagnostic criteria [BJS 2005]³⁵. Additionally, 90% of crack or cocaine users reported a history of crime that involved theft or selling of drugs (Inciardi, McBride, McCoy, & Chitwood, 1994)³⁶

Furthermore, both alcohol and drug use have been frequently associated with domestic violence (e.g., Murphy, Winters, O'Farrel, Fals-Steward, and Murphy, 2005)³⁷ Alcohol and drug use may lead to reduced inhibition of these behaviors, while involvement in deviant activities might facilitate the development of substance abuse through social learning mechanism (Kaplan 1995).³⁸ This reciprocal relationship between substance use and externalizing behaviors presents difficulties for the treatment of both issues. Consequently, interventions that address both types of behavior might be more effective than interventions that focus on one issue (e.g., Putt, Dowd, & McCormick, 2001)³⁹

Individuals in recovery with aggressive or criminal behavior problems might respond favorably to the

³⁴ Bureau of Justice Statistics. (1998) Alcohol and crime: An analysis of national data on the prevalence of alcohol involvement in crime. (NJC 168632) Washington, DC: Aase, D. M..

³⁵ Bureau of Justice Statistics (2005), Substance dependence, abuse and treatment of jail inmates, 2002 (NCJ 209588). Washington, D.C. : Aase, D.M.

³⁶ Inciardi, J., McBride, D., McCoy, H.V., & Chitwood, D. (1994) Recent research on the crack/cocaine/crime connection. *Studies on Crime and Crime Prevention*, 3, 63-82.

³⁷ Murphy,C., Winters, J., O'Farrell, T., Fals-Stewart, W., & Murphy, M., (2005) Alcohol consumption and intimate partner violence by alcoholic men Comparing violent and non-violent conflicts. *Psychology of Addictive Behaviors*. 19, 35 - 42.

³⁸ Kaplan, H. (1995) Contemporary themes and emerging directions in longitudinal research on deviant behavior. In H. Kaplan (Ed.) *Drugs, crime, and other deviant adaptations: Longitudinal research* (pp 233-241) New York: Plenum.

³⁹ Putt, C. C., Dowd, E. T., & McCormick, R. A. (2001) Impact of pre-existing levels of hostility and aggression on substance abuse treatment outcome. *Counselling Psychology Quarterly*, 14(2), 139-147.

structure provided by Oxford House.⁴⁰ For example, Ferrari, et. al. (2004) compared rules and regulations between traditional therapeutic communities and Oxford Houses, finding that Oxford House provided stricter rules related to disruptive behavior between residents and more responsibility for operation of the home. However, they also found that Oxford Houses permit more personal liberty for residents compared to therapeutic communities, which might reduce noncompliance and rebellious attitudes toward strict behavior codes.⁴¹ As researchers look at specific aspects of cognitive behavioral therapies (CBT), they find that the Oxford House setting has a number of built-in tools for application of CBT, from specific house and chapter officer duties to interchanges at weekly house business meetings where every resident has an equal vote. As Ferrari and his fellow researchers found, the combination of a disciplined democratic system of operation and strict rules of interaction between residents exercising their democratic decision-making for house business produces strong behavioral changes leading to comfortable sobriety and clean and sober non-deviant behavior.

Clearly the success – in Missouri Oxford Houses and throughout the country – in developing long-term sobriety without relapse or repeat criminal behavior has important implications nationally. Not only does the nation have a large incarcerated population – most of whom will be re-entering society – but a high percentage are alcoholics and/or drug addicts. If the addiction problem is not solved, further criminal activity is almost certain. In most states – including Missouri – the funding, tactics and strategy for dealing with addiction intervention, treatment and recovery sometimes differ between criminal justice and addiction treatment. Oxford House can serve as a bridge between various disciplines and often does.

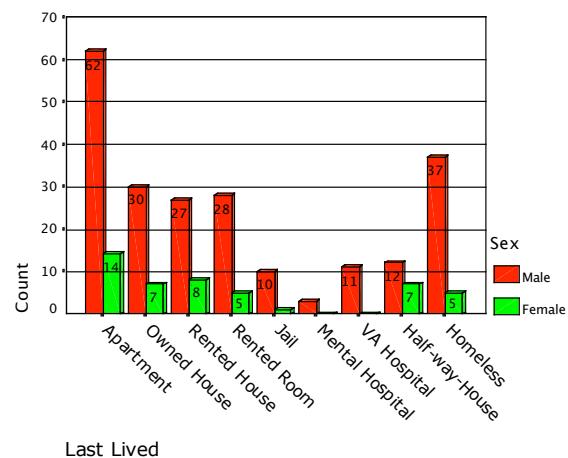
⁴⁰ Aase, D.M., Jason, L.A., Olson, B.D., Majer, J.M., Ferrari, J.R., Davis, M.I., and Virtue, S.M., A Longitudinal Analysis of Criminal and Aggressive Behaviors Among a National Sample of Adults in Mutual-Help Recovery Homes, (2009) *Journal of Groups in Addiction & Recovery*, 4:82-91

⁴¹ Ferrari, J. R., Jason, L.A., Davis, M.I., Olson, B.D., Alvarez, J. (2004) Similarities and differences in governance among residents in drug and/or alcohol misuse: Self vs. staff rules and regulations. *Therapeutic Communities: The International Journal for Therapeutic and Supportive Organizations*, 25, 179-192.

The residents of Oxford House include individuals who had been homeless, incarcerated, mentally ill and otherwise disabled from all backgrounds and past experiences.

By focusing on the common goal of becoming comfortable enough in sobriety to avoid future relapse, Oxford Houses are able to embrace many different treatment disciplines and philosophies. For example, residents in Missouri have come from drug courts, prison re-entry programs, Employee Assistance Programs, Professional Counseling Programs, Union treatment programs, Veteran treatment program, homeless shelters and the self-help recovery community. Over the years of operation in Missouri, these residents and alumni have bridged many chasms that separate different social, medical and criminal justice programs.

Last Lived Prior to Oxford House



Where a resident lived prior to moving into an Oxford House is relevant when looking at where an individual would live but for an Oxford House. Generally individuals leaving treatment would go back to where they came from. It is often said in 12th Step Meetings, – “To stay clean and sober, we have to change people, places and things.” Going back to the old neighborhood often invites going back to the old addictive behavior. Oxford House provides a low-cost alternative and a place to make friends who share an interest in achieving recovery without relapse.

For the alcoholic and/or drug addict the “recovery goal” is simple: Become comfortable enough in sobriety to avoid a return to drinking alcohol or using addictive drugs. In Oxford House that outcome is usually achieved.

Sobriety Without Relapse

The average length of sobriety among Missouri Oxford House residents in the survey was 23.6 months. Because OHI does not directly operate the outreach program in Missouri, data related to applications, admissions and departures and turnover generally is not systematically collected. However, it is reasonable to assume, based on average age of residents that in Missouri the average length of stay in an Oxford House is longer than the national average. Therefore, the length of sobriety is affected by having more “old-timers” in the houses than “newcomers.” The average length of sobriety of nearly two years is significant because where Oxford House resident have lived in a house six months or more the DePaul studies have shown over 80% will continue sobriety without relapse. Among the Missouri survey sample about half had less than one-year sobriety. Six of the individuals in the survey [2%] have ten or more years of sobriety – reflecting the fact that there is no time limit as to how long a person can live in an Oxford House provided the person stays clean and sober and pays his or her equal share of household expenses.

There is no requirement that individuals living in an Oxford House attend AA/NA meetings, however, almost all residents do. Among the Missouri Oxford House residents the average number of AA/NA meetings attended each week is 3.7 meetings a week. Neither AA nor NA keeps attendance records but from periodic surveys it appears that the average AA/NA member goes to about 2 meetings a week. The Oxford House residents in Missouri go to nearly twice as many. In many ways “going to meetings” becomes part of the culture or socialization in an Oxford House. As the John Majer study shows for those going to AA/NA and living in an Oxford House the efficacy of sobriety becomes stronger, faster.

Another indicator that shows how serious residents are with staying clean and sober relates to the number of individuals who go to weekly counseling sessions in addition to 12-step meetings. In the Missouri survey 39.3% of the residents attended weekly counseling sessions.

Finally residents were asked two opinion questions about the value of Oxford House. Once question was whether or not they would recommend Oxford House living to others in recovery. In the survey 96.2% of those in the survey would recommend living in an Oxford House. Only 2 individuals of

the 277 in the survey would not have recommended Oxford House.⁴²

Finally, when asked how important Oxford House living is to their own sobriety, 91.7% felt it was “very important.” Only four individuals [1.4%] felt it was insignificant. In a self-assessment of health 88% believed their health was “pretty good” or “good.” Only one person of the 277 surveyed felt his health was “poor.”

Conclusion

Missouri was a leader in getting Oxford Houses established. Initially, the state agency worked directly with OHI but, beginning in about 1995, decided to directly hire outreach workers. This practice, coupled with pre-clearance of house location with the state legislator for a particular area, has slowed expansion. The state should think about using OHI for outreach in addition to the start-up loan administration currently used. This would promote faster expansion, better infrastructure organization and more flexibility. North Carolina and Washington are examples of states that directly use OHI and have developed particular strong statewide networks of Oxford Houses.

Utilization of OHI outreach is even more important to take full advantage of the Oxford House website. With adequate training each Oxford House can enter data into their particular field on the website on a weekly basis. The first service provide by key data entry is a “real-time” inventory of vacancies throughout the state and national network of Oxford Houses. The second benefit is that data related to turnover rate can be maintained. For example, some states are now able to determine how many persons live in a particular Oxford House during the course of a year, how many applied and how many left under what conditions – voluntarily, relapse, non-payment of equal share of expenses. Such information is important to evaluate the need for expansion, assess the effectiveness of the present network of houses and assure quality control. OHI has the resources to help outreach workers under its supervision to train all houses to participate in the important data collection and analysis function.

The network of Oxford Houses in Missouri is good and it can become even better.

⁴² About 3% were uncertain.

Directory of Missouri Oxford Houses

Oxford House - S. Pacific
540 S. Pacific Street
Cape Girardeau, MO 63703
573-651-4646
7W Established: May 09

Oxford House - South Jefferson
827 Jefferson Avenue
Cape Girardeau, MO 63703
573-651-6066
7M Established: May 09

Oxford House - Alhambra
107 East Alhambra Drive
Columbia, MO 65203-3763
573-514-0259
7M Established: Dec 90

Oxford House - Bicknell
104 Bicknell Street
Columbia, MO 65203-3345
573-442-7084
9M Established: Aug 95

Oxford House - Calico
2504 Calico Lane
Columbia, MO 65202-2539
573-474-0035
7M Established: Aug 95

Oxford House - Cougar
1810 N Garth Ave
Columbia, MO 65202-1547
573-442-2330
7M Established: Oct 90

Oxford House - Leslie
19 E. Leslie
Columbia, MO 65202-1530
573-256-5221
7M Established: May 00

Oxford House - Proctor
314 Proctor Drive
Columbia, MO 65202-1436
573-874-9610
7M Established: May 99

Oxford House - Sondra
921 Sondra Street
Columbia, MO 65202-3110
573-875-5721
8M Established: Nov 94

Oxford House - Pinewood
115 Pinewood Ave
Columbia, MO 65203-2111
573-234-7449
7W Established: Jul 98

Oxford House - Willowbrook
2501 Willowbrook Court
Columbia, MO 65203-2501
573-474-0741
8M Established: Jul 90

Oxford House - Pioneer Drive
3401 Pioneer Dr
Columbia, MO 65202-2605
573-234-7986
7M Established: Aug 05

Oxford House - West Broadway
2402 West Broadway
Columbia, MO 65203-1247
573-445-3699
10W Established: Apr 07

Oxford House - Hubbell
1700 Country Side Lane
Columbia, MO 65202-2354
573-219-9597
7W Established: Oct 04

Oxford House - Elliott
220 Elliott Ave
Columbia, MO 65201-6418
573-256-8501
7W Established: Dec 07

Oxford House - Nelwood
2501 Nelwood Dr
Columbia, MO 65202
573-814-0888
8M Established: Jan 99

Oxford House - Quail
2614 Quail St
Columbia, MO 65202
573-814-3900
8M Established: Oct 03

Oxford House - Countryside
2504 Quail Drive
Columbia, MO 65202-2350
573-514-4797
8M Established: Jun 08

Oxford House - Fairview
2171 Highway 61
Festus, MO 63028-4031
636-937-2514
7M Established: Aug 00

Oxford House - Truman
400 S. Hocker
Independence, MO 64050-4005
816-833-0222
8M Established: Sep 05

Oxford House - Moffet
529 S. Moffet Street
Joplin, MO 64801-2626
417-623-4347
7M Established: Dec 90

Oxford House - Wall
1422 S. Wall Avenue
Joplin, MO 64804-0665
417-623-8984
7W Established: Feb 03

Oxford House - Blue Hills
1832 East 49th Street
Kansas City, MO 64130-2511
816-921-1012
7M Established: Sep 90

Oxford House - Harrison
26 E. Concord
Kansas City, MO 64112-2872
816-216-1883
8M Established: Jul 89

Oxford House - Holmes
2741 Holmes Street
Kansas City, MO 64109-1143
816-842-1634
8M Established: Apr 95

Oxford House - Karnes
3734 Walnut Avenue
Kansas City, MO 64111-1510
816-931-6731
8W Established: Sep 89

Oxford House - Marlboro
1410 W 77th Terrace
Kansas City, MO 64131-1941
816-333-2267
8M Established: Mar 95

Oxford House - Rockhill
5632 Charlotte St
Kansas City, MO 64110-2720
816-326-8265
10M Established: Dec 92

Oxford House - Hillcrest
9615 Fremont Ave
Kansas City, MO 64134-1167
816-761-3948
7M Established: Sep 96

Oxford House - Chouteau
4401 N. Walrond Avenue
Kansas City, MO 64117-1109
816-453-9402
9M Established: Jan 09

Oxford House - Raytown
10905 East 62nd Terrace
Raytown, MO 64133-4217
816-358-6495
6M Established: Jun 07

Oxford House - Catalina
1674 S. Catalina
Springfield, MO 65804-2004
417-877-7783
10M Established: Jul 91

Oxford House - Kerr
953 W. Kerr Street
Springfield, MO 65803-1150
417-368-9199
9M Established: Jun 91

Oxford House - United
1558 W. Cherokee Street
Springfield, MO 65807-2305
417-368-3686
8W Established: Feb 06

Oxford House - Oak Lake
4004 Ashby Rd
St. Ann, MO 63074-1804
314-432-5514
7W Established: Apr 05

Oxford House - McDonough
527 McDonough
St. Charles, MO 63303-2934
636-947-6730
8M Established: Sep 99

Oxford House - St. Charles
225 N Fifth Street
St. Charles, MO 63301-1851
636-940-0767
7M Established: Feb 94

Oxford House - Lynncove
1751 Lynncove Lane
St. Charles, MO 63303-3640
636-724-4562
8M Established: Apr 08

Oxford House - Lincoln-Midwest
1663 Lincoln Dr
St. Charles, MO 63303
636-493-1385
10M Established: Aug 08

Oxford House - St. Joseph
507 South Tenth Street
St. Joseph, MO 64501-2725
816-232-8988
10M Established: Nov 90

Oxford House - Felix
1419 Felix
St. Joseph, MO 64501-2916
816-232-4773
10M Established: Nov 03

Oxford House - Museum Hill
1210 Felix
St. Joseph, MO 64501-2818
816-689-3075
7W Established: Jan 05

Oxford House - Allendale
3127 Meramac Street
St. Louis, MO 63118-4338
314-353-5823
10M Established: May 96

Oxford House - Chippewa
6408 Chippewa
St. Louis, MO 63109-2102
314-353-2771
8M Established: Apr 02

Oxford House - Clayton Road
6957 Clayton Ave
St. Louis, MO 63110-1916
314-863-7669
10M Established: Mar 91

Oxford House - Gravois
3943 Gravois Avenue
St. Louis, MO 63116-3620
314-772-1303
9M Established: Jun 93

Oxford House - Humphrey
3542 Humphrey
St. Louis, MO 63118-2723
314-762-9776
9M Established: Feb 95

Oxford House - Jarman
4506 S. Grand Boulevard
St. Louis, MO 63118-1039
314-351-2567
8W Established: Jan 93

Oxford House - McCausland
2017 McCausland
St. Louis, MO 63143-2535
314-644-0971
10M Established: Oct 91

Oxford House - Michigan
7127 Michigan Avenue
St. Louis, MO 63111-2841
314-351-2712
10M Established: Jan 96

Oxford House - Monitor
3633 Meramec
St. Louis, MO 63116-4811
314-752-1213
9W Established: Jan 96

Oxford House - Montana
3655 Montana Street
St. Louis, MO 63116-4513
314-351-2064
8M Established: Feb 94

Oxford House - Osage
2715 Osage Street
St. Louis, MO 63118-4559
314-772-6771
12W Established: Sep 90

Oxford House - Portis
4430 Arsenal Street
St. Louis, MO 63116-2011
314-776-5825
8M Established: May 98

Oxford House - Shenandoah
720 Shenandoah
St. Louis, MO 63104-4153
314-776-4883
10M Established: Jan 96

Oxford House - Lusher
11876 Lusher Road
St. Louis, MO 63138-1228
314-741-7536
8M Established: May 03

Oxford House - Kensington
5058 Kensington
St. Louis, MO 63108-1010
314-367-7962
8M Established: Jan 05

Oxford House - Winfield
60 Franke Drive
Winfield, MO 63389-3407
636-566-6258
12M Established: Jan 92

List: July 1, 2009
Oxford House, Inc.

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1975-2009

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- Providing Technical Assistance to Keep Existing Oxford Houses on Track
- Providing Organization of Chapters to Help Houses Help Themselves
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- Providing the Legal, Philosophical, and Scientific Framework for a Cost-effective, Worldwide Network of Supportive Recovery Housing.

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