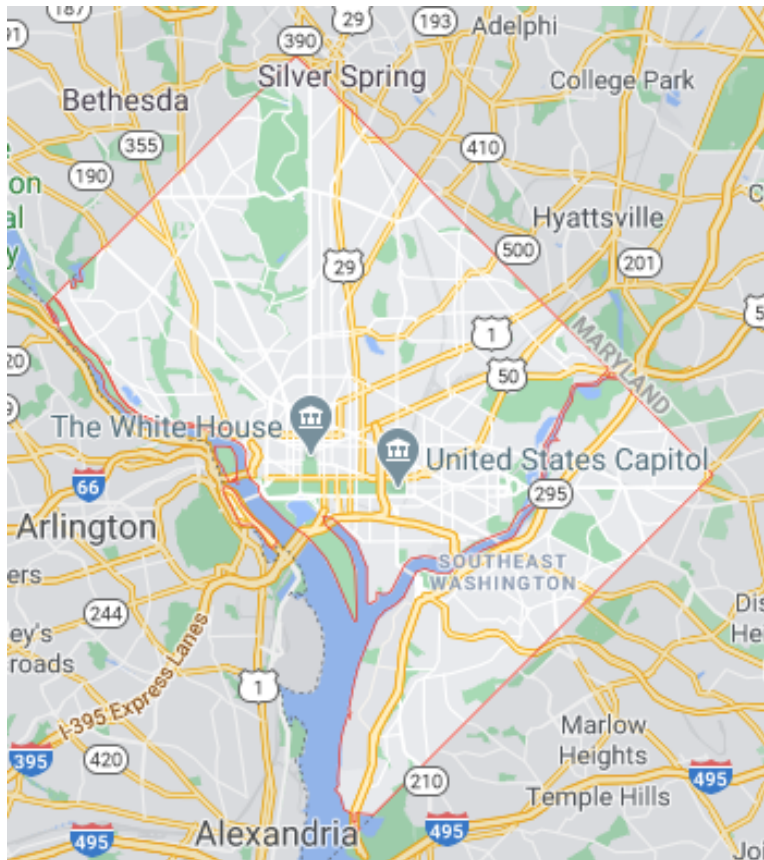


Oxford House Profile Series – 2020

District of Columbia Network of Oxford Houses



October 2020

Oxford House, Inc.
1010 Wayne Avenue, Suite 300
Silver Spring, Maryland 20910

Telephone: 301.587.2916
Website: www.oxfordhouse.org

About Oxford House, Inc. [OHI]

OHI is the Delaware nonprofit, 501(c)(3) corporation that serves as the umbrella organization of the worldwide network of more than 2,900 individual Oxford Houses. Its central office is at 1010 Wayne Avenue, Suite 300, 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, drug addiction or co-occurring mental illness. They also learned that Oxford House™ provided the living environment that could help them become comfortable enough with recovery behavior to stay clean and sober without relapse.

The Oxford House Manual® is the basic blueprint that provides the organization and structure that permit groups of recovering individuals to successfully live together in a supportive environment. All Oxford Houses are rented ordinary single-family houses in good neighborhoods. There are Oxford Houses for men and Oxford Houses for women but there are no co-ed houses. The average number of residents per house is about 8 with a range per house of 6 to 16.

Oxford Houses work because they have no time limit on how long a resident can live in an Oxford House™ and because they all adhere to the charter conditions that require that [1] the group must be democratically self-run following the policies and procedures of the Oxford House Manual®; [2] the group must be financially self-supporting; and [3] the group must immediately expel any resident who returns to using alcohol or illicit drugs.

Oxford House™ charters are provided free to groups of 6 or more recovering individuals of the same gender starting an Oxford House™. Oxford Houses provide the time, peer support and structured living environment necessary for long-term behavior change to take hold.

The first Oxford House in the District of Columbia started in 1976 and the oldest Oxford House in the nation – Oxford House-Garrison – is now 40 years old. Today, there are 35 Oxford Houses in DC with 294 beds. This report is a profile of the D.C. network of Oxford Houses based on a survey of residents in August 2020.

Oxford House™ was the only recovery-housing program listed on the 2011 federal National Registry of Evidence-based Programs and Practices [NREPP]. Oxford House™ was also singled out in the 2016 Surgeon General's Report "Facing Addiction in America." Moreover, more than 200 DePaul University studies since 1992 have confirmed the value of Oxford House™ in fostering long-term recovery.

Silver Spring, Maryland
October 20, 2020

BOARD MEMBERS

Jerry Conlon, Chairman
Former Executive, CNW Railway
Park Ridge, IL 60068

William C. Paley*
William C. Paley Foundation
Washington, DC 20036

Stuart Gitlow, M.D.
Former President ASAM
Woonsocket, RI 02895

Judy O'Hara
Attorney, District of Columbia
Washington, DC 20036

Col. Kenneth Hoffman, M.D.
Retired US Army
Rockville, MD 20850

J. Paul Molloy*
Chief Executive Officer
Silver Spring, MD 20910

James McClain*
Retired, United States Postal Service
Temple Hills, MD 20748

Thomas O'Hara
Former Executive, Prudential Securities
McLean VA 22102

Janice E. Jordan
Retired,
Commonwealth of Virginia BHDS
Glen Allen, VA 23060

Robert L. DuPont, M.D.
President
Institute for Behavior and Health
Rockville, MD 20852

William Newman
Attorney, District of Columbia
Washington, DC 20005

Stephanie Curry*
World Council Chairperson
Grandview, MO 64030

J. Paul Molloy*, CEO
Kathleen Gibson*, COO
Leann Tyler* Director of Finance

*Alumnus

The District of Columbia Oxford House Survey

In August 2020, 208 DC Oxford House residents out of a universe of 258 residents [80.6%] completed a detailed survey describing them and their recovery progress. The survey questions have been asked of Oxford House residents since 1988. The surveys provide an indication of who is being served by Oxford House™ and how Oxford House living is fueling their road to long-term recovery.

This report presents the results of the survey and describes how Oxford Houses fit into the continuum of care that many professionals believe is essential for long-term recovery from alcoholism, drug addiction and co-occurring mental illness. In 2011, Oxford House™ was listed as a best practice on the federal government’s National Registry of Evidence-based Program and Practices [NREPP] maintained by SAMHSA. In 2016, the then-Surgeon General, in his report, “Facing Addiction”, singled out Oxford House™ as a model for recovery homes. The current Surgeon General reiterated that conclusion when he spoke at the 2019 Oxford House World Convention in Washington, DC.¹

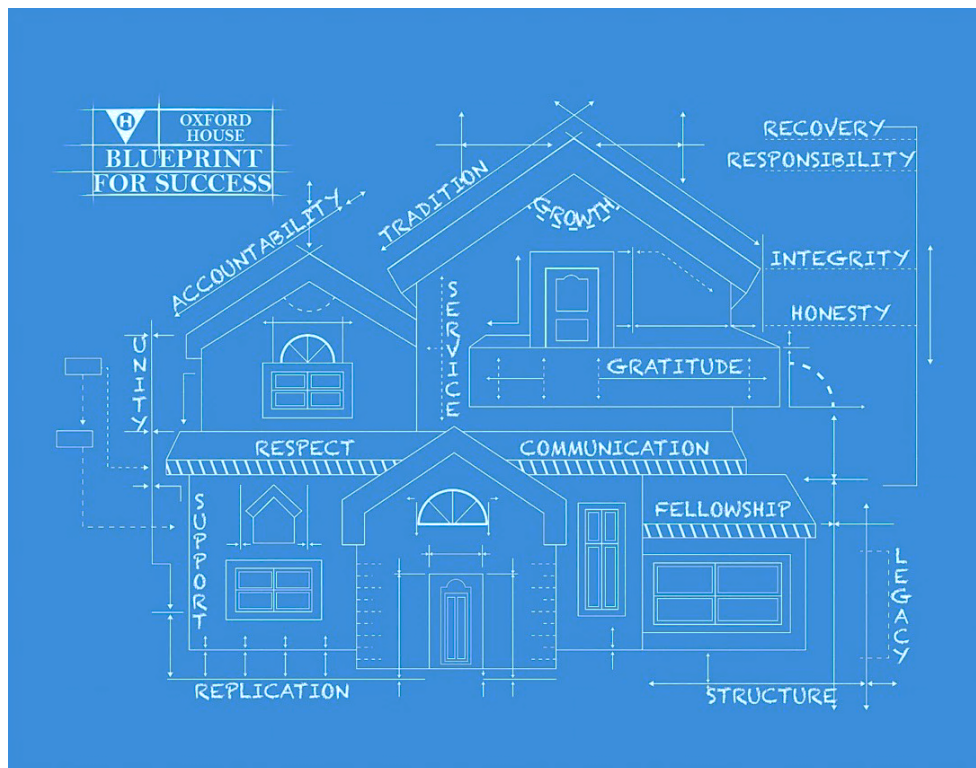
Part 1 – Profile of the Current District of Columbia Oxford House Population

Part 2 – How Oxford Houses Work

Part 3 – Research and Oxford House

Part 4 – Directory of D.C. Oxford Houses

Oxford House Blueprint for Success



¹ Videos of the convention are available on the Oxford House website at www.oxfordhouse.org.

2020 District of Columbia Oxford House Survey Results

The table presents the results of a confidential survey given to all the residents living in D.C. Oxford Houses in August 2020. The survey response rate is 80.6% (208 of 258). Data marked with an asterisk is maintained by Oxford House, Inc. – the national umbrella organization and covers FY 2020 [July 1, 2019 – June 30, 2020].

Total Number of Oxford House residents who completed the survey: [80.6% of residents]	208	Average Age of residents: (Range 22 – 78: Median 55)	52.9 Years
Number of Men in survey:	174	Number of Women in survey:	34
Average Weekly Cost Per Person for household expenses [Range \$125 to \$200]	\$142	Rent Per Group Per Month Average: (Range \$2,050-\$6,000 per month)	\$3,294
Percent Military Veterans:	8.2%	Average Years of Education: (Median 12; 79.4% HS graduates; 20.6 Non-HS graduate; 17.1% College graduate)	12.4 Yrs.
Residents Employed 8/15/2020:	52.4%	Average Monthly Earnings: [Median \$1,500]	\$2,327
Addicted to only Alcohol:	27%	Addicted to Alcohol and other Drugs: (Opioids 65.1%; MAT 44.1%)	73%
Race–		Marital Status –	
White	19.7%	Never Married	63.0%
Black	75.0%	Separated	7.2%
Native American	.5%	Divorced	25.0%
Hispanic	3.4%	Married	3.4%
Other	1.4%	Widowed	1.4%
Prior Homelessness:	78.3%	Median Time Homeless: [Median Times 2]	6.0 Mos.
Prior Jail:	85.5%	Average Jail Time: Median Jail Time:	20 Mos. 6 Mos.
Percent going to AA or NA	98%	Average Number AA or NA Meetings Attended Per Week:	4
Percent Going To Counseling <i>in addition to</i> AA or NA (weekly):	27.9%	Average Length of Sobriety of House Residents:	45 Mos.
*Residents Expelled During FY 2020 Because of Relapse:	12.8%	*Average Number of Applicants For Each Vacant Bed:	4+
*Average Stay In An Oxford House:	19 Mos	*New Houses started in FY 2020 to date (one started October 1, 2020)	4

Number of District of Columbia Oxford Houses and Beds as of September 20, 2020

*Number of Men’s Houses:	30	Number of Men’s Recovery Beds:	252
*Number of Women’s Houses:	5	Number of Women’s Beds:	42
*Total Number of DC Oxford Houses:	35	Total Number of Beds:	294

Background

In 1976 the first Oxford House, which had started in October 1975, expanded by renting another house in Washington, DC. That house was at Fessenden Street in Northwest Washington. The lease was only for one year but, by the time the lease expired, two more houses had been started in the District. Within ten years, there were eight houses in the Nation's Capital, and they formed the foundation for what has now become a national network of nearly 3,000 individual Oxford Houses. Oxford House, Inc. (OHI) was formed as the umbrella nonprofit for all individual Oxford Houses.



Oxford House - Garrison
4312 Garrison Street NW
Washington, DC 20016
8 M • Established March 1, 1980

Oxford House – Garrison in Friendship Heights (pictured at left) has been in continuous operation for more than 40 years. Just off Wisconsin Avenue, NW it provides home to 8 men. Since it began in March 1, 1980, it has served more than 682 men recovering from addiction. The enactment of the 1988 Anti-Drug Abuse Act encouraged all states to follow the Oxford House model. Several residents of Oxford House–Garrison have worked for OHI to carry out development of more Oxford Houses.

A development contract with OHI is an important factor in facilitating development and expansion of a network of self-run, self-supported Oxford Houses. It provides: [1] the

availability of trained and supervised outreach personnel to teach individuals and the local recovery community about the Oxford House concept and system of operation and [2] administration of start-up loans from a revolving loan fund. The box at the right enumerates the skills of each OHI outreach worker key to development of statewide networks of self-run, self-support Oxford Recovery Houses.

In the District of Columbia, a development contract between OHI and the District helps keep the DC network of 35 Oxford Houses on track and continues to expand the number of Oxford Houses to meet the need for long term recovery from addiction without relapse.

This report highlights the thirty Oxford Houses for men and the five Oxford Houses for women in the District of Columbia. A year ago, September, – before the pandemic – more than 2,000 Oxford House residents attended the annual convention at the Renaissance Hotel in Washington. This year's convention was cancelled but next year the annual world convention will return to the DC area. The Washington DC Oxford House residents are proud to host folks to celebrate that the Oxford House movement began 45 years ago in the District of Columbia and nearby Maryland.

The outreach worker is trained by Oxford House Inc. for the following tasks:

- ◆ Finding a suitable house to rent
- ◆ Getting a charter from OHI
- ◆ Getting an FEIN number from IRS
- ◆ Recruiting initial residents
- ◆ Teaching residents how to operate house
- ◆ Building mutually supportive chapters
- ◆ Balancing supply of houses to demand
- ◆ Developing linkages to providers
- ◆ Developing employment linkages
- ◆ Documenting success/failure



Oxford House - Joseph Smith
4609 Benning Road, SE
Washington, DC 20019
10 M • Established October 1, 2005



Oxford House - Kalorama
1318 Delafield Place NW
Washington, DC 20011
9 M • Established May 1, 1986



Oxford House - Nineteenth Street
1238 Harvard St NW
Washington, DC 20009
10 M • March 1, 1982



Oxford House - Ro Jones
47 Hamilton Street NW
Washington, DC 20011
8 W • Established November 1, 2019

The Oxford Houses pictured above are all ordinary single-family houses that are being used to provide groups of individuals recovering from addiction the opportunity to gain the peer recovery support they need to become comfortable enough in recovery to avoid relapse. Each home started with a ‘conditional’ charter granted by OHI and all four completed the requirements needed to be granted a ‘permanent’ charter.

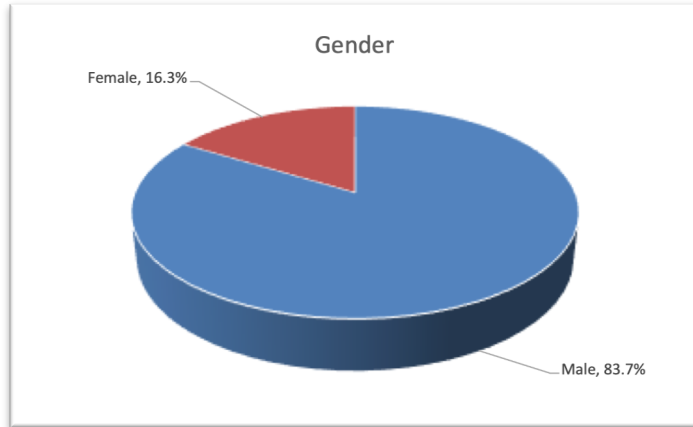
Both charter versions have the same three requirements: (1) the group must be democratically self-run following the Oxford House system of operations, (2) the group must be financially self-supporting, and (3) the group must agree to immediately expel any resident who returns to drinking alcohol or using illicit drugs.

The transition between a conditional charter and a permanent charter is used for the residents of a new Oxford House to demonstrate that they understand the egalitarian, uniform system of responsible democratic operation and financial self-support.

Part 1 – Profile of the Current District of Columbia Oxford House Population

This section discusses the results of the August 2020 survey. All the DC Oxford Houses existing in August participated and the resident participation rate was a very good 80.6%.

Gender

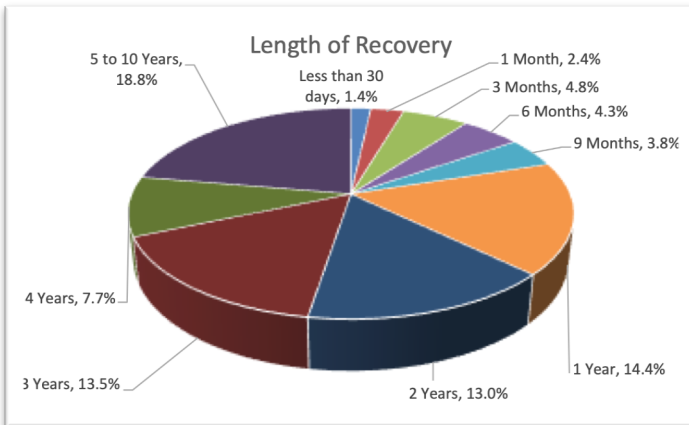


When the residents were surveyed in August 2020, 208 of the then 258 [80.6%] of the DC Oxford House residents completed the survey. All the existing houses participated and 84% of the participants were men and 16% were women. As of October 2020, there are 5 women’s Oxford Houses in the District and 30 men’s houses for a total network of 35 Oxford Houses in DC.

The Oxford House bed space in the District of Columbia is 252 for men and 42 for women [total beds 294]. Of the 5 Oxford Houses for women and 30 houses for men, none yet take children, which is not true of other jurisdictions. During FY 2020 [July 1, 2019 – June 30, 2020], the DC network of Oxford Houses served 478 individuals.

Distribution of Recovery Within Houses

Within each Oxford House, there are differences in lengths of residents’ sobriety. Partly



because there is no time limit on residency within an Oxford House, individuals are able to stay as long as they want provided they do not drink alcohol or use illicit drugs. This factor contributes greatly to the overall success rate of Oxford House living because every individual is different. Some adapt to the behavior change needed for long-term recovery quickly; others take years to become comfortable enough in behavior needed to assure long-term recovery.

Two-thirds of the residents in the DC network of Oxford Houses have a year or more of recovery. The primary reason for this is that DC Oxford Houses have been around for a long time and there is no residency time limit for living in an Oxford House. Nearly 20% of the residents have more than 5 years of continuous recovery. Over half the residents have more than 2 years of recovery but about 20% have less than one year of recovery. The various lengths of recovery time allow “new-comers” to learn the value of long-term recovery from the “old-timers” in recovery. They also learn that their own stay in Oxford House does not have to be limited.

Treatment History

The federal government maintains the Treatment Episode Data Set [TEDS], which identifies the prior treatment characteristics for the one in seven individuals who actually gets treatment.² The TEDS data shows that the average prior treatment episodes for those in treatment is a little more than three previous treatment episodes. A remarkable 15% of those in treatment have been in treatment previously five times or more and fewer than 25% for the first time.

The prior treatment episodes for the Oxford House population also shows repeated times in formal treatment usually followed by relapse. As a matter of fact, many professionals in the field proclaim that relapse is part of the disease. Oxford House™ from its beginning has emphasized that relapse does not have to be the norm and all of its emphasis is on recovery without relapse. The table below shows the number of prior formal treatment tries for Oxford House residents in the District of Columbia and in selected other states.

Table 1
Percent of Prior Treatment Tries

No. of Sobriety Tries in Formal Treatment	VA	OK	TX	NC	WV	IN	CO	AZ	DC
One	16.1	25.6	23.9	18.2	22.3	18.9	15.5	15.3	21.1
Two	24.2	23.5	18.8	20.0	18.9	24.8	26.4	24.5	27.3
Three to Five	41.9	27.4	31.9	44.1	27.7	49.7	43.2	34.1	26.0
Six to Ten	12.9	16.7	13.8	10.9	16.8	4.6	10.1	18.0	23.5
More than Ten	04.8	6.8	11.6	06.3	14.3	2.0	4.8	8.1	2.1

Even though 12.8% of the individuals living in DC Oxford Houses during FY 2020 were asked to leave because of relapse, the majority of residents were not expelled for using alcohol or illicit drugs³. Oxford House does not track individuals after they stop living in an Oxford House, but studies suggest that the system of operations and the open-ended residency policy enables the development of long-term recovery. A National Institute of Drug Abuse [NIDA] - financed study by DePaul University [Grant # DA 13231] followed 897 residents living in 219 Oxford Houses across the county for 27 months. The DePaul researchers found that only 13% returned to using alcohol or illicit drugs.⁴ The DePaul study took place in 2007 – a number of years before the current opioid epidemic.

While 24.0% of the surveyed DC Oxford House residents abused opioids, not all are using medically assisted treatment [MAT]. As a matter of fact, only 12.7% are in medically assisted treatment. For most of those, the medicine is buprenorphine although a couple are on methadone. In a recent article in *ALCOHOLISM TREATMENT QUARTERLY*, John Majer, PhD, Leonard Jason, PhD and others found that “Oxford Houses provide valuable social support that helps persons utilizing MATs in their recovery.”⁵

² There are about 25 million alcoholics, drug addicts and those with co-occurring mental illness. Of that number, fewer than 1.7 million get formal treatment each year. TEDS data includes information from the annual pool of those in treatment.

³ During FY 2020 (July 1, 2019 through June 30, 2020) 478 individuals lived in DC Oxford Houses. Of those individuals, 61 individuals were expelled because of relapse (12.8%).

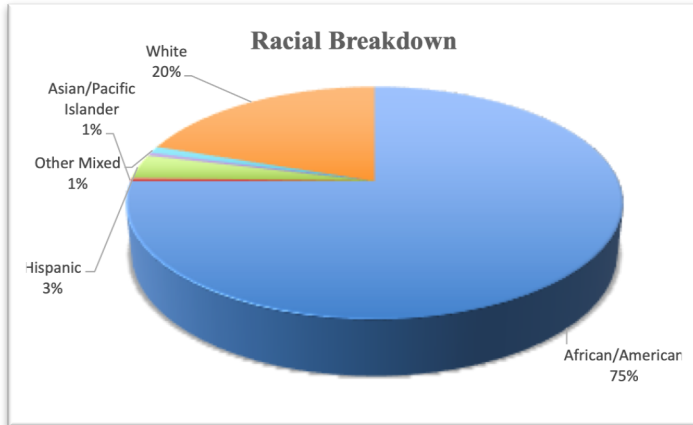
⁴ Addictive Behaviors 32 (2007) 803-818

⁵ ALCOHOLISM TREATMENT QUARTERLY, 2020, VOL. 38, NO. 2, 199–214
<https://doi.org/10.1080/07347324.2019.1678445>

Because prior opioid users are in the Oxford House population, each Oxford House group teaches its residents about the use of Narcan. The survey did not inquire as to whether or not opioid overdoses had occurred to residents during the past year. However, Oxford House outreach personnel train house residents to have and be able to use Narcan.

Racial Diversity

The egalitarian nature of alcoholism and drug addiction cuts across all racial and ethnic groups of individuals. The graph at left reflects the diversity of the District of Columbia Oxford House population.

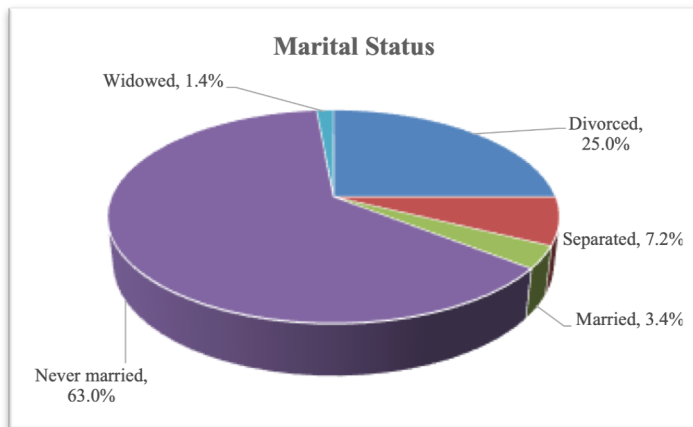


Whites are a little under-represented (20% v. 46%) and Blacks are a little over-represented (75% v. 46%). Hispanics are also under-represented (3.4% v. 11.3%). Because of the egalitarian nature of addiction, over time, the diversity of those in DC Oxford Houses will parallel data making up the US Census count because addiction seems to be

egalitarian. The development of additional Oxford Houses in DC is needed to afford equal opportunity to all in recovery in the District.

Marital Status

Well over half of the residents in DC Oxford House residents [63%] have never been married. Moreover, addiction wreaks havoc with relationships and over thirty percent who had been



married are divorced or separated by the time they arrive at an Oxford House. The graph at the left illustrates the distribution of marital status among the residents in the DC network of Oxford Houses. This finding tracks the marital status of residents in the national network of Oxford Houses. The never married percentage is similar to the national percentage of those never married, which is about 59%. It may be that the onset of addiction at a relatively

young age contributes to not getting married or it may be that there is no relationship. Census data shows less than one-third of the population – both male and female has ever been married.

Age of Residents

The average age of residents in DC Oxford Houses is 52.9 or nearly 15 years older than the national average age of 38.1. The ages range from 22 to 78. The median age is 55, which is about 15 years older than the national median age. There seem to be two reasons for the older average and median ages: [1] most of the Oxford Houses have been around for a long time and [2] there are more “old-timers” in the DC network of Oxford Houses than there are in the

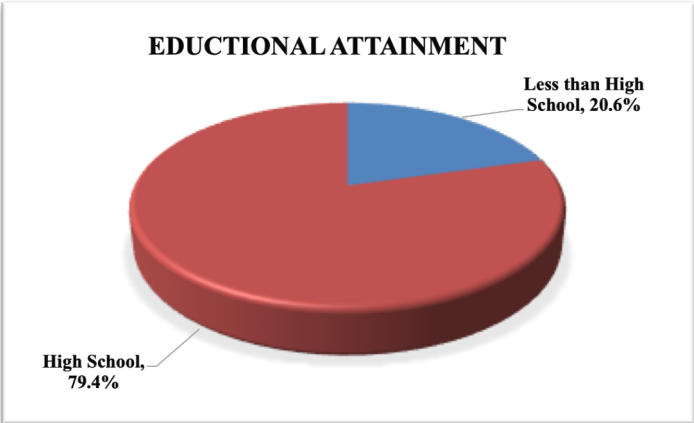
national network of Oxford Houses. This is to be expected because Oxford Houses started in the DC area.

DC Oxford Houses have a lower percentage of veterans [8.2%] than do networks of Houses nationally [13%]. In the early years (1975-1990), the DC Oxford Houses had a higher percentage of veterans because treatment for addiction was more prevalent in the local VA hospital. Now much of the addiction treatment for veterans is held elsewhere. Nevertheless, the local houses should reach out to make presentations at the VA Hospital.

Education

The diversity of the Oxford House population is also demonstrated by the variation in educational attainment among the residents. The highest level of formal education among the District of Columbia Oxford House residents ranges from the 4th grade to college graduation.

The range of educational attainment level among residents serves as a reminder of the



egalitarian nature of alcoholism, drug addiction and co-occurring mental illness. Median educational attainment level is 12 years, but the average attainment level is 12.4 years. About 23% of the residents have not graduated from high school, which suggests that the District and OHI should encourage these residents to use some of the time living in an Oxford House to get a GED. Also 17.2% have a four-year college degree and 38.3% have had some

education beyond high school. Oxford House often provides an opportunity for an individual to resume college courses because of the supportive and low-cost living environment.

In the District and some other jurisdictions, community colleges and universities welcome Oxford House residents and the residents take advantage of their open-ended residency in an Oxford House to gain further education. When the Covid-19 pandemic passes, OHI will reach out to community colleges and universities in the DC to share how some schools are using Oxford Houses to support recovery among students.

Employment

The survey of residents took place in August 2020. The national shutdown because of the pandemic had become well entrenched. Only 52.4% of respondents were employed in part because a significant number are receiving retirement benefits and the pandemic has caused some to be unemployed. The average monthly income – from both employment and other sources – was \$2,327 quite a bit more than the June 2019 national average of \$1,695. The median income is \$1,500.

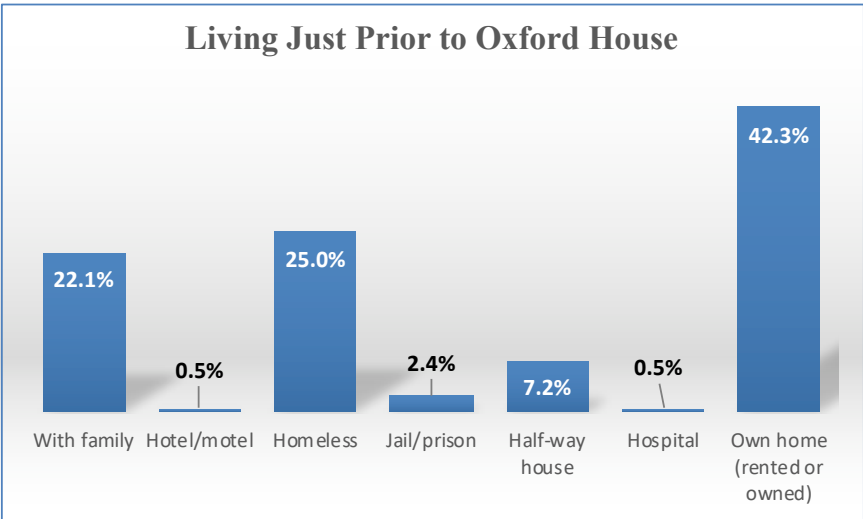
Since the equal expense share cost of living in an Oxford House averages \$142 per week [range \$125-\$200] in the District, the income per person is more than adequate. The equal expense share covers all household expenses except for a resident’s food. The largest household expense

is the rent the group pays the landlord, which in the District averages \$3,294 a month with a range from \$2,050 to \$6,000 a month.

Employment is the primary way that residents are able to pay their equal share of household expenses necessary for each Oxford House to operate. A few have income from retirement or some other source, but most do not. The equal share of household expenses not only pays the landlord and other expenses but some of the money paid the landlord returns to the state or local government through property taxes. More significantly all the employed contribute substantial amounts to the federal government as a result of FICA payroll taxes. The FICA tax is 14.65% of wages [employee plus employer share]. The combined FICA taxes generated by employment of District Oxford House residents will be a minimum of \$1,202,714 for FY 2021 based on the current average salary and existing number of beds.⁶ This is a considerable amount under any circumstances but particularly compared to where these recovering individuals were living and not working prior to Oxford House.

Prior Living Situation

Almost all residents of Oxford House are enjoying a significant improvement in living arrangements over what they had before moving into an Oxford House.



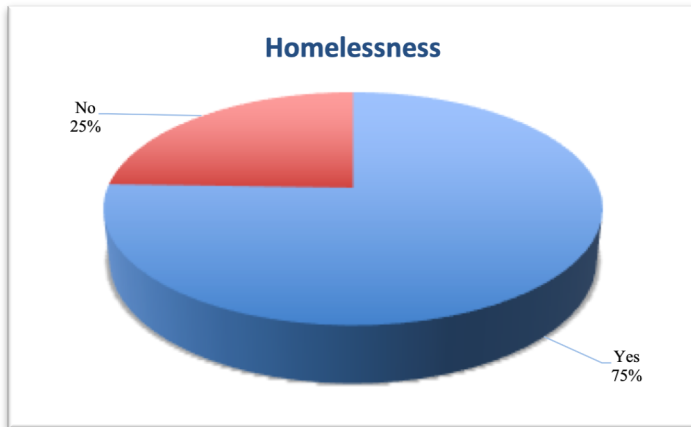
More than a third [35%] of the individuals who moved into District of Columbia Oxford Houses were previously living in what can best be described as marginal living situations – homeless, jail, a motel, hospital or halfway house. The 22.1% “living with family” could be added to the marginal living situation in most cases. In all cases, their prior living failed to get or keep the individuals on the path to recovery. If it had, they would not have applied to and been accepted to move into an Oxford House.

The alternative to Oxford House living is seldom as conducive to recovery without relapse as is living in an Oxford House. Ending up homeless or in jail is certainly not conducive to recovery without relapse. The fact that so many of the DC Oxford House residents have lived in an Oxford House for a long time attests to the fact that, for them, the support of living with others in recovery is important to their own long-term recovery.

⁶ The FICA tax generated in FY 2020 was dependent on the size of the DC network of Oxford Houses during the 12-month period. However, the average monthly income derived from the survey should remain constant or increase during FY 2021. Therefore, it is used in computation along with the number of beds as of September 2020.

Homelessness

When we look at the survey responses in more detail, past homelessness and incarceration stand out.



75% of all respondents experienced homelessness at least twice and for a median length of time of 6 months. When an addict goes through detoxification and returns to homelessness, the chance that he or she will stay clean and sober is very unlikely. For the person who has been homeless to move into an Oxford House, the difference is great. Among other things in an Oxford House a person has a safe place to live rather than in a crowded homeless shelter or

on the streets. A person also has his or her own key to a real house in a real neighborhood. For many, that fact alone provides a sense of self-esteem and pride.

The fact that the Oxford House provides a safe, clean and comfortable living environment is in and of itself a big incentive to continue on the path of recovery. To stay in that place to live requires not taking a drink of alcohol or using an illicit drug because such action would result in immediate expulsion. Postponing taking a drink of alcohol or using an illicit drug becomes a small price to pay for staying in an Oxford House. Soon, days become weeks, and weeks, months and recovery becomes a valuable habit. The Oxford House resident then has substantially increased the odds that long-term recovery without relapse is likely.

Jail Time

The vast majority [85.5%] of District of Columbia Oxford House residents have served jail or



prison time. The median time of incarceration was 6 months with an average of 20 months. The length of incarceration is from a few days to over seven years. Most have been introduced to recovery programs while in jail or prison. In the 12-Step programs there is a saying that addicts in recovery need to avoid the places, people and things associated with their addictive use. That is easier said than done but, for individuals leaving jail or prison, Oxford House becomes

a feasible way to avoid the old associates and old neighborhoods.

Last Formal Residential Treatment Facility

District of Columbia Oxford House residents have come into Oxford House after a variety of formal treatment facilities. The list at the left illustrates the variety. Specifically, 84% of District Oxford House residents indicated that they had previously gone through residential treatment. It is not unusual for alcoholics or drug addicts to have had repeated attempts at achieving continuous recovery. It is also likely that a person beginning recovery in prison becomes involved in 12-Step programs [AA or NA or both].

CENTER	#
American Rescue Center	1
Anchor Mental Health	1
Ashley Addiction Treatment	2
Avenues Recovery Center	1
Avery Road Treatment Center	3
Banyan Treatment Center	1
Blair Transitional Rehabilitation Program	4
Bridge Back	1
CAGE	2
Carrier Clinic	1
Cataada House	1
Central Union Mission	2
Clean & Sober Streets	23
Crossroads	3
DC General Hospital	3
Deers Head Rehab Salisbury, Md	1
Edgehill Retreat Center	3
Federal City Recovery Services	12
Felicity Rehab	1
Foundations Recovery Center (Woodlawn)	1
Gaudenzia Addiction Treatment	1
Hanna House Rehabilitation	2
Hope Center for Wellness	1
Hope House Treatment Center	2
Kolmac Clinic	4
La Casa	6
Massey Treatment Center	1
Mt. Sinai Hospital	1
National Institutes of Health	3
Ocean Breeze Recovery	1
Palm Springs Treatment Centers	1
Phoenix House Mid Atlantic	2
Psychiatric Institute of Washington	4
RAP	14
Recovery Centers of America	2
Recovery Place (Savannah, Ga)	1
S.O.M.E	4
Safe Haven	3
Salvation Army Harbor Light Center	20
Samaritan Inn	8
Serenity Acres	1
Seton House	2
Suburban Hospital	1
VA Hospital	2
VOA Recovery	2
Washington Hospital Center	1

12-Step Meetings and Counselling

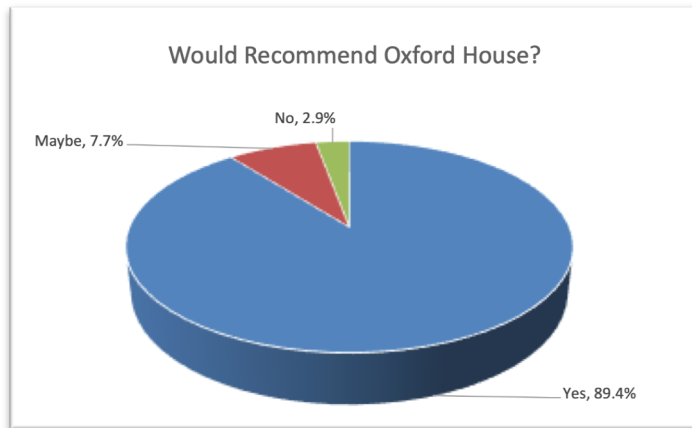
Living in an Oxford House provides 24/7 peer recovery support and the living environment encourages attending a lot of 12-Step meetings outside of the house. The respondents indicated that the median number of such meetings they attend each week is 3. The average number of 12-step meetings attended each week is 3.4 or over fifty percent more than the number of weekly meetings the average AA/NA member attends. AA tries to estimate the number of AA meetings members attend each week and has found that it is slightly more than two a week.

In addition to attending lots of AA/NA meetings, 27.9% of respondents to the survey indicated they attended weekly counselling sessions with a therapist. Many of these individuals were participants in medically assisted treatment programs because as indicated above 12.7% of the 24% addicted to opioids are using MAT – a little over half.

Within Oxford Houses, it is not mandatory that a resident attend AA or NA meetings but almost all do. This is primarily because everyone in the house tends to go to such meetings. This fact puts peer pressure on everyone to attend such meetings. It also becomes an economical way for residents to socialize. Going out to meetings becomes an enjoyable way to meet others. For most DC residents of Oxford Houses going to one of the hundreds of 12-Step meetings each week in the Metro area becomes a way of life.

Neither AA nor NA meetings are held within a house because Oxford Houses are not designed to have large groups of folks coming into the house. Each Oxford House is a home and residents appreciate that fact. It is also clear that by going out to 12-Step meetings good habits are learned that will help individuals stay in recovery once they move out of an Oxford House.

Importance of Oxford House Living to Recovery



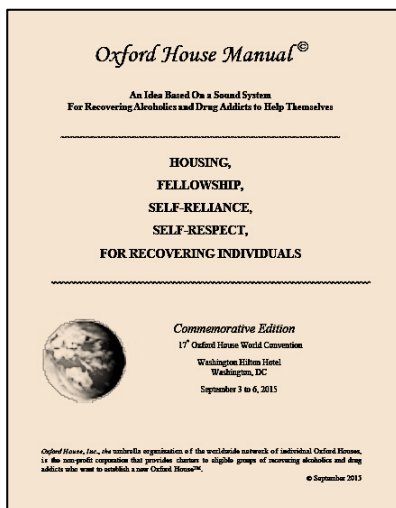
Respondents to the survey were asked two questions to measure their personal satisfaction with Oxford House: [1] how important is it to your own recovery, and [2] would you recommend it to others? Almost all [98%] felt Oxford House living was important to their own recovery. Likewise, 89.4% would recommend Oxford House living to others. The 7% who responded that they “might” recommend Oxford House living to others had all been residents for less

than one month. The 3% who would not recommend Oxford House living were new-comers to Oxford House also.

This positive approval of Oxford House living by residents tracks throughout the entire national network of 2,952 Oxford Houses. It is likely that an approval rating so high would be hard to find if the residents were in a managed halfway house or a managed recovery house. The common refrain within the Oxford House community that “the inmates run the asylum” is an expression of pride and self-worth and strengthen the commitment to recovery without relapse.

Part 2 – How Oxford Houses Work

Each Oxford House™ is self-run and self-supported. Within the Oxford House™ community, it is often remarked that “The inmates run the asylum.” They do. Such participatory democracy



not only is cost-efficient, but it also provides the foundation for personal change. Each resident rises to the occasion whether it is by voting on acceptance of a new resident, expelling a resident who relapses, carrying out the duties of being a house officer, or simply voting on a issue at a weekly house business meeting. All of the processes and procedures are set forth in the Oxford House Manual® and related materials.⁷ With the mutual support and supervision that individual Oxford Houses provide for each other through chapters and statewide associations, uniformity and quality control is assured. In DC, one can visit an Oxford House in the Northwest, Northeast, Southwest or Southeast or anywhere else in the District and immediately recognize that the particular recovery group within each house is following the same set of procedures and protocols. Oxford House, Inc.

has not only provided a full set of operational manuals but also has taken the time to teach the

⁷ Oxford House is organized from the bottom-up. In addition to the basic Oxford House Manual® there is an Oxford House Chapter Manual®, an Oxford House World Council Manual® and an Oxford House State Association Manual®. Along with a growing number of standardized forms these manuals provide a definitive blueprint for each Oxford House to uniformly follow processes and procedures that reflect the successful formula that makes Oxford House™ the only best practice listed on the National Registry of Evidence-base Programs and Practices.

group the basic procedures than enable a recovery group to function well. Visiting any one of the more than 2,900 Oxford Houses throughout the country provides the same affirmation. Each weekly House business meeting illustrates participatory democracy and pragmatic problem-solving in action. Each meeting opens with a reading of one of the nine Oxford House Traditions. This underscores the purpose of Oxford House and sets the tone for the entire meeting. The House President calls the meeting to Order and asks the Secretary to read the minutes of the last business meeting. The minutes are then either accepted by majority vote or amended based on a motion to amend followed by majority vote. Robert's Rules of Order dictates parliamentary procedures. The Treasurer reports on the balance of the group's checking account; the Comptroller reports on whether every resident is up to date in paying an equal share of household expenses; and the Chore Coordinator reports on how well the residents have adhered to the chore list during the previous week. The group then considers new business, which may range from a personality issue within the house or plans for a social event such as a picnic or bowling.

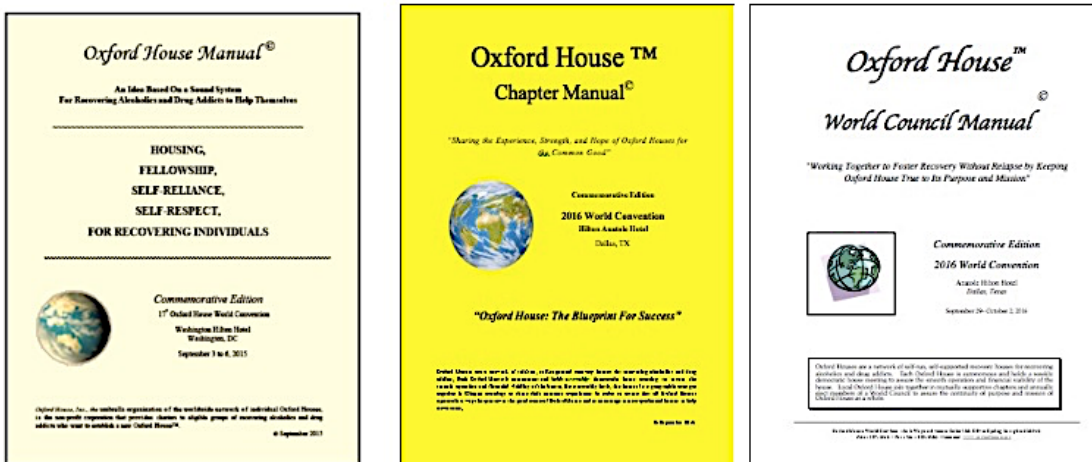
- Oxford House Officers**

 - President
 - Secretary
 - Treasurer
 - Comptroller
 - Chore Coordinator

Just as many large families have get-togethers to share each other's company and knowledge, Oxford Houses do too. The officers of each individual house get together once a month at a Chapter meeting. Those meetings also follow disciplined procedures and elect officers. They also stage events to enjoy getting together in non-drinking, non-using "fun" activities. During the pandemic most of these get-togethers are via Zoom.

Common to all Oxford Houses is participatory democracy and pragmatic problem-solving, whether it involves personality problems or a broken dishwasher. If there is a problem, the group faces it and comes up with ways to resolve it. Each resident has an equal vote and pays an equal share of household expenses. Stigma associated with recovery from addiction is discouraged but stigma with respect to active addiction is not discouraged. A return to active addiction results in immediate expulsion from an Oxford House. The reason for this is that active addiction almost always results in bad behavior that adversely affects the individual and his or her family and community.

Key Manuals To Keep Oxford Houses On Track





As suggested by the previous picture of three basic Oxford House Manuals, expanding to meet the need has required organization of chapters, conventions, training sessions, state associations and periodic conventions in order for houses to monitor the performance of each other. The charter conditions are simple, but they require everyone’s support to help keep the model on track. The mutually supportive chapter organization, made up of three to twelve individual Oxford Houses in a geographic area, serve to provide mutual support and quality control.

Not everyone masters the new behavior necessary to stay away from using alcohol or other addictive drugs at the same pace. Some quickly adapt and some take a lifetime. The Oxford House concept is based on easy expansion of a supply of beds – simply rent another house – rather than arbitrarily limiting the time of residency of one individual in order to make room for another. When a particular house is staying full, stable and operating well, renting another house is the better way than imposing a time limit on residency in order to make room for the newcomer.

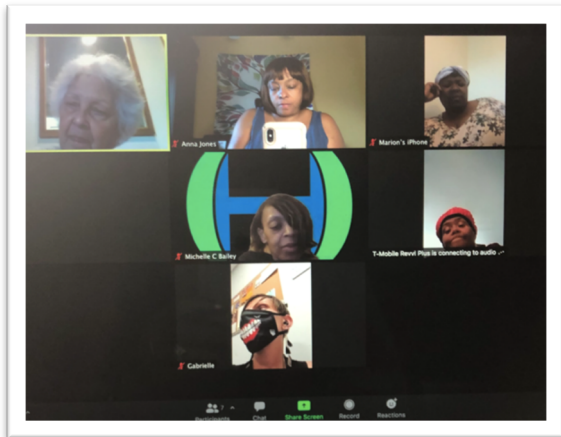
The “expanding to meet the need” is something that began 45 years ago in the first Oxford House. The beds were full. Newcomers to recovery applied and needed a place to live that would support their road to recovery. The men in the first Oxford House pooled their resources after just three months of existence and rented a second house. That spirit of expanding to meet the need has followed the Oxford House model from DC to all states across the country.

Once living in an Oxford House, a resident is faced with the need to expand as the number of applications for vacancies almost always exceeds the available vacancies. Since all the houses are rented – not owned – it becomes relatively easy to expand. This is also at the core of why there is no residency time limit. Since each house is democratically run by the residents themselves, they quickly become



invested in assuring the success of Oxford House development.

When a new house is opening, residents from other houses pitch in to help get the new house ready for occupancy. All of the Oxford Houses in the area belong to chapters. A chapter is a local cluster of Oxford Houses designed to provide mutual assistance among its members. It elects chapter officers from among the officers of the individual houses making up a chapter.



Above is a picture of a Zoom chapter meeting, which is an adaptation to deal with Covid-19.



Chapters also organize fun events from picnics to sports and the monthly chapter meeting usually provides a common meal. Nothing like good food to attract a crowd! The autonomy of individual Oxford Houses coupled with the mutual support they provide each other through chapters helps build the pride that residents feel in being part of the Oxford House family. The picture at the left is a workshop held before the pandemic where all the Oxford House residents in the DC area get together to socialize and learn or relearn the system of operation within each Oxford House from the duties of house

officers to the keeping of records to make sure the bills are paid on time and everyone learns how to manage finances while keeping a focus on staying clean and sober.

Part 3 – Research and Oxford House

OHI relies on internal and third-party research to understand better not only the recovery process but also, more specifically, the role Oxford Houses can play in making long-term recovery without relapse the norm rather than the exception. The independent third-party research began in 1987 when Bill Spillaine, Ph.D., started teaching at Catholic University after he retired from NIDA. Dr. Spillaine asked to review the outcome records of individuals who had lived in an Oxford House from its beginning in 1975 through 1987. Everyone living in all 13 Oxford Houses at that time agreed to cooperate with him. Dr. Spillaine tracked down more than 1,200 former Oxford House residents to learn how many had stayed clean and sober. When he came to the leaders of Oxford House and reported that 80% had stayed clean and sober without relapse, the leaders asked, “What are we doing wrong to have 20% relapse rate?” Dr. Spillaine explained that the normal rate of sobriety without relapse was less than 20% and that the Oxford House resident outcome was exceptionally good.

Spillaine’s report led Congress to include a provision in the 1988 Anti-Drug Abuse Act [§2036 of PL 100-690, codified at 42 USC 300x-25] to encourage states to promote Oxford House development. That small start-up loan provision became the catalyst that helped Oxford House grow from 13 houses in the Washington, DC area to a national network of more than 2,900 houses. Independent third-party research about Oxford House took off following a 1991 CBS “60 Minutes” segment about Oxford House. Dr. Leonard Jason, head of the DePaul University Community Research Center saw the program and immediately became interested in researching how Oxford Houses worked. His organization has now published more than 200 peer-reviewed articles and studies about Oxford House and its effect on recovery from addiction. One of his studies followed 897 residents in 219 Oxford Houses across the country and found that, over a 27-month period, only 13% had returned to active addiction.⁸

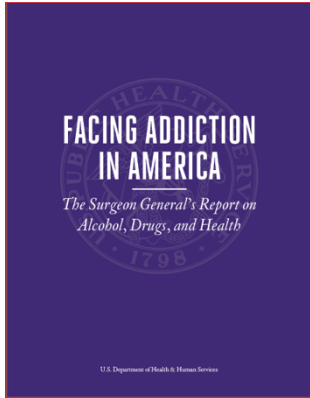
⁸ Addictive Behaviors 32 (2007) 803-818

Research has been key to concluding that Oxford House™ can enable individuals to achieve long-term recovery without relapse. Because ‘recovery without relapse’ is the desired norm, not the exception, every Oxford House resident tries to accept responsibility for being a productive member of his or her Oxford House and also learn to have fun without the use of alcohol or drugs. By developing a new lifestyle, individuals gain confidence that life with using alcohol or illicit drugs is possible. That confidence carries over whenever a resident moves out of an Oxford House clean and sober.

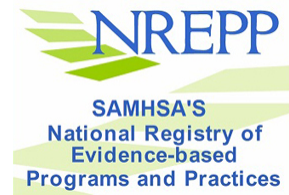
While research on AA has been limited by the role of anonymity in recovery, the willingness of Oxford Houses to open their doors to academic research gives us an opportunity to see recovery from addiction in action.
 Dr. Jeffery Roth, M.D.
 Editor, *Journal of Groups in Addiction and Recovery*
 July 2010

The November 2016 US Surgeon General’s Report, “*Facing Addiction In America,*” singled out Oxford House™ as a key program in the continuum of successful treatment for addiction. The Report summarized the evidence-based treatment outcomes as follows:

- Outcomes:
- An 87 percent abstinence rate at the end of a 2-year period living in an Oxford House, four to five times greater than typical outcomes following detoxification and treatment.
 - Comparisons between a group living in Oxford House and going to AA/NA versus a similar group that only goes to AA/NA show that the group living in an Oxford House had higher and more positive rates of self-efficacy and self-mastery.
 - In a comparison study between Oxford House residents and a group that was assigned usual aftercare services, the Oxford House group had significantly lower substance use (31.3 percent vs. 64.8 percent), higher monthly income (\$989 vs. \$440), and lower incarceration rates (3 percent vs. 9 percent).



The Oxford House program was listed as a best practice on the National Registry of Evidence-based Programs and Practices [NREPP] in 2011. The NREPP was a searchable online registry of mental health and substance abuse interventions that had been reviewed and rated by independent reviewers. The purpose of the registry was to assist the public in identifying scientifically-based approaches to preventing and treating mental and/or substance use disorders that could be readily disseminated to the field. The Oxford House Model is the only recovery house concept and system of operation listed on the NREPP.



The annual Oxford House National Convention has become a place where experts in the field of addiction present their most recent finding about the nature of alcoholism, drug addiction and the process of long-term recovery. Every Director of the federal Office of Drug Control Policy has been a speaker at the convention as have other leaders in the field of alcohol and drug addiction. At the Oxford House 2019 Convention, the first General Session included the following speakers: Dr. William Compton, Deputy Director of NIDA; Dr. Westley Clark, former 20-year Director of CSAT; Dr. Stuart Gitlow, former President ASAM; Dr. Jerome Adams, current Surgeon General, Dr. Joshua Sharfstein, head of Bloomberg Health Initiative at Johns Hopkins, and Professor John Kelly, Ph.D. of Harvard. A video of the session is available on the Oxford House website: www.oxfordhouse.org.

Dr. John Kelly emphasized that alcoholism and illicit drug addiction are chronic diseases and require measurement over time. He used five-point criteria for measuring the predictability of long-term successful recovery: Quality of Life; Happiness; Recovery Capital; Self-Esteem and Psychological Distress. At the five-year point following the start of recovery, life becomes

balanced and continues to get even better. The Oxford House model is particularly well suited to help those new in recovery to make it to and beyond the initial five years.

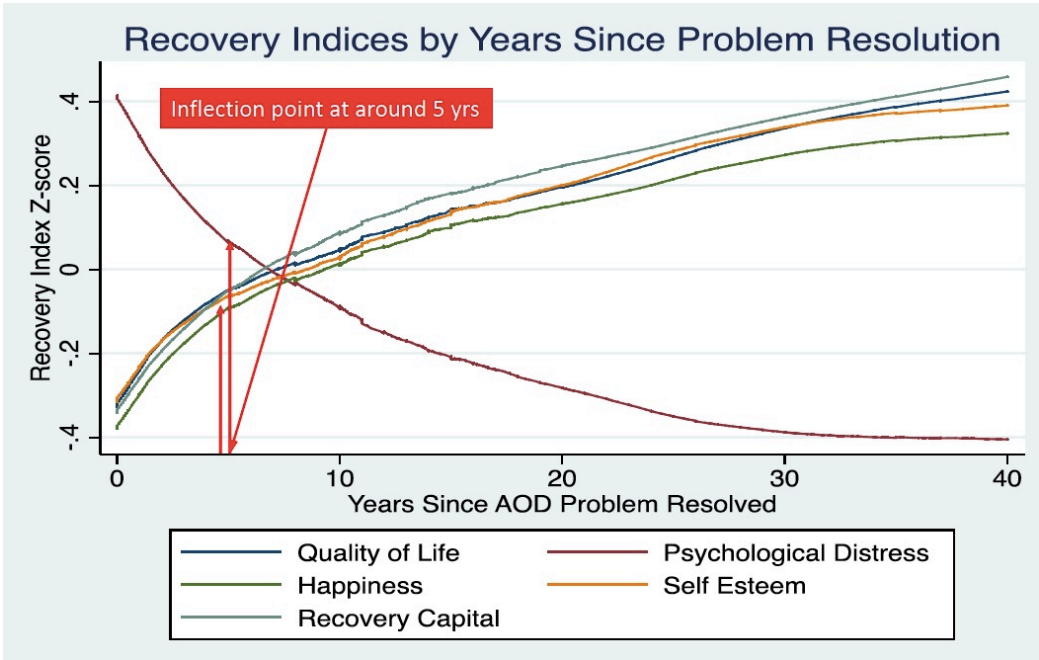


Chart prepared by Dr. John Kelly for his presentation at the Oxford House Convention

The on-going research underscores that there are many paths to recovery. However, basic to any sure path of recovery is the need to recognize that every individual has unique characteristics that require time and a lot of support to bring about change. Dr. Kelly’s five-factor criteria for successful recovery provides the metrics for measuring an individual’s progress toward an increase in quality of life, happiness, recovery capital and self-esteem while having a decrease in psychological distress.



It is becoming increasingly clear that the self-help aspects of the Oxford House model provide a common purpose and sturdy support in achieving a comfortable and life-long recovery. The picture at the left is a group of DC residents at the annual national Oxford House convention held September 2019 in DC. This year’s convention was cancelled but the 2021 Convention will be held again in the District of Columbia area. The DC Oxford Houses host the annual convention every other year because they are the houses that began what is now a national network of

nearly 3,000 houses with 24,000 beds. Oxford House has grown over its 45-year history and that history began in 1975 in Silver Spring, Maryland and Washington, D.C.

Oxford House™

1975-2020

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

- Providing 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 Oxford Houses to 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

Oxford House, Inc.

1010 Wayne Avenue, Suite 300
Silver Spring, Maryland 20910

Telephone 301-587-2916

Facsimile 301-589-0302

E-Mail Info@oxfordhouse.org

Web Site: www.oxfordhouse.org