

# Oxford House 2006 Profile Series

Recovery • Responsibility • Replication



June 2006

## Washington Oxford House Resident Profile

**Oxford House World Services**  
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# Oxford House™

*Recovery • Responsibility • Replication*

## **The 3-R's for Addicts to Regain Freedom**

***Recovery:*** The process by which addicted individuals become free of addiction for the rest of their lives.

***Responsibility:*** The means by which an individual gradually assumes control over his or her lifestyle so that choices can be made consistently to avoid the use of alcohol or drugs.

***Replication:*** The means through which addicted individuals living in an Oxford House™ share their newfound lifestyle of living in a supportive, alcohol and drug-free environment with other individuals wanting comfortable sobriety by starting new Oxford Houses to give other recovering individuals a real opportunity to achieve recovery without relapse.

Visit the Web site at [www.oxfordhouse.org](http://www.oxfordhouse.org)

## About Oxford House, Inc.

Oxford House, Inc. is the thirty-one-year-old Delaware nonprofit, 501(c)(3) corporation that serves as the umbrella organization of the worldwide network of more than 1,200 individual Oxford Houses. Its central office is located at 1010 Wayne Avenue, Suite 400, Silver Spring, Maryland 20910.

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

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

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

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

More than 1,200 individual Oxford Houses follow the three goals of Oxford House - Recovery, Responsibility and Replication – year after year. 2006 represents another successful year. The Oxford House goal, however, is to establish enough houses for every alcoholic and drug addict to have the opportunity to achieve recovery without relapse.

The following report looks at the successful network of 156 Oxford Houses in the State of Washington.

Silver Spring, Maryland  
June 2006

## Oxford House, Inc. Board Members

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\*\* Barbara Perez took office January 2006 and is an ex-officio member of the board.

# Washington and Oxford House™

## A 16-Year Partnership

In March 1989, the federal Department of Health and Human Services published regulations to govern the administration of §2036 of the 1988 Federal Anti-Drug Abuse Act. Within six months the State of Washington was working with Oxford House, Inc. – the umbrella nonprofit organization for individual Oxford Houses – to help get Oxford Houses established in Washington. Ken Stark, then Division Chief of the Alcohol & Drug Abuse Division of the Department of Health became a leader in utilizing the required revolving loan provision [§2036 of PL 100-690] to help groups of six or more recovering individuals to establish an Oxford House by working with Oxford House, Inc. – the umbrella organization responsible for the development of the Oxford House concept and system of operation. The 16 year partnership between the state and Oxford House has been a success.



**Oxford House-Edmonds**  
8704 216<sup>th</sup> Street S.W.  
Edmonds, WA 98026  
10 Men; Established August 1990

One of the first few Oxford Houses established in Washington – Oxford House-Edmonds, pictured at the left – has been in continuous operation since December 1990. This single house has served 194 individual recovering men since it opened and 157 have stayed clean and sober [81%]. The history of Oxford House-Edmonds is typical for an Oxford House and represents the norm for the 156 Oxford Houses in the state.

When it began in August 1990, Oxford House-Edmonds was one of fewer than 200 Oxford Houses in the United States. It was the third house in Washington State which would have a total of six houses by the end of the year. As discussed below, it soon became a landmark house as the subject of zoning litigation that reached the U.S. Supreme Court.

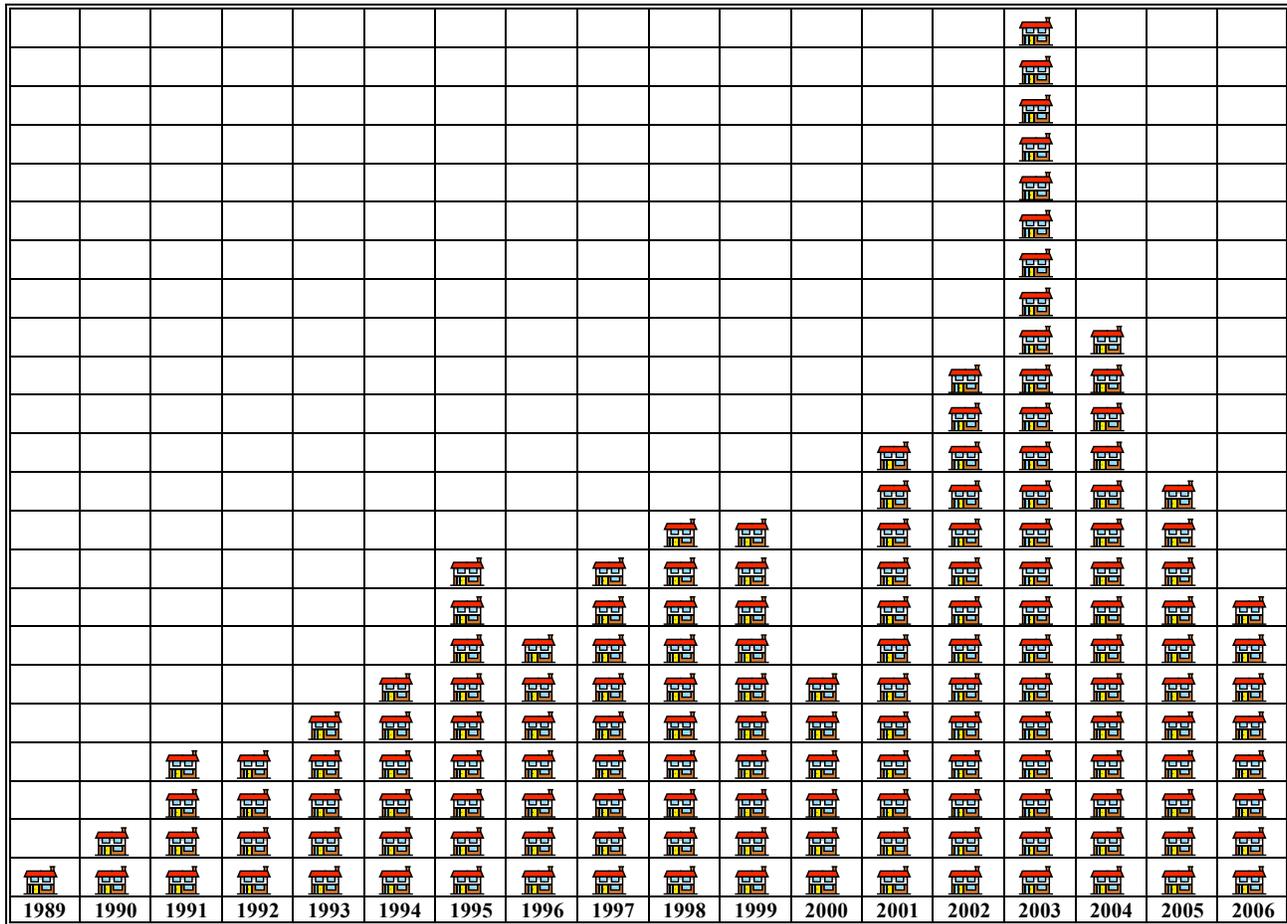
Today in Washington 1,257 recovering individuals are safely living in 156 Oxford Houses in the state and are gaining the time, peer support and confidence needed to stay clean and sober without relapse. The profile data used in this report was primarily collected in the summer and fall of 2005 when there were fifteen fewer houses and 115 fewer residents in the state.

Comparative data using similar survey conducted in prior years is used throughout the report. While there are minor differences, the overall resident characteristics are essentially the same. The profile of residents in Washington

Oxford Houses during the summer and fall of 2005 is based upon the standard resident profile questionnaire used by OHI since 1987.<sup>1</sup>

This report looks back over the sixteen years of partnership between Oxford House, Inc. [OHI] and the state’s Division of Alcohol and Substance Abuse [DASA] that forged ahead with the development of the successful network of Washington Oxford Houses. That partnership sets a high benchmark for other states. Washington and Oxford House began their partnership in 1990 and even though the annual grant amount has been modest it has made possible a strong network of Oxford Houses that has enable more than 6,000 individuals achieve recovery without relapse. The following table shows the growth of the Oxford House network in Washington by graphically depicting the existing Washington Oxford Houses by year started.

**Table 1 – Existing Washington Oxford Houses by Year Started**



As of the end of May 2006 there are 1,257 Oxford recovery beds in the state.

This evaluation examines the nature of recovery from alcoholism and drug addiction and its relationship to Oxford House. Does Oxford House attract real alcoholics and drug addicts? Does living in an Oxford House improve outcome and if so why? Guided by experience-based evidence that is confirmed by research and evaluation, Oxford House can continue to expand and provide more alcoholics and drug addicts in recovery with the opportunity to achieve long-term – rather than episodic – sobriety and recovery without relapse.

<sup>1</sup> A copy of the standard confidential resident questionnaire is printed at the end of this evaluation. The current [June 2006] level of 1,257 recovery beds during the survey period was approximately 1,142 with vacancies of 114 leaving a total number of residents of 1,028. 708 of these residents [69%] completed the standard questionnaire.

## Oxford Houses in Washington

In August and September 2005, residents in a representative sample of Washington Oxford Houses completed the standard profile questionnaire to provide sufficient data to develop a profile of current Washington Oxford House residents. The questionnaire has been used by OHI since the late William Spillaine; Ph. D. designed it in 1987. As of May 2006, there are 156 Oxford Houses in Washington [116 for men and 40 for women or women with children] providing a total of 1,257 beds.<sup>2</sup> The survey response rate of 69% is adequate to get a true profile of the Washington Oxford House residents.

### Background

It has been 17 years since the first Oxford House was established in Washington – Oxford House-Chalet in Vancouver.<sup>3</sup> Oxford House-Chalet II pictured below is the successor to the first house. The original house was started long-distance by telephone in 1989 by the landlord and the residents. Myra Brown became a resident of that house and was available to greet the first Oxford House outreach workers who arrived in the state in 1990. She also made certain that the group stayed together and moved to Chalet II when the lease on the original house ended.



Oxford House-Chalet II  
8004 N.W. Bacon  
Vancouver, WA 98665  
Established: Aug. 1989; 10 Women with Children

Some houses – like Oxford House-Chalet II – move to new locations. All Oxford Houses are rented, ordinary single-family dwellings. Once a house has started and has become operational it becomes easier for the

<sup>2</sup> The 1,257 beds are distributed as follows: 843 for men; 414 for women, of which 58 are for women with children.

<sup>3</sup> Oxford House-Chalet had to move when the landlord decided to take over the property and became Oxford House-Chalet II.

particular group to move because it already has an identity and common bond.

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

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

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

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

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

Charles G. Curie, Administrator of the Substance Abuse and Mental Health Services Administration [SAMHSA] and Dr. H. Westley Clark, Director of the Center for Substance Abuse Treatment [CSAT], have noted the

important role the self-run, self-supported recovery home can play in achieving recovery without relapse.<sup>4</sup>

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

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

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

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

<sup>4</sup> *Self-Run, Self-Supported Houses for More Effective Recovery from Alcohol and Drug Addiction*, TAP series 5, U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, DHHS Publication No. (SMA) 02-3700, printed 2002.

experienced members move in to teach newcomers the ropes. By 1987, there were 13 Oxford Houses in the Montgomery County – Washington, DC area.

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

Shortly after Dr. Mac Donald’s visit to Oxford House-Northampton, the late Edward Madigan (R. Ill) added an amendment to the Anti-Drug Abuse Act of 1988 (§2036 of PL 100-690) to require jurisdictions receiving federal block grant funds for alcoholism and drug addiction to establish such funds.<sup>5</sup> It was that law that led Ken Stark, then Chief of the Division of Alcohol and Substance Abuse [DASA], to enter into a contract with OHI to [1] manage a state funded recovery home revolving loan fund, and [2] provide technical assistance to groups of six or more recovering individuals to establish new Oxford Houses in Washington and help keep existing houses on track. OHI and the state agency have continued a partnership for the last 16 years.<sup>6</sup>

Table 1 on page 5 shows the starting year of the existing 156 Washington Oxford Houses. Only six houses have closed since the first Oxford House began in the state. Usually houses have closed because a landlord chose to use the property for some other purpose. This fact alone is remarkable testimony to the fact that recovering individuals themselves can run self-help Recovery Homes throughout the state.

<sup>5</sup> §2036 of PL 100-690, the Federal Anti-Drug Abuse Act of 1988 mandated that any state receiving federal funds for treatment of alcoholism, drug addiction or mental illness establish a recovery home revolving loan fund and enumerated the conditions for the amount and administration of the fund. The original law was amended in 1998 to make the requirement permissive rather than mandated and is now codified at 42 USC 300x-25.

<sup>6</sup> Originally the contract between OHI and DASA include both outreach and loan fund management. Subsequently the outreach workers became employees of a county but returned to the original relationship of working directly for OHI in 2002.

### Growth

Three factors have been responsible for the successful expansion of Oxford House in Washington. First, the cost-effective concept of renting houses and using a standard, self-help system of operation works. Second, the training and employment of alumni of Washington Oxford Houses to coordinate the renting, development and maintenance of a strong network of houses. Third, the support and partnership with the DASA has provided the continuity needed to steady increase and strengthen the Washington network of Oxford Houses.

### Cost Effectiveness

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

The Oxford House Manual<sup>©</sup> sets out the basic system of democratic operation followed by all Oxford Houses since 1975. It has stood the test of time and can be downloaded as a PDF document from the web site: [www.oxfordhouse.org](http://www.oxfordhouse.org).<sup>7</sup> The Oxford House Chapter Manual<sup>©</sup> describes the system of operation used by clusters or groups of individual houses to share their strength, experience and hope with each other. It also can be download. Both publications provide the road map for self-run, self-supported operation.

Not only do the Oxford House residents pay their own living expenses but they also manage the operation of their own Oxford House. They hold weekly house meetings and elect officers from among house residents. No officer can hold the same office for more than six months. Each officer has specific duties and by following the prescribed procedures for handling money, weekly business meetings and applicant interviews, Oxford Houses stay on track by following the Oxford House standard system of operation set forth

<sup>7</sup> Click “Publications and Forms” for a download of the Oxford House Manual<sup>©</sup> and “Chapter Manual” for a download of the Chapter Manual<sup>©</sup> that describes how clusters of individual Oxford Houses help each other to stay on track.

in the Oxford House Manual<sup>©</sup> and Oxford House Chapter Manual<sup>©</sup>.

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

Within each house five officers are elected every six months and each has specific duties. A resident can hold the particular office for only six months at a time – a limitation designed to prevent bossism from crowding out the egalitarian principles of Oxford House<sup>TM</sup>. The table below showing the basic duties and responsibilities of each of the five elected officers:

#### President

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

#### Secretary

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

#### Treasurer

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

#### Comptroller

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

#### Coordinator

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

The weekly business meeting follows parliamentary procedures and regular order. The entire house discusses issues affecting the group and duties of each officer. Applicants to fill vacancies are discussed and the group takes a vote to approve admission. A super majority vote of 80% approval is necessary to be admitted into membership in the house. Whenever the group suspects that a resident has used either alcohol or an illicit drug, an emergency meeting is called and a vote taken to verify relapse. If a simple majority believes a relapse has occurred, the offending resident must immediately leave.<sup>8</sup>

### On-Site Statewide Coordination

The use of paid employees to find suitable house to rent, recruit residents and teach them the Oxford House system of self-run, self-supported operations has been the primary reason underlying the establishment of a statewide network of Oxford Houses. While the first Oxford House in the state – Oxford House-Chalet I – was established by long-distance telephone calls between the landlord, the first few residents and Oxford House central office in Silver Spring, it became clear that on-site representation of an experienced Oxford House resident was essential to statewide development. Mark Spence, an Oxford House resident in Washington, D.C. was sent to the state early in 1990. He soon met Myrna Brown, a resident in Oxford House-Chalet, and together they began the development process.

Among other houses that Mark rented was Oxford House-Edmonds. That house would play a substantial role in the expansion of Oxford House both in and outside the state. Not only was the house the subject of landmark litigation related to the NIMBY issue but it also became home to two individuals who would become in-state outreach workers – Tom Dugan and Gino Puglesee.<sup>9</sup> Myrna Brown and Tom Dugan, both as direct OHI employees and then state consultants demonstrated the value of having experienced residents help expand the number of houses by renting a suitable house, recruiting residents and teaching them the system of operations. Today, Gino Puglesee, Judy Maxwell, Frances Schultz and Blake Bippes continue the tradition.

<sup>8</sup> Not only is condition three of the house charter specific that any resident who relapses must be immediately expelled, but §2036 of PL 100-690 that authorizes start-up loans from a state recovery home revolving loan fund contains the same requirement.

<sup>9</sup> Myrna Brown and Tom Dugan were the initial in-state outreach workers in the state. Currently, Gino Puglesee, Judy Maxwell, Frances Schultz and Blake Bippes are outreach workers in the state. Gino is a graduate of Oxford House-Edmonds and the other three are also Washington State Oxford House alumni.

They not only find new houses to rent, recruit suitable residents for the houses, teach them the Oxford House system of operation but also help develop strong chapters and a state association. The outreach or on-site training of new residents is made possible because of the annual contract between OHI and the state alcohol and drug agency [DASA].<sup>10</sup>

### Self-Help – Heart of Oxford House

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



**Oxford House-Northgate**  
10036 Interlake Avenue  
Seattle, WA 98133  
9 Women; Established 1992

House™ becomes the functional equivalent of a biological family – helping and caring about each other.

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

<sup>10</sup> Since its inception in 1990, DASA has either directly or indirectly provided grant funds for the central Oxford House office to supervise approval of loan funds and manage the outreach efforts. See “Prospects for the Future” at the end of this report for a more detailed discussion of the contract and its impact on Oxford House development in Washington.

Moreover, the group places behavior expectations on all residents to do chores, carry out responsibilities of office, and to offer recovery support to each other and to live as a well functioning 'family.' This cohesive mutual support gives every resident the opportunity to function well without the use of alcohol or drugs. Slowly, but surely, sobriety without relapse becomes a habit. This change partially comes about because residents in an Oxford House gain self-esteem more quickly than recovering individuals not living in an Oxford House.<sup>11</sup> Majer, et. al. found that Oxford House residents in the study reported significantly higher levels of abstinence self-efficacy than non-Oxford House members attending the same number of 12-Step meetings. Common sense suggests that the family living environment of an Oxford House adds to the confidence in sobriety that is so important for preventing relapse.

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

Independent studies show that Oxford House residents report that the primary reason for choosing to reside in an Oxford House is the fellowship provided and the existence of a structured setting where avoidance of substance use is enforced.<sup>12</sup> Specifically the survey participants in the study noted above believed that Oxford House differed from other recovery programs they had experienced because it allowed fellowship with similar others, stability in their lives, and sufficient time for change and personal growth. Other studies have shown that residents [N. 133] who stayed in Oxford Houses for longer period of times experienced increases in their sense of community.<sup>13</sup>

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

<sup>12</sup> Jason L. A. , Ferrari J. R., Smith B., Marsh P., Dvorchak P.A., Groessl E. K., Pechota M. E., Surtin M., Bishop P. D. Knot E., & Bowden B.S. (1997) An Exploratory Study of Male recovering Substance Abusers Living in a Self-Help, Self-Governed Setting, *Journal of Mental Health Administration*, 24, 332-339.

<sup>13</sup> Bishop, P.D., Chertok, F., Jason, L.A. (1997). Measuring Sense of Community: Beyond Local Boundaries, *Journal of Primary Prevention*, 18(2), 193-212.

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

The bonding or extended family behavior arises not only from the common bonds of recovery but also from the common bonds forged through the democratic self-rule inherent in the Oxford House system of operations. Current and former residents of Oxford Houses often take the procedures of self-operation and self-support for granted. However, an objective observer is struck by the disciplined system of operation that underlies the self-operation. As previously noted each individual has an equal vote in decisions effecting house operations, admissions and expulsions. The equal votes are cast within a set context of decision-making. Every house has a weekly business meeting. Parliamentary procedures and a regular order of business are followed in each meeting.

Officers carry out their meeting duties by following a very structured format. The Secretary records meeting activities and reports past meeting activity using a standard form and format. The Treasurer reports financial status. The Comptroller reports bills due. The Coordinator reports on chores not done. This disciplined system of operation becomes one of the common experiences shared by alumni and current residents. Story telling about past meetings and current problems become a common ground for both present and past members. In the process of story telling and sharing of experiences the extended family builds upon the value of sobriety without relapse. Along with 12-Step principles, the Oxford House living experience helps to place value on the sobriety without relapse.

Most individuals living in Oxford Houses will tell interested observers that sobriety without relapse is something that grows more comfortable with the passage of time. The shared experience makes recovery without relapse the expected norm. In this regard, Oxford House is differs from those who believe that addiction is always fraught with relapse. What follows is a profile of the residents living in Washington Oxford Houses in September 2005.



## The 2006 Profile Of Washington Oxford Houses And Residents

The World Services Office of Oxford House collects data monthly from each Oxford House with respect to applications, admissions, expulsions for cause and voluntary departures. Resident profiles are obtained using the confidential survey questionnaire designed by the late William Spillane, Ph. D. in his 1988 Evaluation of Oxford Houses. This produces data that can be compared on a year-by-year basis. The house figures below are current as of May 31, 2006. Resident profiles are derived from state surveys conducted August/September 2005.

Number of Women's Houses:	<b>40</b>	Number of Women Residents:	<b>474*</b>
Number of Houses For Men:	<b>116</b>	Number of Men Residents:	<b>843</b>
Washington Network of Houses:	<b>156</b>	Total Number of Residents:	<b>1,257</b>
Average Age:	<b>36.7 years</b>	Age Range::	<b>17 – 69 years</b>
Cost Per Person Per Week [average]:	<b>\$82.25</b>	Rent Per Group Per Month [average]:	<b>\$2,012</b>
Percent Military Veterans	<b>17%</b>	Average Years of Education	<b>12.7</b>
Residents Working 9/30/05:	<b>65%</b>	Average Monthly Earnings:	<b>\$1,209</b>
Percent Addicted To Drugs or Drugs and Alcohol:	<b>54.7%</b>	Percent Addicted to Only Alcohol:	<b>45.3%</b>
Race –		Marital Status –	
White;	<b>88.7%</b>	Never Married	<b>53.6%</b>
Black;	<b>3.1%</b>	Married	<b>3.7%</b>
Asian	<b>.4%</b>	Separated	<b>7.9%</b>
Hispanic	<b>2.6%</b>	Divorced	<b>32.3%</b>
Other	<b>5.2%</b>	Widowed	<b>2.7%</b>
Prior Homelessness:	<b>68.3%</b>	Average Time Homeless:	<b>8.9 Mos.</b>
Prior Jail:	<b>78.9%</b>	Average Jail Time:	<b>17.6 Mos.</b>
Average AA or NA Meetings Attended Per Week:	<b>3.9</b>	Percent Going To weekly Counseling <i>plus</i> AA or NA:	<b>44.1%</b>
Average Length of Sobriety of House Residents:	<b>15.2 Mos.</b>	Residents Expelled Because of Relapse:	<b>19.1%</b>
Average Length of Stay In An Oxford House:	<b>10.1 Mos.</b>	Average Number of Applicants For Each Vacant Bed:	<b>3.2</b>

\* Includes eleven children

### Oxford House World Services

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Silver Spring, Maryland 20910

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## Highlights for Washington

- Oxford House Recovery Beds: 1,257
- State Cost Per Recovery Bed: \$188 *per year* or \$0.51 *per day*
- Cost per week per resident: \$86.25
- Average cost per group per month for rent to landlord: \$2,192
- Average education level of residents: 12 .7 years
- Average length of current sobriety: 15.2 months
- Average 12-step meetings attended each week: 3.9
- Annual aggregate income of Washington Oxford House residents: \$18,236,556
- Washington Oxford House residents aggregate annual FICA [social security and Medicare] taxes paid: \$2,671,655
- Percentage of residents going through residential treatment 3 or more times before Oxford House residence: 64%
- Percentage of residents in jail prior to Oxford House residence: 78.9%
- Percentage of residents homeless prior to Oxford House residence: 68.3
- Percentage of residents staying clean and sober while residing in an Oxford House: 80.9%
- Percentage of residents going to weekly counseling in addition to 12-Step meetings: 44.1%

## Profile of Washington Oxford House Residents

### Age

The average age of Washington Oxford House residents in August/September 2005 was 36.8 years old. This is about the same as it was in 2002 and 1994. The following table shows the average age of Washington Oxford House residents for three different survey years – 1994, 2002 and 2005.

**Table 2**  
Average Age of Oxford House Residents in Washington

WA 05	WA 02	WA 94
36.8	37.7	36.4

There is a significant difference [P-value <.0001] between the average age of men 37.8 years and women 34.1 years among Washington Oxford House residents.

**Table 3**  
2005 Age Grouping of Washington Oxford House Residents

17-26	27-36	37-48	49-58	Over 59
21.4%	29.7	32.9%	13.9%	2.7%

### Resident Income and Expenses

The average expense for an individual to live in a Washington Oxford House is \$350 per month. That converts to approximately \$80 a week slightly less than the national average of \$87 per week.

Most residents are employed but the percentage of employment is less in Washington than in other states [92%] because newly recovering individuals are able to get a state stipend to pay for the first 45 days of living in an Oxford House. In the past this stipend was for a longer period of time.

**Table 4**  
Employment Among Washington Oxford House Residents

Employed?	2005	2002	1994
Yes	65%	59%	78%
No	35%	41%	22%

**Table 5**  
Average Monthly Income Among Washington House Residents

2005	2002	1994
\$1,209	\$1,221	\$1,082

The average monthly income among the approximately 10,000 residents nationwide is \$1,383 – a little more

than monthly income of Washington Oxford House residents. This is explained because nationally 92% of Oxford House residents are employed while only 65% of the Washington Oxford House residents in August/September 2005 reported current employment.

There is a difference in monthly average income between men and women. Men [N-397] earn an average of \$1,605 per month and women [N159] earn an average of \$976.

In Washington, the average amount each group pays to rent an individual house is about \$2,000 compared to a national average of \$1,287 per month per individual house. The availability of public assistance contributes to the lower employment percentage among Washington Oxford House residents. Intuitive Oxford House experience suggests that while public assistance is helpful for the newly recovering individual to be able to move into an Oxford House, it may discourage return or entry to the workforce.



**Oxford House-Phil Tarlton**  
8915 NE 58<sup>th</sup> Street  
Vancouver, Washington 98662  
8 Men; Established: 2006

### Education

The average educational level of the Washington Oxford House residents is 12.7 years with about 10 percent having a college degree. 19.5 percent of the residents have not graduated from high school and about 24 percent have some post high school education but not a college degree.

There is a slight difference between average educational attainment between men and women. Men [N 503] averaged 12.8 years of education and women N 205] averaged 12.3 years of education. The difference is not statistically significant. E.g. P- value <.0137

### Current Sobriety

The current sobriety of Washington Oxford House residents is 15.2 month. This finding is a little less than the average length of sobriety among residents of Oxford Houses throughout the nation. Based on a sample of 2290 residents from 15 states the weighted average length of sobriety in June 2004 was 17.8 months. The range of Oxford House resident current sobriety ran from 9.6 months for residents in Louisiana to 42.3 months for residents in the District of Columbia.

It should be observed that there is a correlation between the average length of current sobriety and the rate of expansion of Oxford Houses in any geographic area. When Oxford House first arrives in an area, all the houses are newly established houses with most of the residents newly recovering individuals. As a cluster or network of Oxford Houses ages, the average length of sobriety among the residents increases. Since there were forty-nine Oxford Houses added to the Washington network of Oxford Houses between 2003 and 2005 year, most of residents are not "oldtimers." The individuals with long-term sobriety provide stability to their respective houses and the network of houses as a whole and Washington state has a large group of "oldtimers". This open-ended residency policy not only recognizes that different individuals take different period of time to become comfortable in sobriety but also recognizes that continue residence in an Oxford House helps others by providing the operating knowledge and sobriety example important to motivate others to follow recovery without relapse. However, rapid expansion minimizes the effect that long term sobriety of "oldtimers" has on the average length of sobriety.

The following table compares length of sobriety in 2005 with prior Washington surveys.

**Table 6**  
Average Length of Current Sobriety

Year	2005	2002	1994
Months	15.2	18.2	13.2
Count	709	308	139

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

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

- (1) offering the patient a non-chemical substitute dependency for alcohol,
- (2) reminding him ritually that even one drink can lead to pain and relapse,
- (3) repairing the social and medical damage that he has experienced, and
- (4) restoring self-esteem.<sup>14</sup>

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

Disulfiram [Antabuse] and similar compounds that produce illness if alcohol is ingested are reminders not to drink, but they take away a cherished addiction without providing anything in return: they provide the second component but ignore the first. Prolonged hospitalization provides the first three components but ignores the fourth and eventually the first. Hospital patienthood destroys self-esteem, and when hospitalization ceases the patient loses his substitute dependency. Tranquilizing drugs provide the first component but ignore the other three. For example, providing the anxious alcoholic with tranquilizers will give temporary relief of anxiety but may also facilitate the chain of conditioned responses that lead to picking up a drink at the next point of crisis. Over the long term, providing alcoholics with pills only reinforces their illusion that relief of distress is pharmacological, not human.<sup>15</sup>

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."<sup>16</sup> 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

<sup>14</sup> George E. Vaillant, *The Natural History of Alcoholism Revisited*, Harvard University Press, Cambridge, 1995, p. 300.

<sup>15</sup> Id. 301.

<sup>16</sup> Id. 301.

outside authority or helper. As pointed out earlier in this evaluation self-efficacy in reaffirming the value of sobriety is higher among those in an Oxford House environment than for those leaving treatment and taking another path.<sup>17</sup>

The cost of addiction prior to living in an Oxford House is high and is shown in many ways. The following table showing marital status reflects one of the costs. Nearly half of Oxford House residents had been married but are now separated or divorced. Most of the residents had never been married but for those who had been married many believe that addiction was the primary reason they are no longer married. The August/September 2005 survey of Washington residents showed the following distribution of marital status among the residents.

**Table 7**  
Marital Status 2005 vs. 2002 and 1994

Marital Status	2005	2002	1994
Never Married	53.6%	43.9%	46.4%
Married	03.7%	3.8%	01.0%
Separated	07.9%	07.9%	08.7%
Divorced	32.3%	41.7%	42.8%
Widowed	02.6%	02.6%	01.5%

As shown above, the distribution of marital status among Washington Oxford House residents is about the same in 2005 as in 2002 and 1994. In both instances the data suggests that most individuals addicted to alcohol and/or drugs do not get married and those who marry tend to divorce or separate.

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

continue active addiction unless there is intervention followed by successful behavior modification.

### Status Prior to Intervention

Prior to the 1960s it was generally assumed that the alcoholic and/or drug addict would not change behavior until he or she “hit bottom.” Vernon E. Johnson, a minister in recovery himself, popularized the notion that by creating a crisis earlier in the addiction process could raise one’s “bottom”.<sup>18</sup> Today, the criminal justice system is often used to force intervention. The Washington Oxford Houses work closely with the Washington drug courts to enable drug court clients to improve their chance of recovery without relapse. Likewise arrest, conviction and jail time can force the alcoholic or drug addict to enter a recovery process. See Attachment A for a good description of the incarceration committee under the guidance of Tony Perkins. Washington Oxford House residents have a program that reaches out to the incarcerated to provide them with an opportunity to re-enter society with the protection of living in an Oxford House.

Among Oxford House residents in Washington in 2005 78.9 percent have served an average of about seventeen months total jail time. This is a little higher than it was in the 1997 and 2000 surveys but not significantly so.

**Table 8**  
Percent of Residents Who Served Jail Time

2005	2002	1994
79%	81%	75%

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

**Table 9**  
State Comparison of Jail Time Served

WA	HI	KS	DC	NC	NJ
79%	85%	78%	58%	77%	80%

Many residents have experienced homelessness during their addiction. The frequency and duration of homelessness is substantial. In the 2005 survey 68.3% of the Washington Oxford House residents had been homeless for an average duration of 8.9 months. The frequency of homelessness was an average of 4.3 times. Table 10 compares the percent homeless in 2005 with the 2002 and 1994 surveys.

<sup>17</sup> Op. Cit. Majer.

<sup>18</sup> Vernon E. Johnson, *I'll Quit Tomorrow*, Revised Edition, Harper-Collins, New York, 1990

**Table 10**  
Percentage of Homelessness Among Residents

2005	2002	1994
68.3%	70.9%	64.0%

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

Where one is living just prior to detoxification or treatment immediately preceding moving into an Oxford House confirms the severity of addiction. From the 2005 survey it shows that over 60 percent of the residents were living in a marginal housing situation prior to moving into an Oxford House. Table 11 shows the distribution of place of residence before Oxford House in 2005, 2002 and 1994.

**Table 11**  
Residence Just Before Oxford House

Place	2005	2002	1994
Owned House	12.6%	12.9%	9.6%
Rented House	15.4%	28.7%	17.0%
Apartment	25.0%	24.1%	34.0%
Rented Room	12.4%	09.2%	16.3%
Jail	7.1%	6.5%	3.0%
Mental Hospital	0.6%	1.0%	1.0%
VA Hospital	0.4%	02.4%	03.0%
Halfway House	2.1%	03.7%	03.7%
Homeless	24.5%	22.0%	12.6%

Notice in the table above that (1) there are more individuals coming directly from jail to Oxford Houses in the 2005 profile than in prior years, (2) homeless, halfway house and rented room categories are about the same, and (3) all survey years show a high percentage of residents come from marginal housing situations – homeless up through rented room on the table. Specifically, the percentages from marginal housing environments are: 47% in 2005; 45% in 2002 and 38% in 1994. Oxford House provides an effective alternative and the addicts with marginal living conditions find that the stability of an Oxford House contributes to recovery without relapse. When individuals successfully move out of an Oxford House, they move into an apartment, a rented house or in a few cases buy a house and become a homeowner.

#### Racial Composition of Residents

Our survey form lacks precision when it requests that residents identify their race. The 2000 United States Census breaks down racial composition for Washington as follows: White 81.8%; Black 3.2%; Asian 5.5%; 4%

Hawaiian, 1.6% American Indian and Other 7.5%. While those categories equal 100%, Census also indicates that 7.5% are of Hispanic origin, which overlaps with the other categories. The questionnaire breaks down racial categories as follows: White, Black, Hispanic, Oriental, Pacific Islander and other. Aside from not treating Hispanic as a secondary category to other racial categories, it provides a benchmark to determine the diversity of Oxford Houses in comparison to Census Data. The Washington Oxford House population is diverse.

**Table 12**  
Racial Breakdown of Washington Residents

Race	2005	2002	1994
White	88.7%	85.4%	85.0%
Black	03.2%	09.0%	09.0%
Asian	00.4%	-	-
Other	05.1%	06.3%	05.0%
Hispanic	03.2%	02.5%	01.0%

#### Prior Treatment History

Alcoholism and drug addiction are chronic diseases for which the only effective treatment is total abstinence. Unfortunately, most individuals who go through detoxification and either outpatient or inpatient treatment fail to stay clean and sober. Dr. George E. Vaillant after studying prospectively the Harvard Medical School's Study of Adult Development, that followed 660 men from 1940 through 1980, found that behavior change takes time, peer support and discipline.<sup>19</sup>

After analyzing data from his lifelong sample, Vaillant writes:

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

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

<sup>19</sup> George E. Vaillant, *The Natural History of Alcoholism*, Harvard University Press, Cambridge, MA 1983. See footnote 12 for a subsequent book written by Vaillant [1995] that followed-up on this initial evaluation.

<sup>20</sup> Id. P. 314

**Table 13**  
**Prior Treatment Record of Oxford House™ Residents**  
**(Percentage)**

Number of Sobriety Tries Residential Treatment	WA	HI	KS	DC	NC	NJ
One	23.3	35.0	22.8	21.1	17.8	13.9
Two	22.2	25.0	25.0	23.9	22.8	22.2
Three to Five	24.1	32.5	33.7	30.9	38.0	31.3
Six to Ten	17.8	01.3	11.9	18.3	14.3	20.1
More than 10	12.6	06.3	06.5	05.6	07.0	12.5

More than 53 percent of the Washington Oxford House residents had been through residential treatment three times or more before moving into an Oxford House. This is not surprising and is consistent with Vaillant's findings that 'the quality of eventual social adjustment of the recovering individual cannot be reliably assessed during the first two years of abstinence.'<sup>21</sup>

Of course, Dr. Vaillant did not have the advantage of being able to study an Oxford House population. The Oxford House population has the advantage of living in a recovery home for as long as it takes for the healing process to assure long-term abstinence and social adjustment to comfortable sobriety.

### Recovery Prospects

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

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

The tradition of *suggesting*, not mandating, attendance at AA or NA meetings has paid off. Throughout the national network of Oxford House residents go to more than twice as many 12-Step meetings a week than do other 12-Step meeting attendees.<sup>22</sup> Washington Oxford House residents in the 2005 survey reported attending an average of 3.9 meetings a week. This meeting-going habit not only shows seriousness of the individuals in recovery without relapse but also augers well for living a clean and sober life when they move out of an Oxford House.

<sup>21</sup> Id. P. 313

<sup>22</sup> Every other year AA takes a survey of meeting attendees and the results show that the average AA member attends two meetings a week. Alcoholics Anonymous, GSO, NY, NY

Table 14 compares the meeting-going pattern of Washington Oxford House residents with five other jurisdictions.

**Table 14**  
**12-Step Meeting Attendance**

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

Moreover, many of the Washington Oxford House residents attend weekly counseling sessions in addition to AA or NA. The August/September 2005 survey showed that 44 percent of the residents attended weekly counseling. Combined 12 Step meetings, counseling and the disciplined living environment explain why current sobriety among the residents was 15.2 months – well over the two-year mark where Vaillant felt comfortable in predicting future sobriety without relapse. Sobriety for a recovering alcoholic and/or drug addict becomes a learned behavior that becomes stronger the longer it is practiced. Living in an Oxford House the individual is able to take the time necessary to become comfortable enough in sobriety to avoid relapse or recidivism.

### Resident Perceptions of Oxford House

The 2005 survey asks several questions designed to measure how residents themselves view Oxford House living as a tool for recovery without relapse.

Specifically, residents are asked how important they feel living in an Oxford House is to their own sobriety [Q.16] and whether they would recommend living in an Oxford House to an individual in early recovery [Q.17]. Tables 15 and 16 show the responses of Washington residents and those in comparative jurisdictions.

**Table 15**  
**Importance of Oxford House Living to Sobriety**

Importance	WA	HI	KS	DC	NC	NJ
Somewhat	2.5%	7.2%	1.0%	8.2%	3.2%	4.3%
Moderately	5.9%	2.4%	7.3%	6.8%	3.4%	4.7%
Very	88.6%	83.2%	89.6%	82.2%	91.8%	87.3%
Insignificant	1.4%	3.6%	1.0%	1.4%	0.2%	0.7%
Not Sure	1.1%	3.6%	1.0%	1.4%	1.4%	3.4%

**Table 16**  
**Would You Recommend Oxford House Living to an Individual in Early Recovery?**

State	WA	HI	KS	DC	NC	NJ
Yes	99.7%	92%	99%	99%	93%	96%
No	00.3%	08%	01%	01%	07%	04%

That Oxford House living is producing long-term sobriety cannot be doubted. The *average* length of current sobriety among the Washington Oxford House residents is 15.2 months. Over half – 60% – of the residents have more than six months sobriety and 14% two or more years of sobriety. There is a saying among Oxford House residents that sobriety is habit forming. For most that saying becomes a reality. Fewer than 20% of the residents who move into an Oxford House in Washington are expelled. They stay clean and sober as the average current sobriety of more than 15 months shows.

□□□

### Prospects for the Future

Washington has the most Oxford Houses of any state and a very strong state association and chapter system. The structure of OHI encourages individuals residing in an Oxford House or moving out of an Oxford House clean and sober to continue involvement in expanding and strengthening the network of houses. From within the Oxford House “family” in Washington a number of innovative and valuable initiatives have sprung up to reach more recovering individuals. Specifically, continued expansion, improved coordination with treatment providers and drug courts and initiatives to reach those in recovery re-entering society following incarceration set a model for other states to follow and promise even greater opportunity for individuals in Washington to successfully recover from alcoholism and drug addiction.

### Continued Expansion

#### *Outreach Workers*

From the standpoint of OHI, the goal is to establish enough Oxford Houses so that all recovering individuals who want to live in an Oxford House can. Matching supply with demand is obviously an on-going process. Key to that process is to have trained outreach workers to find suitable houses to rent, find suitable residents and teach them the Oxford House system of disciplined democratic operation and financial self-support. However, the volunteer efforts by dozens of successful Oxford House residents and alumni are essential to achievement of that goal. Washington has demonstrated

both the high level of volunteer effort and the utilization of trained outreach workers.

The many tasks the outreach worker and trained volunteer perform are listed below.

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

The team of Gino, Judy, Frances and Blake seems to be working well. The addition of Blake provides a real opportunity to strengthen the program in the eastern part of the state that heretofore has had the fewest houses. Their success is in large part because of the active involvement of house members, chapters, the state association and dedicated alumni.

#### *Transportation Expenses*

The only weakness in the existing outreach program relates to covering the cost for transportation. The existing contract in effect caps transportation costs at \$680 a month for each of the four outreach workers. In fact the cost for transportation for each worker averages nearly \$1,400 a month. Somehow this gap must be closed and perhaps the correctional system – which benefits from the statewide network of Oxford Houses – can be persuaded to contribute to the overall outreach worker costs.

It should also be recognized that the OHI allowance to outreach workers of only \$.34 per mile for automobile work-related travel is low in view of the current price for gasoline.

#### *Start-up Loans*

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

We suggest that, where it is necessary for renting a new house, a group could obtain a start-up loan of \$6,000 repayable at \$170 per month for 36 months. This would result in a payback of \$6,120 into the revolving loan fund. The fund does not charge interest and payback of the traditional \$4,000 loan consists of 23 monthly payments of \$170 and a final payment of \$90 – or a total that is exactly the same as the amount borrowed. The larger loan of \$6,000 would require a payback of slightly more than the amount loaned – \$120 or less than 1% over the three year period. This two-track approach would provide greater flexibility without creating a great burden on the group establishing the new house.

#### *Workshops and Training Conference*

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

The Oxford House annual convention is a place where residents and alumni from houses throughout the country get together to learn more about recovery, Oxford House operations and the ways to expand the number of houses to better serve other recovering individuals. Now in its eighth year the national convention is a hardworking four-day workshop to learn more about recovery without relapse in general and Oxford House living in particular.

A contract between OHI and the state should provide some subsidy to make certain that a core group of Washington Oxford House residents are able to learn best practices and bring them home to those unable to attend the national convention – even though residents and alumni have done yeoman work in raising funds to have good representation at key conferences. Knowledge transfer and contacts among residents from other states can help keep houses on track and provide motivation to expand the existing network of houses.

#### *Zoning and Legal Questions*

The not-in-my-backyard –NIMBY– problem has not been absent in Washington but Oxford House, Inc. has dealt with it professionally and effectively over the years. Periodically residents also bring matters before the Washington Human Rights Commission. While these matters sometimes reflect a lack of understanding about the way Oxford Houses operate, OHI has so far successfully explained to the Commission the disciplined system of operation focused on recovery.

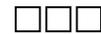
Since 1995, when the U.S. Supreme Court decided *City of Edmonds, WA vs. Oxford House, Inc.* 514 U. S. 725 (1995), most jurisdictions quickly conform to the requires of the Federal Fair Housing Act. We anticipate this will continue to be the case in Washington. Oxford House, Inc. stands ready to defend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

#### *Organizing Alumni*

The alumni of Washington Oxford Houses continue to grow and the state association is working with existing house residents to help organize the alumni. They can be even a more valuable resource for future growth .

#### **Conclusion**

The long-standing partnership between Washington and Oxford House, Inc. has resulted in a strong network of 156 Oxford Houses. The newly recovering individual can have an opportunity to stay clean and sober without relapse if he or she can find space in an Oxford House. Both DASA and OHI have come a long way since the first few houses were established in 1989 and 1990. However, we still have a long way to go.



**Oxford House-Canyon Park**  
22919 41<sup>st</sup> Ave SE  
Bothell, WA 98021  
Established: 2002; 12 Men

**Washington Network of Oxford Houses Fall 2005  
Self-Administered Questionnaire**

This is a self-administered Confidential set of questions approved by Oxford House, Inc.. Please do not sign your name or identify yourself on this questionnaire.

**Please check or answer only ONE response for each question.**

1. What is your current age? \_\_\_\_\_ years.    2.. Sex    Male    Female
3. Are you presently employed?  Yes  No    4. Ever served in Military Service?  Yes  No
5. Race ?    White    Black    Hispanic    Oriental    Native American    Pacific Islander    Other \_\_\_\_\_
6. What is your marital status?  Never Married    Married    Separated    Divorced    Widowed
7. What is your current gross (before taxes & insurance are taken out) monthly income? \$ \_\_\_\_\_.
8. How many years of school have you completed? \_\_\_\_\_.
9. How many times have you tried to get sober or straight counting this time? \_\_\_\_\_.
10. How long have you been sober or straight this time? *Indicate number of days, weeks, months or years .* \_\_\_\_\_

Name of last Treatment Facility \_\_\_\_\_

11. How many times have you ever been in detox without continuing an outpatient or residential treatment program? \_\_\_\_\_
12. How many times have you been in a residential treatment program ? \_\_\_\_\_
13. How many times have you ever been arrested while intoxicated? \_\_\_\_\_ How much total time have you spent in jail? \_\_\_\_\_ Longest period in jail? \_\_\_\_\_ (days or months or years)
14. Have you ever been homeless?    Yes    No  
*If "yes," indicate how many times? \_\_\_\_\_ times.   If yes, longest period of time was \_\_\_\_\_?*
15. Where did you last live (other than a residential treatment facility) before coming to Oxford House?  
 apartment;    owned house;    rented house;    rented room/ SRO hotel;    jail;    mental hospital;    VA hospital;    half-way house;    homeless
16. How important has Oxford House been to your sobriety?  somewhat important    moderately important  
 very important    insignificant    not really sure
17. Would you recommend Oxford House to other alcoholics or drug addicts in early recovery?  
 Yes    No    Uncertain
18. Approximately how many AA or NA meetings do you attend each week?  
\_\_\_\_\_ AA meetings; \_\_\_\_\_ NA meetings
19. Do you now go to counseling in addition to AA or NA ?    Yes    No
20. In general how would you rate your health?  very good;    pretty good;    not so good    quite poor
21. Name of Oxford House you now live in. \_\_\_\_\_
22. What month and year did you move into Oxford House? \_\_\_\_\_

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

# Oxford House™

1975-2006

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

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

Write or Call

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