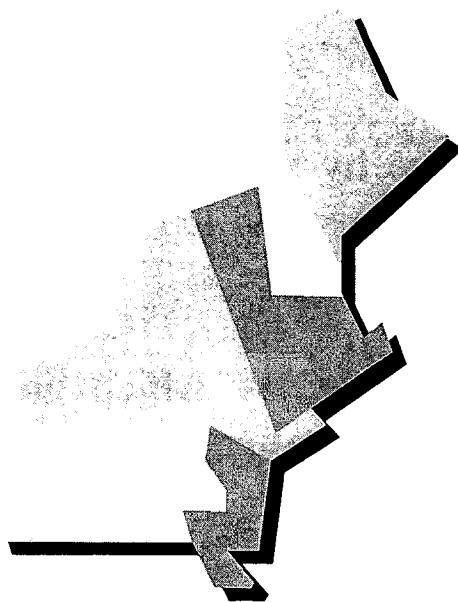


Oxford House™ Evaluation Series

Oxford House 2006 Profile Series

Recovery • Responsibility • Replication



April 2006

Delaware
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.

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Part 1 - An Evaluation: Oxford Houses of Delaware

Introduction

In March 2006, the 55 residents of the Oxford Houses in Delaware completed the standard Oxford House Resident Profile Survey used by Oxford House, Inc. since 1987. The participation rate was 72% and the ten Oxford Houses in the state participated.¹ Profile data from that survey is used throughout this evaluation.

Part 1 of the Evaluation is an overview and compares characteristics of Delaware Oxford House residents to those in other states. Part 2 of the Evaluation provides detail of the profile of Delaware Oxford House residents obtained from the March 2006 survey.

Oxford House and Recovery – Without Relapse

The self-run, self-supported Oxford House concept and system of operation is now thirty years old. When the first Oxford House was established in 1975 it was the result of a traditional halfway house closing. The thirteen men living in the halfway house rented the building and set up a system of operation that allowed them to run the house themselves in a disciplined manner. The two biggest differences between the traditional halfway house and the newly formed Oxford House was (1) recovering individuals democratically operated the house themselves, and (2) recovering individuals paid all household expenses including rent to a landlord.

In hindsight, these differences totally eliminated a “we versus. them” attitude between those running the house and those living there. The “we versus them” attitude is usually a part of any group subject to authority and rules of a management group. Inmates in corrections, a hospital, a homeless shelter or a mental institution will develop a common bond among themselves built around complaints about rules,

¹ Among the 10 houses were 81 beds of which 5 were vacant at the time of the survey – March 2006. After subtracting the vacancies the full beds numbered 76 of which 55 residents [72%] participated in the survey providing a high assurance that the survey group was representative of the entire Oxford House population.

regulations or the exercise of authority. Within a self-run, self-supported Oxford recovery home peers elect their house officials for a fixed six-month term of office. There are five officers within each house and because peers elect them and decisions are made at weekly business meeting the “we versus them “ bond is nonexistent. In its place the prevalent common bond becomes achievement of sobriety without relapse.

To assure that the residents of an individual Oxford House are able to enjoy the autonomy of a self-help operation it is essential that Oxford House, Inc. preserve an effective separation between state agencies, funding foundations, treatment providers or correctional officials and individual Oxford Houses and chapters. The self-help concept is maintained from the grassroots of individual houses throughout the entire Oxford House organization.

The Oxford House Manual[®] sets out the basic system of democratic operation followed by all Oxford Houses since 1975. It has stood the test of time and can be downloaded as a PDF document from the web site: www.oxfordhouse.org.² The Oxford House Chapter Manual[®] describes the system of operation used by clusters or groups of individual houses to share their strength, experience and hope with each other. It also can be downloaded. These publications provide the road map for self-run, self-supported operation.

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

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

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

² Click “Publications and Forms” for a download of the Oxford House Manual[®] and Chapter Manual[®] that describes how clusters of individual Oxford Houses provide mutual support to help each other to stay on track.

crowding out the egalitarian principles of Oxford House™.

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

President

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

Secretary

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

Treasurer

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

Comptroller

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

Coordinator

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

The weekly business meeting follows parliamentary procedures and regular order. The entire house discusses issues affecting the group and duties of each officer. Applicants to fill vacancies are discussed and the group takes a vote to approve admission. A super majority vote of 80% approval is necessary to be admitted into membership in the house. Whenever the

group suspects that a resident has used either alcohol or an illicit drug, an emergency meeting is called and a vote taken to verify relapse. If a simple majority believes a relapse has occurred, the offending resident must immediately leave.³

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 each become a building block that underscores the value of sobriety. The individuals working together as team players help each other develop a new way of life. Each Oxford House™ becomes the functional equivalent of a biological family – helping and caring about each other.

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

Moreover, the group places behavior expectations on all residents to do chores, carry out responsibilities of office, and to offer recovery support to each other and to live as 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.⁴ Majer, and others found that Oxford House residents in the study reported significantly higher levels of abstinence and self-efficacy than non-Oxford House members attending the same number of 12-Step meetings. Common sense suggests that the

³ Not only is Condition Three of the house charter specific that any resident who relapses must be immediately expelled, but also §2036 of PL 100-690, that authorizes start-up loans from a state recovery home revolving loan fund, requires immediate expulsion.

⁴ John Majer, Leonard Jason and Bradley D. Olson, Optimism, Abstinence, Self-Efficacy and Self-Mastery, *Assessment*, Vol. 11 No. 1, March 2004 © Sage Publications

family living environment of an Oxford House adds to the confidence in sobriety that is so important for preventing relapse.

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

Independent studies show that Oxford House residents report that the primary reason for choosing to reside in an Oxford House is the fellowship provided and the existence of a structured setting where avoidance of substance use is enforced.⁵ Specifically, the survey participants in the study noted above believed that Oxford House differed from other recovery programs they had experienced because it allowed fellowship with similar others, stability in their lives, and sufficient time for change and personal growth. Other studies have shown that residents who stayed in Oxford Houses for longer period of times experienced increases in their sense of community.⁶

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

The bonding or extended family behavior arises not only from the common bonds of recovery but also from the common bonds forged through the democratic self-rule inherent in the Oxford House system of operations.

⁵ Jason L. A., Ferrari J. R., Smith B., Marsh P., Dvorchak P.A., Groessi 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.

⁶ Bishop, P.D., Chertok, F., Jason, L.A. (1997). Measuring Sense of Community: Beyond Local Boundaries. *Journal of Primary Prevention*, 18(2), 193-212.

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. However, Oxford House, Inc. – the umbrella organization – has an important role to play to assure that the movement within a jurisdiction remains free to determine its own fate. Whenever, a jurisdiction or outside authority attempts to micro-manage the development or operation of a local network of individual houses the concept of self-help is undermined.

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

By avoiding a 'we versus them' structure Oxford Houses are able to put the focus on recovery. The focus on recovery is within a framework of a disciplined system of operation based on self-help. This disciplined system of operation becomes one of the common experiences shared by alumni and current residents. Storytelling about past meetings and current problems become a common group for both present and past members. In the process of storytelling and sharing of experiences the extended family builds upon the value of sobriety without relapse. Along with 12-Step principles, the Oxford House living experience helps to place value on personal achievement of sobriety without relapse. The shared experience makes recovery without relapse the expected norm. In this regard, Oxford House is different from the common perception that addiction is always fraught with relapse.

Oxford House is also different from traditional halfway houses, therapeutic communities or other transitional houses. The self-run and self-supported system of operation puts all the responsibility for operation the house on the residents themselves. The men and women in the Delaware network of Oxford Houses rise to expectation put upon them. They elect officers, hold weekly business meetings, vote new residents into the house, expel residents who relapse and share household expenses to pay the bills. The blueprint for them to follow is the Oxford House Manual[©].



The 2006 Profile Of Delaware 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 March/ April 2006.

Number of Women's Houses:	2	Number of Women Residents:	14
Number of Houses For Men:	8	Number of Men Residents:	67
Delaware Network of Houses:	10	Total Number of Residents:	81
Average Age:	39 years	Age Range::	18 – 66 years
Cost Per Person Per Week [average]:	\$87	Rent Per Group Per Month [average]:	\$1,290
Percent Military Veterans	17.7%	Average Years of Education	11.8
Residents Working 9/30/05:	81.8%	Average Monthly Earnings:	\$1,338
Percent Addicted To Drugs or Drugs and Alcohol:	55%	Percent Addicted to Only Alcohol:	45%
Race –		Marital Status –	
White;	47%	Never Married	74.0%
Black;	51%	Married	0%
Asian	0%	Separated	5.6%
Hispanic	2%	Divorced	18.5%
Other	0%	Widowed	1.9%
Prior Homelessness:	56.4%	Average Time Homeless:	12 Mos.
Prior Jail:	74.5%	Average Jail Time:	28 Mos.
Average AA or NA Meetings Attended Per Week:	3.7	Percent Going To weekly Counseling <i>plus</i> AA or NA:	29.6%
Average Length of Sobriety of House Residents:	21.1 Mos.	Residents Expelled Because of Relapse:	19.6%
Average Length of Stay in An Oxford House:	13.1 Mos.	Average Number of Applicants For Each Vacant Bed:	4.2

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Highlights for Delaware

- **81 Oxford Recovery Beds in the State**
- **14 beds for women**
- **67 beds for men**
- **Cost per week per resident: averages \$87**
- **Average cost per group per month for rent to landlord: \$1,290**
- **Average education level of residents: 11.8 years**
- **Average length of current sobriety: 21.1 months**
- **Average 12-step meetings attended each week: 3.7**
- **Annual aggregate income of all Delaware Oxford House residents: \$1,500,356**
- **Delaware Oxford House residents aggregate annual FICA [social security and Medicare] taxes paid: \$190,528**
- **Percentage of residents in jail prior to Oxford House residence: 74.5%**
- **Percentage of residents homeless prior to Oxford House residence: 56.4%**
- **Percentage of residents staying clean and sober while residing in an Oxford House: 80.4%**
- **Percentage of residents going to weekly counseling in addition to 12-Step meetings: 30%**

Profile of Delaware Oxford House Residents

Age

The average age of Delaware Oxford House residents in June 2004 was 39 years old. This is a little older than the national Oxford House resident average age of 37.9. The age distribution among Oxford House residents is about the same as in most other states. The following table shows the approximate age distribution of residents in the houses March 30, 2006.

Table 1
2006 Age Grouping of Delaware Oxford House Residents

18-27	28-36	37-45	46--53	54-66
21%	19%	39%	16%	05%

The longer houses exist there is a tendency for residents to live in the houses longer and therefore at any given time the average age will be a little older. The Delaware Network of Oxford Houses has an age distribution similar to the national age distribution. With more houses opening the average age would tend to be lower.

Resident Income and Expenses

The average monthly income of Delaware Oxford House residents is about the same as the national average.

Table 2
Average Monthly Income Among Delaware Oxford House Residents

Year	Delaware	National
Monthly Income	\$1,338	\$1,383

The average monthly income among the approximately 9,000 residents nationwide is \$1,383 – a little more than monthly income of Delaware Oxford House residents. This is explained, in part, because nationally 92% of Oxford House residents are employed while only 82% of the Delaware Oxford House residents in March 2006 reported current employment.

In Delaware, the average amount each group pays to rent an individual house is \$1,290 compared to a national average of \$1,287 per month per individual house. The average cost of shared household expenses for Delaware Oxford House residents is less than \$100 a week – well within the area of affordability for residents earning an average of \$1,338 a month.

Education

The average educational level of the Delaware Oxford House residents is 11.8 years. Thirty percent of the residents have not graduated from high school and about 13 percent have some post high school education but not a college degree.

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

Table 3
Comparison of Mean Educational Attainment

DE	WA	KS	DC	NC	NJ
11.8	12.6	12.8	13.2	12.5	12.7

Current Sobriety

The current sobriety of Delaware Oxford House residents is 21.1 months. 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. As the average age of houses in Delaware increases so too will the average length of sobriety for residents living in the houses.

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. Expansion of the number of Oxford Houses in Delaware would permit more newly recovering individuals to move into an Oxford House lowering the average age.

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.⁷

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.⁸

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."⁹ The same principle applies to Oxford House. It provides the benefits of prolonged hospitalization without the destruction of self-esteem. In fact, self-esteem is restored through the exercise of responsibility, helping others, re-socialization, and constructive pride in maintaining an alcohol and drug-free living environment without dependency upon any outside authority or helper. As pointed out earlier in this evaluation self-efficacy in reaffirming the value of sobriety is higher among those

⁷ George E. Vaillant, *The Natural History of Alcoholism Revisited*, Harvard University Press, Cambridge, 1995, p. 300.

⁸ Id. 301.

⁹ Id. 301.

in an Oxford House environment than for those leaving treatment and taking another path.¹⁰

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 March/April 2006 survey of Delaware residents showed the following distribution of marital status among the residents.

Table 4
Marital Status Delaware vs. National

Marital Status	Delaware	National
Single	74.1%	55.3%
Married	0.0%	5.3%
Separated	5.6%	14.0%
Divorced	18.5%	23.7%
Widowed	01.8%	1.8%

As shown above, the distribution of marital status among Delaware Oxford House residents is about the same as the national averages except a higher percentage has never been married. In both years 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

¹⁰ Op. Cit. Majer.

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".¹¹ Today, the criminal justice system is often used to force intervention. The Delaware Oxford Houses work closely with drug courts to enable drug court clients to improve their chance of recovery without relapse. More can be done in this area. Likewise arrest, conviction and jail time can force the alcoholic or drug addict to enter a recovery process.

Among Oxford House residents in Delaware 74.5 percent have served an average of about 28 months total jail time.

Table 5
Percent of Residents Who Served Jail Time

Delaware	National
74.5%	75.7%

The percentage of Oxford House residents having served jail time is consistent with the experience of Oxford Houses in other states and that has changed very little during the last five years.

Table 6
State Comparison of Jail Time Served

DE	WA	KS	DC	NC	NJ
74.5%	81%	78%	58%	77%	80%

Many residents have experienced homelessness during their addiction. The frequency and duration of homelessness is substantial. In the 2006 survey 56% of the Delaware Oxford House residents had been homeless for an average duration of twelve months. The frequency of homelessness was an average of 1.65 times. Table 7 compares the percent homeless among Delaware residents with the national profile.

Table 7
Percentage of Homelessness Among Residents

Delaware	National
56.4%	52%

¹¹ Vernon E. Johnson, *I'll Quit Tomorrow*, Revised Edition, Harper-Collins, New York, 1990

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 Delaware 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 2006 survey it shows that over 60 percent of the residents were living in a marginal housing situation prior to moving into an Oxford House. Table 8 shows the distribution of place of residence before Oxford House among Delaware residents.

Table 8
Residence Just Before Oxford House

Place	Delaware	National
Owned House	11.1%	35.2%
Apartment	22.2%	19.4%
Rented House	14.8%	12.0%
Rented Room	14.8%	6.5%
Jail	9.3%	6.5%
Mental Hospital	0%	0%
VA Hospital	1.8%	1.8%
Halfway House	22.2%	9.3%
Homeless	9.3%	9.3%

Notice in the table above that (1) there are about the same percentage of individuals coming directly from jail to Oxford Houses in the Delaware group and nationally, (2) homeless, jail and rented room categories are about the same but halfway house category is double, and (3) both survey groups 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: 56% in Delaware and 33% nationally. 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

The 2000 United States Census breaks down racial composition for Delaware as follows: White 74.6%; Black 19.2%; Asian 2.1%; Two + races 1.7%; other 2% and American Indian 0.3%. While those categories

equal 100%, Census also indicates that 4.8% are of Hispanic origin, which overlaps with the other categories. The questionnaire breaks down racial categories as follows: White, Black, Hispanic, Oriental, and other. Aside from not treating Hispanic as a secondary category to other racial categories the questionnaire uses Oriental rather than Asian. As shown in the table below, the Delaware Oxford House population over-represents Blacks.

Table 9
Racial Breakdown of Delaware Residents

2000 Census		2006 Survey	
White	74.6%	White	47.3%
Black	19.2%	Black	50.9%
Hispanic	4.8%	Hispanic	1.8%

In most states the percentage of African-American population in Oxford Houses is substantially greater than the population of Blacks or African-Americans in the state as a whole. However, more Oxford Houses in Delaware would probably result in an increase in Whites. There is no indication that addiction is greater among African-Americans than the population as a whole.

Throughout the national network of Oxford Houses there the memorable sayings of earlier Oxford House members are repeated over and over. One of those sayings is "There is not much good that can be said about alcoholism and drug addiction except that they are great egalitarian diseases that are color-blind, class neutral and affect rich, poor and in-between." Since the first Oxford House began in 1975, not only has there never been a racial problem in any Oxford House, but also Oxford Houses throughout the country have reached out to make certain that minority residents in any location are fairly represented within the local Oxford Houses.

It is recommended that residents of Delaware Oxford Houses continue their efforts to assure equal or better minority representation by actively seeking the integration of all individual houses within the state. This action will continue to enable the national Oxford House movement to underscore the true nature of alcoholism and drug addiction as equal opportunity diseases and to celebrate the fact that recovery without relapse is likewise an equal opportunity outcome.

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.¹²

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.¹³

Most of the residents of Oxford Houses in Delaware have a history of repeated relapses but 25 percent of residents were on their first sobriety try. The table below compares percentages of residents and residential treatment histories among several states.

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

Number of Sobriety Tries Residential Treatment	DE	WA	KS	DC	NC	NJ
One	25.5	22.0	22.8	21.1	17.8	13.9
Two	15.7	23.3	25.0	23.9	22.8	22.2
Three to Five	41.2	33.6	33.7	30.9	38.0	31.3
Six to Ten	09.8	13.1	11.9	18.3	14.3	20.1
More than 10	09.8	08.0	06.5	05.6	07.0	12.5

More than 60 percent of the Delaware 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.'¹⁴

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.

¹² 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.

¹³ Id. P. 314

¹⁴ Id. P. 313

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.¹⁵ Delaware residents in the March/April 2006 survey reported attending an average of 3.8 meetings a week. This meeting-going habit not only shows seriousness of the individuals in recovery without relapse but also augers well for living a clean and sober life when they move out of an Oxford House.

Table 11 compares the meeting-going pattern of Delaware Oxford House residents with five other jurisdictions.

Table 11
12-Step Meeting Attendance

State	DE	WA	KS	DC	NC	NJ
AA	1.3	2.6	2.9	2.3	2.7	3.2
NA	2.5	1.3	1.0	2.1	3.1	1.9
Combined	3.8	3.9	3.9	4.4	5.8	4.7

Moreover, many of the Delaware Oxford House residents attend weekly counseling sessions in addition to AA or NA. The survey showed that 29.6% percent of the residents attended weekly counseling. Combined 12 Step meetings, counseling and the disciplined living environment explain why current sobriety among the residents was 21.1 months.¹⁶ 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.

¹⁵ 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

¹⁶ The average length of sobriety in Delaware Oxford Houses is somewhat longer because 22% moved in from halfway houses and 9% from jail – both providing a “head start” on sobriety.

Resident Perceptions of Oxford House

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

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

Table 12
Importance of Oxford House Living to Sobriety

Importance	DE	WA	KS	DC	NC	NJ
Somewhat	9.3%	3.2%	1.0%	8.2%	3.2%	4.3%
Moderately	3.7%	4.8%	7.3%	6.8%	3.4%	4.7%
Very	81.5%	89.8%	89.6%	82.2%	91.8%	87.3%
Insignificant	3.7%	1.3%	1.0%	1.4%	0.2%	0.7%
Not Sure	1.9%	1.0%	1.0%	1.4%	1.4%	3.4%

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

State	DE	WA	KS	DC	NC	NJ
Yes	89%	97%	99%	99%	93%	96%
No	02%	03%	01%	01%	07%	04%

While the Delaware Oxford House residents are a little less enthusiastic about Oxford House living than their peers in some other jurisdictions, a substantial percentage find Oxford House very important to their sobriety and 96% nationally would recommend Oxford House to others in early recovery.

That Oxford House living is producing long-term sobriety cannot be doubted. The *average* length of current sobriety among the Delaware Oxford House residents is 21.1 months. There is a saying among Oxford House residents that sobriety is habit forming. For most that saying becomes a reality. Fewer than 20% of the residents who move into an Oxford House in Delaware are expelled for relapse.

DePaul University in Chicago received two major grants from NIDA and NIAAA to study Oxford House outcomes. They reported major findings at the American Psychological Association convention in Washington, DC last August. An Associated Press story of their findings is reprinted at the end of this part of the evaluation. Men and women who have benefited from the Delaware Network of Oxford Houses can affirm their findings. Oxford Houses work.

Lessons Learned: Goals Sought

The goal of both Oxford House, Inc. – the national umbrella organization for all Oxford Houses – and the Delaware Addictions Coalition is to have enough Oxford Houses in Delaware so that every recovering individual who can benefit from Oxford House living has a chance to do so. The establishment of the first ten Delaware Oxford Houses is a good beginning but just a beginning. As the next development phase in the Delaware network of Oxford Houses begins, it is important to discuss ways and means to improve establishment of new houses and quality maintenance of existing houses.

There are three improvements that can be made to assure more efficient development of additional houses in the state.

First, Oxford House, Inc. – the national nonprofit umbrella organization for all Oxford Houses – should be retained to provide trained outreach workers to help expand the number of Oxford Houses in the state. For the last 17 years it has been working with many states around the country and has developed a cost-effective way to establish new houses.

Second, workshops and training sessions should be held with residents of the existing houses to acquaint them with the ways and means to strengthen and expand the existing network of houses within the state.

Third, Oxford House, Inc., the existing Delaware Oxford Houses and the Addictions Coalition of Delaware need to work together to ensure that start-up loans are available from the Coalition and repaid in a timely way by the recipients.

□□□

Community - Based Homes Seem to Help Addicts

By THE ASSOCIATED PRESS

Filed at 12:41 p.m. ET; August 18, 2005

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

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

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

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

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

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











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

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

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

□□□

Delaware Oxford Houses by Year of Establishment

															
															
1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006

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

Oxford House World Services
1010 Wayne Avenue, Suite 400
Silver Spring, Maryland 20910

Telephone 301-587-2916
Facsimile 301-589-0302

E-Mail Info@oxfordhouse.org
Web Site: www.oxfordhouse.org

Delaware Survey March 2006 Detail

Oxford House™ is self-run, self-supported housing for recovering alcoholics and drug addicts. The first Oxford House started in Silver Spring, Maryland October 1, 1975. The 100th Congress and the Reagan Administration put §2036 in the Anti-Drug Abuse Act of 1988 [PL 100-690] that required each state accepting federal block grant funds to combat alcoholism, drug addiction or mental illness to establish a \$100,000 recovery home revolving loan fund.* That law set forth the conditions for receipt of \$4,000 start-up loans for groups of six or more recovering individuals to rent a single-family house to establish an Oxford House.

As noted at the right, Delaware has 10 Oxford Houses – 8 for men and 2 for women. Together the houses provide 81 recovery beds in the state with the residents of each house paying all the expenses – rent to a landlord, utility bills and general household expenses. Nationally the average amount that each resident pays as his or her equal share of household expenses is about \$89.50. The range of weekly equal share of expenses is \$55 to \$125. The average weekly share of expenses in the Delaware Oxford Houses is \$87.

Each Oxford House™ receives a charter from Oxford House, Inc. – the national nonprofit umbrella organization for all Oxford Houses. The charter has three simple conditions: [1] the group must be democratically self-run following the Oxford House Manual®; [2] the group must be financially self-supported; and [3] the group must immediately expel any resident who returns to using alcohol and/or drugs. The charter entitles the group to use the Oxford House concept and system of operation and makes the group house a member of the network of Oxford Houses.

The Addictions Coalition of Delaware maintains the revolving loan fund for the state that makes start-up loans of up to \$4,000. The start-up loans usually are sufficient to pay the first month's rent and security deposit when a new house is established. The house then repays the loan at a rate of \$170 a month for 23 months with a 24th monthly payment of \$90. There is no interest charged for the loan.

Wendell Howell is the Executive Director of the Addictions Coalition. He has helped keep the houses on track but has not had the benefit of outreach workers available in many other states. For example, the State of North Carolina has provided Oxford House, Inc. with an annual grant sufficient for the umbrella organization to manage and pay the expenses of three full-time outreach workers operating in the state. The grant is approximately \$200,000 a year and the outreach workers have established 107 Oxford Houses throughout the state.

Part I of this evaluation compares the profile of Delaware Oxford House residents with those in other states. It also discusses the success of the Oxford House model in general and the ways and means to develop and maintain a strong network of such houses in each state.

This Part of the evaluation examines the particular characteristics of the residents in the Delaware Oxford Houses based on a resident survey conducted during late March, early April 2006. More than 70% of the Delaware Oxford House residents participated in the survey.

*** The recovery house revolving loan fund was made permissive rather than mandatory in October 2000 [PL 106-310] and is codified at 42 USC 300x-25.**

Oxford House - Browntown
305 S. Jackson Street
Wilmington, DE 19805
(302) 984-1191
6 Men
Established: Oct. 1993

Oxford House - Dover
350 Martin Street
Dover, DE 19901
(302) 678-9688
9 Men
Established: May 1991

Oxford House - Georgetown
105 South Race Street
Georgetown, DE 19966
(302) 854-9151
7 Men
Established: Feb 2000

Oxford House - Hedgeville
325 S. Jackson Street
Wilmington, DE 19805
(302) 777-4555
7 Men
Established: Jan 1997

Oxford House - Lamper
808 N. Van Buren Street
Wilmington, DE 19806
(302) 661-2662
7 Women
Established: May 2001

Oxford House - Lewes
8 Tulane Drive
Rehoboth, DE 19971
(302) 644-2979
Men
Established: Sep 1995

Oxford House-Monroe
607 W. Jackson Street
Wilmington, DE 19805
(302) 654-8006
6 Men
Established: Mar 2005

Oxford House - Paynter
888 Lincoln Street
Dover, DE 19904
(302) 734-2304
7 Men
Established: Nov 1995

Oxford House - Race Street
114 S. Race Street
Georgetown, DE 19947
(302) 855-5806
8 Women
Established: Dec 2002

Oxford House - Wilmington
1023 Linden Street
Wilmington, DE 19805
(302) 654-0649
9 Men
Established: Aug 1992

Frequency Distribution for AGE

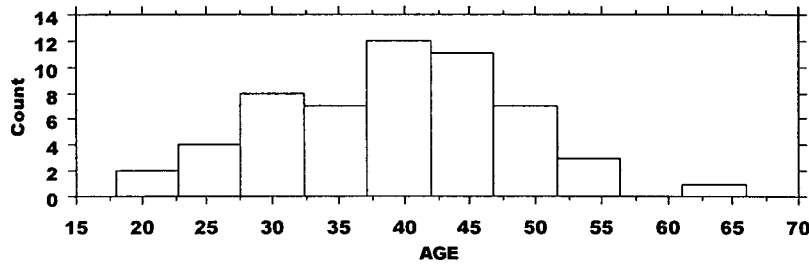
From (>)	To (≤)	Count	Percent
18.00	22.00	2	3.64
22.00	26.00	2	3.64
26.00	30.00	5	9.09
30.00	34.00	8	14.55
34.00	38.00	8	14.55
38.00	42.00	11	20.00
42.00	46.00	8	14.55
46.00	50.00	7	12.73
50.00	54.00	2	3.64
54.00	58.00	1	1.82
58.00	62.00	0	0
62.00	66.00	1	1.82
	Total	55	100.00

Frequency Distribution for SEX

	Count	Percent
MALE	44	80
FEMALE	11	20
Total	55	100

Average Age: 39 years
 Men: 38.0
 Women: 42.8

Histogram

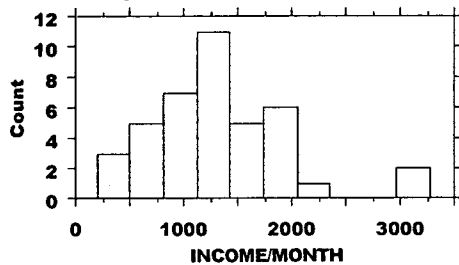


Distribution for INCOME/MONTH

From (≥)	To (<)	Count	Percent
200.00	508.00	3	7.50
508.00	816.00	5	12.50
816.00	1124.00	7	17.50
1124.00	1432.00	11	27.50
1432.00	1740.00	5	12.50
1740.00	2048.00	6	15.00
2048.00	2356.00	1	2.50
2356.00	2664.00	0	0
2664.00	2972.00	0	0
2972.00	3280.00	2	5.00
	Total	40	100.00

Average Monthly Income: \$1,338

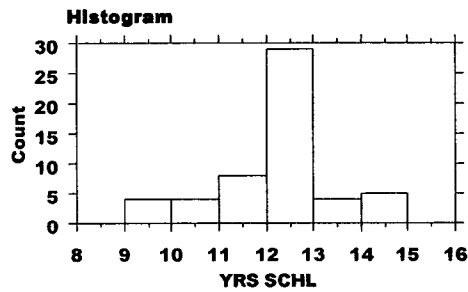
Histogram



Distribution for YEARS of SCHOOL

From (≥)	To (<)	Count	Percent
9.00	10.00	4	7.41
10.00	11.00	4	7.41
11.00	12.00	8	14.81
12.00	13.00	29	53.70
13.00	14.00	4	7.41
14.00	15.00	5	9.26
	Total	54	100.00

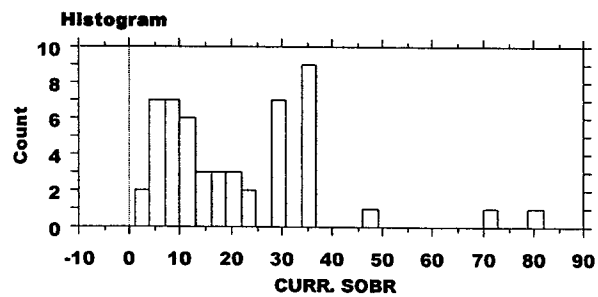
Average Years of School: 11.8
 70.4% High School graduation or better
 No college graduates



Distribution for CURRENT SOBRIETY [months]

From (≥)	To (<)	Count	Percent
1.00	4.00	2	3.85
4.00	7.00	7	13.46
7.00	10.00	7	13.46
10.00	13.00	6	11.54
13.00	16.00	3	5.77
16.00	19.00	3	5.77
19.00	22.00	3	5.77
22.00	25.00	2	3.85
25.00	28.00	0	0
28.00	31.00	7	13.46
31.00	34.00	0	0
34.00	37.00	9	17.31
37.00	40.00	0	0
40.00	43.00	0	0
43.00	46.00	0	0
46.00	49.00	1	1.92
49.00	52.00	0	0
52.00	55.00	0	0
55.00	58.00	0	0
58.00	61.00	0	0
61.00	64.00	0	0
64.00	67.00	0	0
67.00	70.00	0	0
70.00	73.00	1	1.92
73.00	76.00	0	0
76.00	79.00	0	0
79.00	82.00	1	1.92
	Total	52	100.00

Average length of current sobriety: 21.1 months



Current sobriety of good length is new to almost all the residents. Notice on the next page that more than three quarters have been through treatment more than once. Nearly 60% have been through treatment more than three times. 10% have been using treatment as a revolving door having been through it 10 times or more.

Distribution for TIMES DETOX - ONLY

From (≥)	To (<)	Count	Percent
1.00	2.00	15	29.41
2.00	3.00	9	17.65
3.00	4.00	1	1.96
4.00	5.00	3	5.88
5.00	6.00	1	1.96
6.00	7.00	1	1.96
7.00	8.00	0	0
8.00	9.00	0	0
9.00	10.00	0	0
10.00	11.00	3	5.88
	Total	33	64.71

Average number of times *with* residential treatment: 3.2

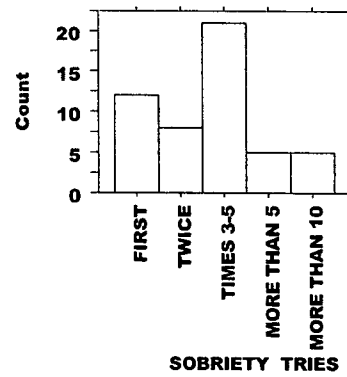
Distribution for Residential Treatment

From (≥)	To (<)	Count	Percent
1.00	2.00	21	39.62
2.00	3.00	6	11.32
3.00	4.00	7	13.21
4.00	5.00	8	15.09
5.00	6.00	1	1.89
6.00	7.00	0	0
7.00	8.00	2	3.77
8.00	9.00	0	0
9.00	10.00	0	0
10.00	11.00	1	1.89
	Total	46	86.79

Distribution for SOBRIETY TRIES [times in residential treatment]

	Count	Percent
FIRST	12	23.53
TWICE	8	15.69
TIMES 3-5	21	41.18
MORE THAN 5	5	9.80
MORE THAN 10	5	9.80
Total	51	100.00

Histogram



Distribution of ARRESTS (ALCOHOL or Drugs)

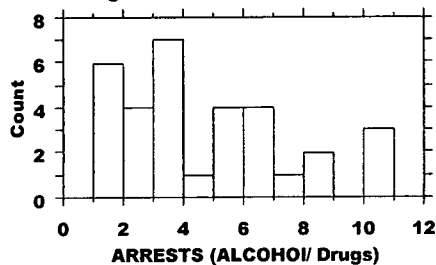
From (≥)	To (<)	Count	Percent
1.00	2.00	6	12.50
2.00	3.00	4	8.33
3.00	4.00	7	14.58
4.00	5.00	1	2.08
5.00	6.00	4	8.33
6.00	7.00	4	8.33
7.00	8.00	1	2.08
8.00	9.00	2	4.17
9.00	10.00	0	0
10.00	11.00	3	6.25
	Total	32	66.67

Average Number of times arrested: 2.8

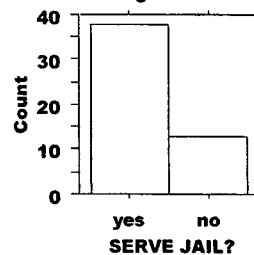
Frequency Distribution for SERVE JAIL?

	Count	Percent
yes	38	74.51
no	13	25.49
Total	51	100.00

Histogram



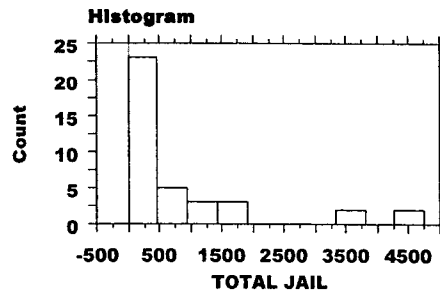
Histogram



Distribution for TOTAL JAIL [Days]

From (≥)	To (<)	Count	Percent
1.00	475.40	23	60.53
475.40	949.80	5	13.16
949.80	1424.20	3	7.89
1424.20	1898.60	3	7.89
1898.60	2373.00	0	0
2373.00	2847.40	0	0
2847.40	3321.80	0	0
3321.80	3796.20	2	5.26
3796.20	4270.60	0	0
4270.60	4745.00	2	5.26
	Total	38	100.00

Average number of days total in jail: 846 days
[2 years 4 months]

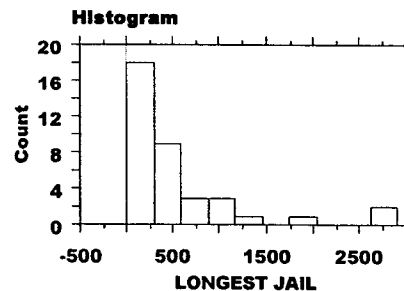


About three-quarters have been arrested and have done jail time. The average total length of jail time is 2 years and 4 months. The longest single average jail time is about a year and a half. As the next page illustrates past homelessness is also common among the Oxford House residents.

Distribution for LONGEST JAIL term [days]

From (≥)	To (<)	Count	Percent
1.00	292.90	18	48.65
292.90	584.80	9	24.32
584.80	876.70	3	8.11
876.70	1168.60	3	8.11
1168.60	1460.50	1	2.70
1460.50	1752.40	0	0
1752.40	2044.30	1	2.70
2044.30	2336.20	0	0
2336.20	2628.10	0	0
2628.10	2920.00	2	5.41
	Total	37	100.00

Average longest single jail term: 536 days
[1 year and 6 months]



Distribution for HOMELESS

	Count	Percent
YES	31	56.36
NO	24	43.64
Total	55	100.00

Over half have been homeless and on average more than once.

Distribution for TIMES HOMELESS

From (≥)	To (<)	Count	Percent
1.00	2.00	14	53.85
2.00	3.00	6	23.08
3.00	4.00	4	15.38
4.00	5.00	0	0
5.00	6.00	1	3.85
	Total	25	96.15

Average number of times homeless for those homeless: 1.65

Distribution for LENGTH HOMELESS [days]

From (≥)	To (<)	Count	Percent
1.00	292.90	16	69.57
292.90	584.80	2	8.70
584.80	876.70	2	8.70
876.70	1168.60	1	4.35
1168.60	1460.50	1	4.35
1460.50	1752.40	0	0
1752.40	2044.30	0	0
2044.30	2336.20	0	0
2336.20	2628.10	0	0
2628.10	2920.00	1	4.35
	Total	23	100.00

Likewise the average length of homelessness is about a year.

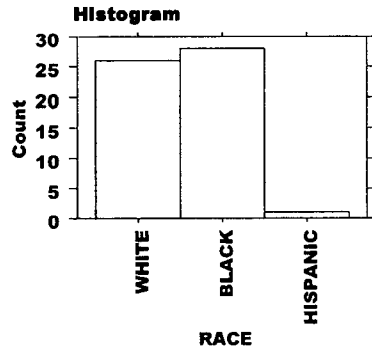
Average length of homelessness: 360 days [about one year]

Frequency Distribution for RACE

	Count	Percent
WHITE	26	47.3
BLACK	28	50.9
HISPANIC	1	1.8
Total	55	100.0

The 2000 US Census showed the following racial composition for Delaware:

White 74.6%
 Black 19.2%
 Hispanic 4.8%



The racial composition of the Oxford Houses in Delaware is about even between Black and White but the racial composition of the state population is about 75% White and 20% Black.

Frequency Distribution for EMPLOYED

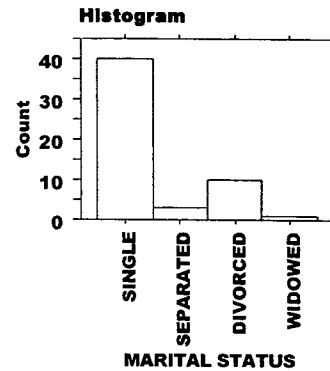
	Count	Percent
YES	45	81.8
NO	10	18.2
Total	55	100.0

Frequency Distribution for MILITARY

	Count	Percent
YES	9	17.65
NO	42	82.35
Total	51	100.00

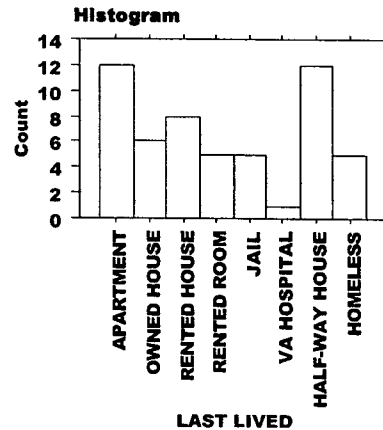
Frequency Distribution for MARITAL STATUS

	Count	Percent
SINGLE	40	74.07
SEPARATED	3	5.56
DIVORCED	10	18.52
WIDOWED	1	1.85
Total	54	100.00



Frequency Distribution for LAST LIVED

	Count	Percent
APARTMENT	12	22.22
OWNED HOUSE	6	11.11
RENTED HOUSE	8	14.81
RENTED ROOM	5	9.26
JAIL	5	9.26
VA HOSPITAL	1	1.85
HALF-WAY HOUSE	12	22.22
HOMELESS	5	9.26
Total	54	100.00



Notice that over half had marginal living conditions just prior to moving into an Oxford House.

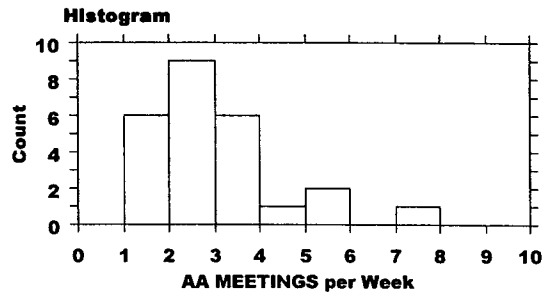
Frequency Distribution for COUNSELING?

	Count	Percent
YES	16	29.63
NO	38	70.37
Total	54	100.00

Staying clean and sober is the norm for Oxford House residents. This is in part because of the system of operations. Anyone who drinks or uses drugs is expelled. It is also because of the culture in an Oxford House. About 30% of the Delaware residents attend counseling in addition to AA/NA even though neither is a requirement for living in an Oxford House.

Frequency Weekly # of AA MTGS

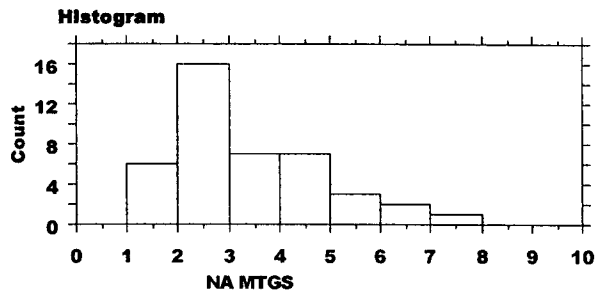
From (≥)	To (<)	Count	Percent
1.00	2.00	6	11.76
2.00	3.00	9	17.65
3.00	4.00	6	11.76
4.00	5.00	1	1.96
5.00	6.00	2	3.92
6.00	7.00	0	0
7.00	8.00	1	1.96
8.00	9.00	0	0
	Total	25	49.02



Average number of AA/NA meetings per week: 3.7

Frequency Weekly # of NA MTGS

From (≥)	To (<)	Count	Percent
1.00	2.00	6	11.76
2.00	3.00	16	31.37
3.00	4.00	7	13.73
4.00	5.00	7	13.73
5.00	6.00	3	5.88
6.00	7.00	2	3.92
7.00	8.00	1	1.96
8.00	9.00	0	0
	Total	42	82.35



Distribution for IMPORTANCE of OXFORD living in their recovery.

	Count	Percent
SOMEWHAT	5	9.26
MODERATELY	2	3.70
VERY	44	81.48
INSIGNIFICANT	2	3.70
NOT REALLY SURE	1	1.85
Total	54	100.00

About 95% of the residents felt living in an Oxford House was an important factor helping them to stay clean and sober without relapse.

Distribution for RECOMMEND OXFORD

	Count	Percent
YES	47	88.68
NO	1	1.89
UNCERTAIN	5	9.43
Total	53	100.00

About 90% would recommend Oxford House living to others in recovery.

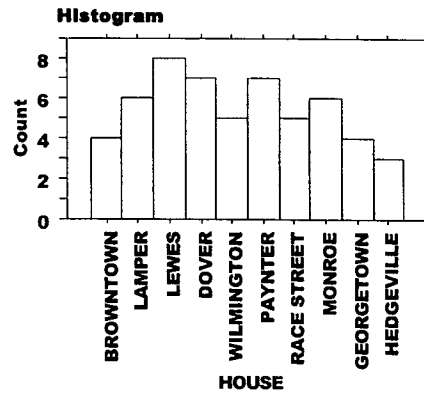
Frequency Distribution for HEALTH

	Count	Percent
VERY GOOD	23	41.82
PRETTY GOOD	28	50.91
NOT SO GOOD	4	7.27
Total	55	100.00

Based on self-reporting about 7% rated their health "Not So Good" but 93% rated their "pretty good" or "very good".

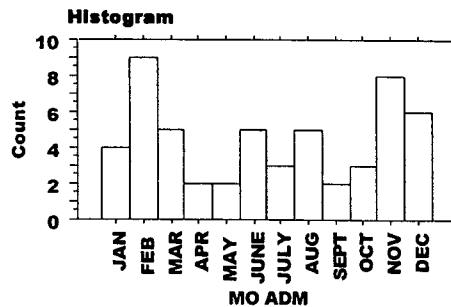
Distribution for HOUSE participating

	Count	Percent
BROWNTOWN	4	7.27
LAMPER	6	10.91
LEWES	8	14.55
DOVER	7	12.73
WILMINGTON	5	9.09
PAYNTER	7	12.73
RACE STREET	5	9.09
MONROE	6	10.91
GEORGETOWN	4	7.27
HEDGEVILLE	3	5.45
Total	55	100.00



Distribution for Month admitted

	Count	Percent
JAN	4	7.41
FEB	9	16.67
MAR	5	9.26
APR	2	3.70
MAY	2	3.70
JUNE	5	9.26
JULY	3	5.56
AUG	5	9.26
SEPT	2	3.70
OCT	3	5.56
NOV	8	14.81
DEC	6	11.11
Total	54	100.00



Not surprisingly most move into Oxford Houses during the months of November through March.

TITLE 42 USC - CHAPTER 6A - SUBCHAPTER XVII - Part B - subpart ii - § 300x-25

§ 300x-25. Group homes for recovering substance abusers

(a) State revolving funds for establishment of homes:

A State, using funds available under section 300x-21 of this title, may establish and maintain the ongoing operation of a revolving fund in accordance with this section to support group homes for recovering substance abusers as follows:

- (1) The purpose of the fund is to make loans for the costs of establishing programs for the provision of housing in which individuals recovering from alcohol or drug abuse may reside in groups of not less than 6 individuals. The fund is established directly by the State or through the provision of a grant or contract to a nonprofit private entity.
- (2) The programs are carried out in accordance with guidelines issued under subsection (b) of this section.
- (3) Not less than \$100,000 is available for the fund.
- (4) Loans made from the revolving fund do not exceed \$4,000 and each such loan is repaid to the revolving fund by the residents of the housing involved not later than 2 years after the date on which the loan is made.
- (5) Each such loan is repaid by such residents through monthly installments, and a reasonable penalty is assessed for each failure to pay such periodic installments by the date specified in the loan agreement involved.
- (6) Such loans are made only to nonprofit private entities agreeing that, in the operation of the program established pursuant to the loan-

- (A) the use of alcohol or any illegal drug in the housing provided by the program will be prohibited;
- (B) any resident of the housing who violates such prohibition will be expelled from the housing;
- (C) the costs of the housing, including fees for rent and utilities, will be paid by the residents of the housing; and
- (D) the residents of the housing will, through a majority vote of the residents, otherwise establish policies governing residence in the housing, including the manner in which applications for residence in the housing are approved.

(b) Issuance by Secretary of guidelines

The Secretary shall ensure that there are in effect guidelines under this subpart for the operation of programs described in subsection (a) of this section.

(c) Applicability to territories

The requirements established in subsection (a) of this section shall not apply to any territory of the United States other than the Commonwealth of Puerto Rico.

Note: Law above reflects the October 17, 2000 amendment [PL 106-310] that made the provision permissive on the states rather than mandatory, as it had been § 2036 under PL 100-690. However, even under the permissive provision the requirement on the houses stays the same and the federal criteria of paragraph (6) describe the Oxford House™ concept and system of operation. Oxford House, Inc. – the national umbrella organization – provides charters to eligible applicants at nominal cost.

Oxford House – The Missing Link for Success Recovery Without Relapse!