



Oxford House – Asheville
16 Michigan Avenue
Asheville, NC 28806
8 Men • Established July 1991



Oxford House – Mayridge
215 Mayridge Drive
Charlotte, NC 28215
8 Women • Established October 2006



Oxford House-Glenwood II
203 Glenwood Avenue
Greenville, NC 27834
7 Men • Established January 2007

North Carolina Oxford Houses

Good Neighbors in Good
Neighborhoods

*A cost-effective concept and
system of operation for
addicted individuals in recovery
to help themselves to become
comfortable enough with
sobriety to avoid relapse.*

This report and evaluation is a description of residents in the individual Oxford Houses existing in the State of North Carolina in 2006 and the state sponsored program that has enabled recovering individuals to help themselves stay clean and sober without relapse. It will be supplemented with 2007 data as soon as it is available.

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

June 6, 2007

Oxford House™

Recovery • Responsibility • Replication

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

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

Replication: The means through which the number of Oxford Houses is expanded to better meet the needs of all alcoholics and drug addicts in recovery are given.

Overview of Evaluation

Oxford House views recovery without relapse as a reasonable goal for all alcoholics and drug addicts. For more than 32 years, the concept and disciplined, democratic, self-supported system of operation of individual Oxford Houses has provided the time, peer support and drug-free living environment necessary to develop sobriety comfortable enough to avoid relapse. From its beginning in 1975, Oxford House has relied upon honest compilation of facts to determine what works and what does not work in order to understand how recovery without relapse can be achieved.

Four sources of data underlie the facts presented in the report: [1] confidential personal data to profile members of Oxford Houses; [2] monthly intake and exit data including expulsions for relapse, [3] household finances including rent each group pays the landlord and utility costs and other household expenses and [4] research data from professional outside researchers including the NIDA and NIAAA sponsored DePaul University 13-year studies of Oxford House.

There are more than 1,250 individual Oxford Houses serving nearly 10,000 recovering individuals at any one time. During 2006, 2,402 individuals lived in NC Oxford Houses with 586 being expelled for relapse – a 24% relapse rate. Similar profile evaluations of Oxford Houses and residents in other states are available at the Oxford House website.

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Oxford House – A Proven Path to Recovery Without Relapse



Oxford House – Westmore
2746 Westmore Court
Winston Salem, NC 27103
6 Men • Established March 2002



Oxford House – Henderson
169 Burrell Avenue
Henderson, NC 27536
10 Men • Established November 1994



Oxford House – Aycock
1030 South Aycock Street
Greensboro, NC 27403
8 Men • Established July 2001

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

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

Within a ten square mile area, Oxford House expanded from one house in 1975 to thirteen houses by 1987. The growth had taken place as the first group rented a second house early in 1976 and within twelve months five houses had been rented including a house for women. As the early years passed, most of the individuals who moved into an Oxford House would stay clean and sober and move out after a year or two and still stay clean and sober after they had moved out. Most houses kept the applications for membership completed by those who lived in a house. In 1987, the late Bill Spillaine, Ph. D., who had retired from NIDA and was teaching at Catholic University School of Social Work in Washington, D.C. followed up individuals who were living in Oxford Houses and tracked down the individuals who had moved out. In total, he interviewed about 1,200 individuals who had lived in an Oxford House between 1975 and

1987.¹ He found that 80% of the residents in those early Oxford Houses stayed clean and sober from the time they had moved into Oxford House and had stayed clean and sober even after they had moved out of Oxford House.

When Dr. Spillaine reported his findings to the then leaders of Oxford Houses, they expressed shock that 20% had relapsed. "What are we doing wrong?" they asked Spillaine. He explained that 80% staying clean and sober represented a remarkable outcome. "In general, fewer than 20% stay clean and sober after treatment," he explained.



Oxford House – Fieldbrook
309 Fieldbrook Place
Charlotte, NC 28209
7 Men • Established August 1998

In 1988, two events increased interest in the 13 year old Oxford House movement – establishment of an Oxford House in Bethlehem, Pennsylvania about 200 miles from the original network of houses and the Spillaine study. Congress was considering passage of the Anti-Drug Abuse Act of 1988 and asked Oxford House if it would accept a demonstration grant to

¹ It is unclear how many had actually lived in Oxford House over that time period because there was no centralized record keeping. Spillaine relied upon the application records each house maintained and then tracked the individuals down. We do not know how many applications were not filed and therefore we cannot know how many he was unable to track down because he did not know they had ever lived in an Oxford House. Also, he relied upon the self-reporting of the individuals he did track down. There is no reason to believe they lied but as pointed out later in this report, the recent DePaul Studies used a more scientific method by contacting the individuals every three months and by cross-checking the reports of interviewed residents by asking a friend for verification. Interestingly, the DePaul results found outcomes as good or better than the outcomes reported by Spillaine twenty years earlier.

expand beyond the DC area. The men and women in Oxford House turned the offer down but the interest in Oxford House spread from Congress to the White House.

In August 1988, the Reagan Administration sent Dr. Ian MacDonald from the White House to visit the 13 - man Oxford House- Northampton in Washington, DC.

Dr. MacDonald asked the men when they had their last vacancy. They told him that the last vacancy was in March. "How many applied?" asked MacDonald. "Twenty-three," they replied. MacDonald then asked what happened to the twenty-two not accepted for membership and was told the guys had no idea. "I thought the way Oxford House worked is that when a house is full a few of the residents rent another house so more rooms are available," said MacDonald. "It is," he was told, "but it takes us about two years to save up enough money to rent another house." With that information MacDonald came up with the idea of the recovery home revolving loan fund – a concept that the Oxford Houses found acceptable. His idea was included as §2036 of the Anti-Drug Abuse Act of 1988 and has served as the catalyst for expansion of Oxford House in North Carolina and throughout the country.

North Carolina and Oxford House

North Carolina was one of the first states to establish a self-run, recovery home start-up loan fund. The reason that the state and Oxford House formed what has turned out to be a great partnership was because a number of individuals in the state opened the door to Oxford House soon after the federal Anti-Drug Abuse Act was enacted. The initial contact within the state was James T. Broyhill.

In 1989, former United States Senator James T. Broyhill had become Secretary of Commerce in Governor Martin's administration. He had represented North Carolina in Congress in both the House and the Senate. While in the U.S. House, he had served on the Interstate and Foreign Commerce Committee and had worked with one of the Committee staff members who had co-founded Oxford House



In May 2007 more than 200 North Carolina Oxford House residents met for a three-day convention at the Hilton Hotel in North Raleigh. At the Saturday night banquet Paul Molloy [right] and Kathleen Gibson [center], coordinator for Oxford Houses in North Carolina presented an appreciation award to Senator James T. Broyhill

Following passage of the federal Anti-Drug Abuse Act, Oxford House established a central service office to help states implement §2036 of the Act – the Group Home Recovery Loan provision. Senator Broyhill knew about Oxford House and when contacted about how to get houses going in North Carolina he effectively introduced Oxford House representatives to key stakeholders in the state.

In addition to introducing Oxford House to Bill Campbell – then head of the state single agency to combat alcoholism and drug addiction, Senator Broyhill introduced the Oxford House representatives to the late Tony Mulvihill, the Director of the North Carolina Council on Alcoholism and Drug Addiction. This introduction to North Carolina leadership was important for the successful establishment of a strong network of Oxford House throughout the state. For example, one of the members of the North Carolina Council on Alcoholism and Drug Addiction was active in Buncombe County and encouraged early establishment of an Oxford House in Ashville in the Western part of the state. Broyhill and Campbell also encouraged the Governor and Legislature to enact enabling legislation to establish a recovery home revolving loan fund.

Until he died April 6, 2004, Tony Mulvihill, pictured below, was Executive Director of the Alcohol and Drug Abuse Council of North Carolina and had made it one of the most effective councils in the country.



The late Tony Mulvihill, pictured above, made certain that every member of the Council knew about the benefits Oxford House could bring to North Carolina by providing recovering individuals with the support they need to develop sobriety without relapse. The support of North Carolina establishment individuals from the very beginning is one of the reasons that North Carolina has such a strong network of Oxford Houses today.

The partnership formed between North Carolina and Oxford House, initially fostered by Senator Broyhill and Tony Mulvihill, produced successive and continuous supporters. Among the most influential was the late Dr. Julian F. Keith who served as director of the alcohol and drug agency during an early period of Oxford House growth in the state. Dr. Keith understood recovery first-hand and promptly saw the therapeutic value of Oxford Houses.

The State of North Carolina has invested in the development of Oxford Houses in two ways: (1) a revolving start-up loan fund, and (2) a technical assistance grant to Oxford House, Inc. – the national non-profit umbrella organization. Since 1999, the technical assistance grant to Oxford House, Inc. has been about \$200,000 a year. That money enables Oxford House to employ three full-time and two part-time employees to provide the technical assistance necessary to establish one Oxford House at a time throughout the State of North Carolina.

Flo Stein, Chief of the Community Policy Management Section of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services had worked with Dr. Keith in the single state alcoholism and drug addiction agency-preceding establishment of the

Community Policy Management Section. She has continued to support the building of strong statewide system of Oxford Houses as a logical extension of the mandate the Legislature has give her agency. Specifically the role of the Community Policy Management Section is to exercise primarily responsible for leadership, guidance and management of relationships with the local management entities (LMEs). This section collaborates with a wide variety of public and private partners and customers, to promote recovery through the reduction of stigma and barriers to services. Development of a strong statewide network of Oxford Houses fits the state's efforts to effectively match services with community and individual needs.

Once the Oxford House development got under way, the North Carolina Network Oxford House produced their own set of leaders.



Within each house individuals rose to the occasion and carried out the duties of officers elected on a rotation basis. Many of them understood the effectiveness of disciplined, democratic system of operation that makes Oxford House low-cost and remarkably effective. These leaders become

well known and respected among the more than 2,000 individuals that come in and move out of North Carolina Oxford Houses each year. Two years ago the entire network of houses mourned the death of Lester Fleming who had not only gained comfortable sobriety in Oxford House himself but continued to share his experience and skills with everyone living in the houses as an alumnus.

Development of NC Oxford Houses

The 117 Oxford Houses in the State of North Carolina provide about 900 beds for individuals recovering from alcoholism and drug addiction to gain the time, peer support and discipline needed to achieve sobriety comfortable enough to avoid relapse. A considerable amount of skill and work is necessary to establish an Oxford House. As with most beneficial things in life, knowledge, hard work and persistence – reflected by Lester's example – are necessary characteristics to get the job done. The Oxford House model provides the blueprint for each of these characteristics to flourish.

Each individual Oxford House is a rented home and chartered by Oxford House, Inc. The chartering procedure is a two-step process: (1)

the issuance of a temporary charter, and [2] once the requirements of the temporary charter are met, the issuance of a permanent charter. Both the temporary and permanent charters have three simple conditions that the group requesting a charter must meet in order to call itself an Oxford House™. Usually a new house is able to demonstrate it understands the system of operation sufficiently to receive a permanent charter within a period of about six months. The three conditions of both the conditional and permanent charter are as follows:

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

These three basic requirements – democracy, self-support and absolute sobriety – lie at the heart of what makes an Oxford House work. The first requirement that the group be democratically self-run has both a practical and therapeutic value. The residents in an Oxford House save money by managing their house themselves rather than paying employees to “look after them.” That is the practical aspect. But also, in managing the operations of their house, the residents gain self-esteem, accountability and civic virtue.

The requirement of self-support also has both practical and therapeutic value. The North Carolina Oxford House residents pay an average of \$95.00 a week into their group household account as their equal share of household expenses.² More importantly, when the residents of an individual house pay their monthly bills each resident in the group gains the satisfaction of having behaved responsibly. This is new behavior for the recovering addict.

The satisfaction that comes from the group paying bills strengthens the cohesiveness of the group as a whole and increases the value of individual sobriety. This is particularly true because each resident in each Oxford House

² This next year residents in the North Carolina Oxford Houses will pay approximately \$4,337,320 for their own household expenses for the 115 houses now in the state. Utilization of traditional halfway houses to accommodate 878 individuals [number of beds currently in the NC Network of Oxford Houses] would cost taxpayers between \$20 million to \$31 million.

knows firsthand that the success or failure of the individual house depends upon following the disciplined democratic system of operation that is a basic tenant of every Oxford House – including paying household bills on time.

The National Institute on Alcoholism and Alcohol Abuse [NIAAA] and the National Institute of Drug Addiction [NIDA] funded two major studies of Oxford Houses. Those agencies provided the funding to DePaul University in Chicago to conduct a number of national studies related to the efficacy of Oxford House.³

The studies consisted of a number of specific small-scale studies and two major studies. One of the small-scale studies examined optimism, abstinence self-efficacy and self-mastery of two groups of individuals in early recovery experienced. One group lived in an Oxford House and attended 12-Step self-help recovery meetings. The other group also went to 12-step self-help recovery meetings but did not live in an Oxford House. Both groups were interviewed to determine basic history [demographic and treatment history] and individuals completed surveys related to the cognitive resources of optimism, abstinence self-efficacy and self-mastery. The authors concluded their study as follows:

Overall findings suggest that cognitive resources facilitate substance abusers' recovery and that the Oxford House model provides recovering substance abusers with an environment that provides greater support in their development of cognitive resourcefulness for ongoing abstinence.⁴

In a major study financed by the National Institute on Drug Abuse [NIDA], the DePaul researchers followed 897 Oxford House residents living in 219 Oxford House around the country [including a number of houses in North Carolina] for a period of 27 months to determine how

³ Thirteen of the DePaul specific studies have been published in book form: *Creating Communities for Addiction Recovery: The Oxford House Model*, edited by Leonard A. Jason, Joseph R. Ferrari, Margaret I. Davis, Bradley D. Olson, The Hayworth Press, New York, 2006

⁴ John M. Majer, Leonard A. Jason, Bradley D. Olson, *Optimism, Abstinence Self-Efficacy, and Self-Mastery – A Comparative Analysis of Cognitive Resources*, Assessment, Volume 11, No.1, March 2004, 57-63 at P. 62.

many stayed clean and sober without relapse.⁵ Their findings were that after 27 months a remarkable 87% had stayed clean and sober for the entire period of time.

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

The following AP news report published in August 2005 summarizes the DePaul University findings.

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.

⁵ To be in this study the individual had to be an existing resident of an Oxford House but was followed for the full 27-month period even after he or she moved out of an Oxford House. The self-reporting of the resident every three months was cross-checked by getting confirmation from a friend designated by the subject at the beginning of the study.

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.

The relapse rate for residents in North Carolina Oxford Houses is higher than the 20 percent rate found in the major NIDA sponsored study by DePaul. Each month Oxford House World Services keeps track of involuntary exits for each of the 115 Oxford Houses in the state. The average rate of relapse among North Carolina Oxford House residents is about 24.4% – less than the relapse percentage [35%] found by DePaul in the NIAAA study but higher than the rate [13%] in the DePaul NIDA study. Two factors account for the difference between the 20% relapse rate found in the NIDA sponsored study of 897 individuals living in 219 Oxford Houses and the greater relapse rates in the NIAAA sponsored study involving a control group and the actual counts in North Carolina. First, the 13% rate [NIDA} included a large universe of individuals already living in Oxford Houses and was already on a sobriety path. Second, as the duration of primary treatment is shorter more individuals are coming into Oxford Houses with less than 30 days being clean and sober. It should be noted that almost all relapses involve individuals who have spent less than six months

in an Oxford House. This is consistent with the findings by the DePaul research group. They found that almost all the relapses in their studies took place during the first six months of residence in an Oxford House. In another DePaul study, individuals who had entered Illinois Oxford Houses were followed up for a two-year period, and 62% of those interviewed either remained in the house or had left on good terms.⁶ In a study of individuals in Missouri who had been living in Oxford Houses, 69% were abstinent at a 6-month follow-up.⁷ In both of those studies the relapse almost always occurred during the first six months of Oxford House living. Beginning in the second half of 2007 Oxford House World Services will fine-tune the relapse data for the North Carolina houses. Our hypotheses in that almost all relapses will take place during the first six months of living in an Oxford House.

Every individual who pays an equal share of household expenses can live in an Oxford House as long as he or she does not drink alcohol or use drugs. Those who relapse are expelled because the charter requires it. This absolute rule underscores that the primary purpose of the house is to gain sobriety without relapse. Whenever peers vote a resident out of the house, each resident has the value of his own sobriety enhanced. Also voting new residents into the house is sobriety enhancing. The older house members want to set a good example for the new residents and in doing so reinforce their own sobriety. The individual Oxford House becomes a safe haven for staying clean and sober. Because there is no time limit on how long a resident can live in an Oxford House, each individual can stay as long as it takes to become comfortable with sobriety without relapse. Experience has shown that sobriety – like addiction – is habit forming.

In many cases, the individual who relapses seeks admission to same or another Oxford House when and if sobriety is regained. His or her chance for admission depends upon the same considerations applied to other applicants.

⁶ Bishop PD, Jason LA, Ferrari JR, et al. *A Survival Analysis of Communal-Living, Self-Help, Addiction Recovery Participants*. AMERICAN JOURNAL COMMUNITY PSYCHOLOGY 1998; 26:803 – 821.

⁷ Majer J, Jason LA, Ferrari JR, et al. *Co-morbidity Among Oxford House Residents: A Preliminary Outcome Study*. ADDICTION BEHAVIOR 2002; Vol. 27: 837-845.

The members of the house consider all the facts, interview the applicant and vote on acceptance of the applicant. If 80% of existing house members agree, the applicant is accepted.

Throughout this evaluation there are boxes that include the personal stories of residents or alumni from the North Carolina Oxford Houses. The individuals who wrote their "stories" did so to underscore the fact that real people, real families and real communities are affected by alcoholism and drug addiction and positively transformed by having the opportunity to change from destructive addictive behavior to responsible civic behavior.

Kurtis T's Story

I became addicted to alcohol at the age of 12. I became addicted to crack at the age of 16. I spent 10 long hard years in the streets – homeless for the most part, unemployable, and completely hopeless. I found Oxford House in 1996 and fell in love with the concept. It worked for me and I became involved. I served as Housing Chair, Chapter Chair, and I was the first NC State Board Chair. I helped to open houses and did service work whenever I could. I got married in 1999 and moved out of Oxford House. Nine months later I suffered a 21-day relapse. I managed to stay clean for another 9 months and relapsed again, for 30 days this time. I came back and stayed clean for 6 months then relapsed again. I just couldn't get back into the swing of recovery. The shame and the guilt were killing me. I came back and stayed clean for 18 months and relapsed again on 6-1-02. This was the mother of all relapses. I lost my wife, my home, my car, my mind – everything.

Two days before Christmas in 2002, I was either going to kill myself or surrender to God's will. By God's grace, I surrendered myself completely to my Lord and Savior Jesus Christ. I turned myself in to the authorities for some crimes I had committed and served 17 months in the NC Department of Corrections. Upon release, I thought I was going to a homeless shelter and I was going with an attitude of gratitude. However, my good friends Keith and Kathleen Gibson decided to take me into their home for a few days. They set up an interview at an Oxford House for me, gave me clothes to wear, food to eat, and plenty of Love.

Since then, Jesus has put my marriage back together. I am a father to my children. He has blessed me with my own Carpet and Vinyl Installation Business. I am Criminal Justice Outreach for NC State Oxford Houses. I'm a Den Leader for the Cub Scouts. I teach Children's Church and serve on the Usher Board. Thank God for Oxford House.

The foregoing story of Kurtis T. is an example of an individual who lived in an Oxford House, moved out, relapse and paid an additional price

associated with active addiction. In this respect Kurtis is a minority among Oxford House residents. However, his story reflects that second chance aspect of Oxford House. Kurtis was given a second chance and the happy outcome is reflected in his story. Today he spends hours carrying the Oxford House success story to those alcoholics and drug addicts getting out of jail in North Carolina.

Current Profile of North Carolina Oxford House Residents

Each year Oxford House, Inc. asks each of the residents in North Carolina Oxford Houses to complete a confidential questionnaire that has been used since 1987. The data from the questionnaire provides the basis for Oxford House World Services to develop a profile of Oxford House residents and evaluate how well Oxford Houses are doing.

In spring and summer of 2006, 512 [73%] of the then 703 men and women living in the network of Oxford Houses throughout North Carolina completed a questionnaire that elicited information about their background and efforts to recover from alcoholism and drug addiction. The survey questionnaire was one that has consistently been used by Oxford House since 1987. The data obtained from the surveys is a snapshot of who is living in North Carolina Oxford Houses during the survey period. The resident profile is almost identical year after year.

In each year, the self-reported background and addiction history of each resident reflects a pattern. This is not surprising. Addictive behavior has produced destruction to individuals, families and communities. The new element introduced by Oxford House living is the fact that past behavior does not have to prologue to the future. For those living in an Oxford House an opportunity is presented to change behavior for the long-term. At the end of 2006, there were 111 houses [84 for men – 27 for women] with 851 recovery beds [184 for women – 667 for men].⁸

The high response rate was evenly distributed among all the Oxford Houses in the state.⁹ The

⁸ The number of houses has increased to 117 as of June 2007.

⁹ During the time period, there were 763 Oxford House recovery beds in the state. There were 60 vacancies – some as a result of normal turnover and some as a result of houses just starting. Of the current

Paula H.

My name is Paula H. and I live in Durham, North Carolina. My sobriety date is April 26, 1998. I was born in 1951 in Greensboro, North Carolina.

As I was growing up, the Civil Rights movement was in full swing and I vividly remember having to go to the back of the movie theater and sit in the balcony because I was Black. I was the 2nd class to integrate the first white high school in Greensboro, NC. Needless to say, I had no love for white people. When I graduated from high school my goal was to get as far away from my mother, Greensboro and the church as possible. This led me to Howard University in August 1968, just turning 17 in March.

I immediately started participating in every aspect of college life since I was not allowed to drink or smoke growing up. First it started with drinking in the dorms with my roommates and occasionally smoking marijuana. Then I received a visit from some friends from home who lived in New York and they were doing heroin. I tried it because I didn't think they would give me anything bad. One friend was living in DC so I continued to hang with him and it was not until he told me to watch that I could get a habit that I started beginning to realize what was going on but not how it would play out for the rest of my life. Right after that, drugs hit the campus and before I knew it in 1970, I was a full-blown heroin addict.

By 1979, I had been in a relationship for 11 years, gotten married, had a son and had continued to use steadily. My husband and my habit increased. In a few years as our habits increased and we were our best customers, and we were separating, my family had to come to DC to get me and my son. Once back in NC, I continued seeking those who used and ended up marrying my 2nd husband who was a drug dealer. This relationship was very physically and mentally abusive. I started dealing myself, was arrested for the first time in my life, left town and returned to DC to keep from going to jail. I started working but was still caught up with others who used. After 20 years of just using heroin, I started using crack and if I was not crazy before, I certainly was now. I ended up getting locked up after a house was raided and was handcuffed, shackled and brought back to NC because they found out I was a fugitive.

In 1983, I was sentenced to 4 years for conspiracy to sell heroin, but it was reduced to 6 months. Toward the end of 1994 after burying one of my best friends from college who died from this disease, I found myself in treatment for the first time. I relapsed after four months clean, almost killed my children and myself in a car accident because I was so high but after a few weeks continued using again.

After going in and out of treatment, finally on April 26, 1998, I came back to Chapel Hill to the first women's Oxford House in Chapel Hill. Oxford House definitely is a major reason while I am clean today and that's why I continue to work with the houses with Special Projects. It taught me how to be responsible and care for everyone regardless of race, gender or sexual preference and enhanced my 12-step recovery program. Today, I am a Human Resources Facilitator and Administrative Assistant to the Chair of the Department, but what I enjoy most is my work for Oxford House, which is my passion. I know what it can do because I am a living witness.

statistical profile of North Carolina Oxford House residents is as follows:

Table – 1- Gender

Male	74.6%
Female	25.4%

The percentage of women in the survey is about the same as the percentage of recovery beds available for women in the North Carolina network of houses – 25.4% versus 21.6%.

Table – 2 – Race

White	50.8%
Black	46.2%
Hispanic	03.6%
Asian	00.4%
Native Am	01.2%

The racial breakdown of North Carolina according to the 2000 U.S. Census was 70.2% White; 21.4% Black; 1.4% Asian; 1.2% Native American; and 4.7% Hispanic. As shown in Table 2 the racial composition of NC Oxford House residents has more Blacks than the population as a whole but otherwise is quite similar.

Both gender and race follow the pattern of treatment within the state – including treatment that is provided as part of incarceration. Oxford House takes active action to make certain that all segments of the community have an opportunity to get into an Oxford House.

The racial breakdown differences in the state as a whole, and the racial breakdown within the North Carolina Oxford Houses will become less as word of Oxford House spreads and as more houses are established. There are already sections within the state where shifts in racial composition within Oxford House have occurred to more closely reflect the population of those regions.

It can be anticipated that as the network of Oxford Houses in the state grows it will continue to have a population with a racial breakdown that closely reflects the population as a whole. Alcoholism and drug addiction know no racial, economic or educational boundaries.

Table - 3
Age Range

Age	Count	Percent
18-23	19	5.3%
23-28	40	8.4%
28-33	54	11.6%
33-38	79	17.3%
38-43	97	19.7%
43-48	94	17.5%
48-53	75	13.6%
53-58	32	4.6%
58-63	7	1.6%
63-68	5	.6%
Total	502	100.0%

The average age of the residents is 40.1 years old. The average age of women [38.4 years] is a little more than 2 years younger than the average age of men [40.7]. While the average age of residents is 40.1 years, the distribution ranges from 18 to 68.¹⁰

Most of the Oxford House residents in the state have never served in the military but 15.9% are veterans compared to 13% of the North Carolina population overall who are military veterans. The veteran population in Oxford House as of May 2007 includes at least two men who are veterans of the Iraq war.

The veterans are a little over seven years older on average than the non-veterans [46.0 years versus 38.9 years]. The two young men who are veterans from the Iraq war are not included in the statistics but since they are in their early twenties the average age of military veterans in North Carolina Oxford Houses would be slightly lower and if their presence is the beginning of a trend the age difference between veterans and non-veterans will become less.

The average length of schooling of the North Carolina Oxford House residents is 12.56 years. The range of education is from completion of grade seven to college post-graduate work.

Slightly over 20% of the North Carolina Oxford House residents have not completed high school. Some of these residents in North Carolina obtain GEDs, vocational training and other education and training while living in an Oxford House. The low cost and supportive

¹⁰ There are several older individuals [one age 72] living in the North Carolina Oxford Houses but were not picked up in the survey.

living environment of an Oxford House provides a good opportunity for returning to school.

On the other hand, about 29% of the North Carolina Oxford House residents have education beyond high school level. About 10% have at least a 4-year college degree. See Table 4 below.

In America education and economic wellbeing often result in class differences – even though as a country the United States promotes an egalitarian philosophy. Alcoholism and drug addiction are egalitarian and Oxford Houses in North Carolina reflect the ideal mix of well-educated and under-educated, rich and poor, and individuals of different races and religious backgrounds.

More than three-quarters [88%] of the residents graduated from high school. There is no statistically significant difference in education level when compared to race, age or gender except Whites [12.9 years] have more education than Blacks [12.3 years] and both Blacks and Whites have more educational attainment than Hispanics [10.6 years]. Men [12.5 years] have slightly less educational attainment than women [12.7 years] and military vets [13.3 years] have more education on average than the non-veterans [12.4].

The following table in the shows the educational attainment diversity.

Table - 4
Last Year of Formal Education

Last Year	Count	Percent
7	4	00.8%
8	12	02.4%
9	17	03.4%
10	33	06.6%
11	36	07.2%
12	209	41.6%
13	46	09.2%
14	74	14.7%
15	19	03.8%
16	37	07.4%
17	6	01.2%
18	3	00.6%
19	3	00.6%
20	2	00.4%
21	0	00.0%
22	1	00.2%
Total	502	100.0%

There is no relationship between any educational level or racial group and length of sobriety. Unsurprisingly, Oxford Houses allow individuals to gain solid sobriety irrespective of racial, educational or income differences. The overall average level of education is 12.56 years but as discussed above, and there are slight differences between various cohorts.

Prior Treatment

Most of the residents in an Oxford House have been through residential treatment more than once. This is not surprising given what is known about alcoholism and drug addiction. Ludwig found that only one in ten of treated individuals are clean and sober eighteen months after treatment¹¹, and Vaillant found that over a lifetime only 20% of alcoholics achieve sobriety without relapse.¹² The general outcome of treatment for drug addiction is equally dismal. A study of treatment outcome for cocaine addiction found 13% stayed clean without relapse. [RAND 1995].

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

- ◆ Intervention
- ◆ Detoxification
- ◆ Education, and
- ◆ Long-term behavior change to assure sobriety without relapse.¹³

Long-term behavior change is the most difficult to achieve because behavior change – always difficult – becomes nearly impossible if the individual returns to a living environment identical or similar to where he or she was living as an active alcoholic or drug addict.¹⁴ Intervention, detoxification and education [about the nature of addiction and motivation to

change behavior] is not difficult but alone these three steps can seldom produce recovery without relapse. Long-term behavior change requires the availability of a reasonable opportunity to become comfortable with abstinent behavior.

Unfortunately, the norm for alcoholism and drug addiction treatment is that recovery is at best sporadic. Relapse is generally the expected outcome.

Table - 5
Prior Times in Residential Treatment

Times	Count	Percent
One	87	18.2%
Two	98	20.5%
3-5	211	44.1%
5-10	52	10.9%
More than 10	30	6.3%
Total	478	100%

Each episode of recovery is followed by recidivism into active drinking of alcohol and/or drug use. It is not unusual to find most individuals in formal treatment are not in treatment for the first time. As a matter of fact, the national TEDS report for 2005 shows that only 40% of all patients in treatment were in treatment for the first time. More than 10% had been in treatment five or more previous times. Therefore, it is not surprising to learn that most residents of Oxford House have been through residential treatment more than once before entering an Oxford House.

Not surprisingly, the average age of the various groups increased – slightly – in relationship to the number of times that an individual had previously been in residential treatment. For example, the group who had been in treatment one time only had an average age of 38.8; the two times group had an average age of 38.2, but then the 3-5 times group had an average age of 41.1; the 5-10 times group had an average age of 41.6 and the group having more than 10 times in residential treatment had an average age of 42.8. None of the average age groups are significant except that there is a 4-year average age difference between those with one time in residential treatment versus those with more than ten.

Prior residential treatment followed by relapse underscores the fact that behavior change – the only cure for alcoholism and drug addiction – is

¹¹ Id. 16.

¹² George E. Vaillant, *The Natural History of Alcoholism Revisited*, Harvard University Press, Cambridge, Massachusetts, 1995

¹³ Vernon E. Johnson, *I'll Quit Tomorrow* (Harper and Row, San Francisco, 3rd edition, 1980) [First published in 1967.]

¹⁴ R.J. Goldsmith, *The Essential Features of Alcohol and Drug Treatment*, *Psychiatric Annals*, 22, pp. 419-424, 1992.

not easy. It takes time, motivation and a supportive peer living environment to develop comfortable sobriety without relapse.

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

Two findings from the North Carolina Oxford House studies -- expulsion rate and length of stay -- show that Oxford Houses are providing the time, motivation and supportive peer environment for residents to develop sobriety without relapse. The Oxford House charter requires the immediate expulsion of any resident who returns to using alcohol or drugs.

During 2006, 1,524 were admitted to Oxford Houses in North Carolina. During the same time period 698 left on a voluntary basis and had stayed clean and sober. However, 586 had been asked to leave because they had returned to using alcohol and/or drugs -- about a 24% relapse rate. That is a little higher than the 13% relapse rate that the DePaul Study found in its study of 897 individuals living in 219 houses around the country but that survey was a sample of individuals already living in an Oxford House at the time they were randomly selected. On the other hand the actual North Carolina relapse rate of 24% for 2006 is a lower than the 35% relapse rate found in the DePaul survey involving 150 individuals just getting out of treatment and significantly lower than the 77% relapse rate for the control group in that study.¹⁵

The greatest difference between the DePaul studies and this evaluation is that here the statistical count is actual not survey. Every month the Oxford House outreach team in North Carolina collects the actual figures for intake, voluntary exits and involuntary exits. The minute an individual enters an Oxford House he or she -- without qualification -- is part of the sobriety count. It is not uncommon for most institutions involved in treatment to qualify

¹⁵ The control group of 75 individuals consisted of individuals getting out of treatment who returned to their normal living situation rather than going directly to an Oxford House.

recovery statistics by limiting computation to "those who complete the program." Even with cherry picking cases to include in recovery computations few if any treatment programs approach the outcome rates of Oxford House in achieving recovery without relapse.

About half the residents in North Carolina Oxford Houses have lived in the houses for six months or less. About 70% have lived in an Oxford House for less than one year; 85% for less than eighteen months.

The average length of sobriety among North Carolina Oxford House residents is 13.9 months, which is a good start toward mastering life-long sobriety. The range of sobriety is from 1 month to more than 10 years.

There is no time limit on length of stay in an Oxford House. Residents stay until they feel comfortable with sobriety and confident that they can move without risking relapse. It should also be noted that some of the individuals coming into an Oxford House have accumulated some sobriety from either incarceration or residential treatment -- including over 7 percent coming from a traditional halfway house and 6 percent directly from serving a jail term averaging a little over one year. The head start on sobriety of these individuals coupled with the 15 percent who have lived in a house for more than 18 months accounts for the average sobriety of 13.9 months. The following table shows the breakdown of sobriety making up the high average. About 4% have more than 4 years clean and sober without relapse.

**Table - 6
Current Sobriety in Months**

Months	Count	Percentage
1-6	244	49.6%
6-11	75	15.2%
11-16	57	11.6%
16-21	28	5.7%
21-26	27	5.5%
26-31	10	2.0%
31-36	20	4.1%
36-41	1	.2%
41-46	1	.2%
46-51	8	1.6%
Total	471	95.7%

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.¹⁶

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.¹⁷

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."¹⁸ 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

¹⁶ George E. Vaillant, *The Natural History of Alcoholism Revisited*, Harvard University Press, Cambridge, 1995, p. 300.

¹⁷ Id. 301.

¹⁸ Id. 301.

environment without dependency upon any outside authority or helper.

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

The cost of addiction is high. The following table showing marital status reflects one of the costs.

**Table 7
Marital Status**

Status	Court	Percent
Single	238	46.7%
Married	27	05.3%
Separated	72	14.2%
Divorced	157	30.8%
Widowed	15	3.0
TOTAL	509	100.0%

More than a third [45%] of Oxford House residents had been married but are now separated or divorced. Most believe addiction was the primary reason they were no longer married. Only 5% of the individuals in North Carolina Oxford Houses are still married and there is no indication that spouses in those cases are willing to resume marital status but experience has shown that once an individual has accumulated a year or more of continuous sobriety resumption of the marriage is likely to occur. The Kurtis T. story earlier in this paper is one of many examples where marital restoration has occurred.

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

John F.

I was born in 1959 in Phoenix, Az. I'm 46 years old; I was the only child who lived in the house. When my mom was pregnant with me, my father died in a car accident; he was drunk. Mother remarried when I was 6. The man she married became my father in every sense of the word. I was raised in Florida and we were pretty much a normal family. I played sports, had lots of friends, did ok in school, did not get in much trouble then, drank a beer every once in a while with my parents, smoked a joint even less but not with my parents. When I was about 13 we moved to North Carolina. It was like moving to Mars – everything was different – the schools, people, even the little league – which they didn't have. I did not fit in too good and I began to isolate and get very angry for being there and I became very unsure of myself. My schoolwork went way down as they were teaching things I had learned two years earlier and I got bored and finally dropped out but went back later to get my GED. That went on for a year or so. The people I was hanging out with were smoking pot and taking pills so I did too and liked it and began to do it all the time and began to take other drugs – anything I could get. When I was sixteen I stuck a needle in my arm and began shooting heroin and then it was on. I loved it.

When I was twenty I realized after being up all night that I was going to die or go to jail. Neither sounded good to me so I went to Augusta, GA., stopped doing drugs, got a job and then got drunk. Jim Beam became my new best friend. I drank daily till I passed out. I could not just have a few, I was able to keep my job and did very well at it getting promotions along the way but, like all alcoholics, things started going down hill. I started drinking before and at work so, after six years, I took 4 weeks vacation, went back to NC and got married and we started using heroin again. I got on the methadone program on and off but that did not work

I lost everything in the next 9 years: my pride, dignity, self-esteem, wife, and all my belongings. I became homeless and there it was my bottom. I wanted to kill myself but had not the nerve and ended up in Duke Hospital and detox and I became very willing to do what I had to do to stop using. I started taking suggestions and after three weeks I said what do I do now. They said 'treatment' so I went for thirty-four days, then I said, what do I do now? They suggested a halfway house or an Oxford House

I got involved with Oxford House by going to a lot of house and chapter meetings and really liked it. I felt like I was really doing something good. After about a year clean and sober I had a couple weeks vacation and I asked if there was anything I could do to help and was told to go to Greensboro, NC and find a house to open as an Oxford House so I did. A job opened up about that same time and I was offered the position. I continue to pass on the good news of what happened to me.

function well but later only a little alcohol use impaired behavior. The non-alcoholic and non-drug addict would quickly realize that the use of

alcohol or drugs was unwise and stops. The alcoholic or drug addict, however, craves more of the substance that left such a pleasant memory. Human beings are built to forget pain and remember pleasure. This trait causes the alcoholic and drug addict to continue active addiction unless there is intervention followed by successful behavior modification.

Forced intervention is often brought about by the criminal justice system. The uncontrolled behavior brought about when the alcoholic or drug addict is intoxicated and the compulsive behavior associated with seeking another drink of alcohol or drug fix may also bring about criminal behavior.

The profile of North Carolina Oxford House residents shows indicia of forced intervention. Most residents [79.5%] have served time in jail. The average total length of time served in jail is about 17.5 months. Usually the individual who has jail time accumulated the jail time as the result of several periods of incarceration. In other words, the alcoholic and drug addict has chronic recidivism. Unless a behavior of constant sobriety is developed, most alcoholics and drug addicts will continue a cycle of incarceration, followed by release, followed by relapse, followed by arrest, conviction and incarceration repeating the cycle over and over until death.

In an effort to avoid the revolving door of criminal behavior, drug courts attempt to correct the underlying problem of alcoholism and/or drug addiction early in the criminal process. An increasing number of Oxford House residents are participants in the North Carolina Drug Court System.¹⁹

The premise behind drug courts is that the drug addict or alcoholic can be motivated to seriously attempt treatment if the leverage of possible conviction and jail time is used to encourage treatment. Judges are recognizing that where the addict in treatment lives has an important bearing on the effectiveness of treatment. Unfortunately, access to Oxford House living is limited both by the availability of housing and coordination between drug courts and available vacancies in existing housing. Nevertheless, more than a hundred NC drug court clients have gained long-term sobriety by living in an Oxford

¹⁹ At any given time, there are between 40 to 120 residents in North Carolina Oxford Houses who are participants in drug courts. The Drug Courts that utilize Oxford Houses the most are in Raleigh, Charlotte and Greensboro.

House and more than five-dozen are in the houses at any one time.

North Carolina Oxford Houses from the beginning of development in 1990 have been established throughout the state. Without outreach workers any house development would probably have been centered almost exclusively in Charlotte and Raleigh. Initially two, and for the last four years three full-time and several part-time trained outreach workers, have been available to rent new houses, recruit initial residents and to teach them the standard Oxford House system of operation throughout the state. Without hands-on technical assistance it is unlikely that the existing network of houses could have been established. Conversely, resources to provide more trained outreach workers could greatly expand the existing network of Oxford Houses and better coordinate utilization of the houses by newly recovering individual getting out of treatment or jail or under the supervision of a drug court.

The alternative to Oxford House living can be seen by looking at where North Carolina Oxford House residents lived just prior to the treatment that led them to Oxford House. While only a little over 15% of the current Oxford House residents were homeless immediately preceding entry into an Oxford House, more than 67% had experienced homelessness during their addiction. The average length of such homelessness was about 9 months [266 days].

The importance of living environment cannot be overemphasized. Within the street drug culture, it is not unusual to have dealers give away “free samples” for the purpose of getting a drug addict back into the market. While liquor, wine or beer stores seldom, if ever, give away free samples many of their customers will and pressure to “just have one” is commonplace in many social settings. Putting the newly recovering alcoholic or drug addict into these settings invites relapse. It is not by chance that a popular saying among those in 12-Step programs often remind each other to “avoid people, places and things” that were part of the former addictive behavior.

Common sense leads on to believe that halfway house residents, homeless individuals and those reentering society from jail or prison are unlikely to automatically end up in alcohol and drug free living environments. The profile data from the residents in North Carolina Oxford Houses confirms this by showing where individuals lived

just prior to entering treatment or an Oxford House.

The following table shows the place of residence immediately preceding acceptance into a North Carolina Oxford House. Notice that nearly half [41%] had marginal housing security before Oxford House, e.g., rented room, institution or homeless.

Table 8
Prior Residence of NC Oxford House Residents

Place	Count	Percent
Apartment	124	25.4%
Owned Home	75	15.3%
Rented Home	88	17.9%
Rented Room	60	12.2%
Jail	26	5.3%
Mental Hospital	5	1.0%
VA Hospital	2	.04%
Halfway House	35	7.1%
Homeless	75	15.3%
TOTAL	490	100%

If one classifies marginal living conditions as rented room, jail, mental hospital, halfway house and homeless, 41% of Oxford House residents were in marginal living conditions just prior to admission to an Oxford House. Common sense suggests that even the highly motivated individual is unlikely to succeed in developing comfortable sobriety while living at the margin. When the living condition just prior to Oxford House admission is coupled with the data showing that 65% of all Oxford House residents have experienced homelessness averaging nearly 9 months, the role living conditions play in being able to master behavior change to assure life-long sobriety is beyond doubt.

Income

Most North Carolina Oxford House residents have a job. [80.3%] Their average monthly income is \$1,373, which is more than enough to pay an equal share of Oxford House average household expenses of \$95 a week.²⁰

The income disparity between women and men was significant. Men averaged \$1,468 a month and women averaged \$1,074 a month

²⁰ The monthly income is for summer 2006 and is likely to be higher for the survey conducted in the 2nd quarter of 2007.

[Probability that the difference is by chance is <.0001].

Antonio R.

I was born in Raleigh, N.C., the middle child of five. I grew up having parents who were both visibly impaired. I can remember as early as 6 years old seeing Mom sloppy drunk. Also, the house was dirty and there was no food on the table. I may have been in the 5th grade before they integrated the schools but the only white teacher at my school noticed that I had not been as involved as I had been before. She insisted that I allow her to help me with reading, I am so grateful to her today for that. Then, at age 15, I used the weed and alcohol together because the stuff made me not feel, and when I didn't want to feel, it worked.

I continued to go to school drunk but I graduated on time and joined the U S Marine Corps. BUT I LOVE THE MARINE CORPS! We could have drinking and drugging parties and nobody cared. This was before drug tests in the military. After this, I worked at a large hospital. I was there about twelve years, and I drank and got high on and off the job. One day, my new boss, who had moved to North Carolina from Poughkeepsie, N. Y., saw my behavior, my absences from work and my tardiness and told me that I had a problem. I thought she had to be crazy; I was doing this before she got there. But she told me that her husband was a friend of Bill Wilson. I didn't know what the hell she was talking about. Then she told me what she and her husband had gone through, and how help was available. She said she loved me and wanted to see me helped. She said she would fire me from my \$40,000 a year job if I didn't get help.

The job paid for treatment and gave me awesome tool to use. It even gave me a home plan. the home plan was Oxford House so I followed through and went to the house. Oxford House has afforded me the opportunity to be the natural burning bush that we have read about.

Today, I am clean and sober and helping to open Oxford Houses in other states.

Comfortable Recovery

Equally important in terms of learning life-long sobriety is that 34.3% of the residents are motivated to find time to attend weekly counseling sessions in addition to attendance at 12-Step self-help meetings.

The attendance at 12-Step self-help meetings – Alcoholics Anonymous or Narcotics Anonymous – is important to bring about long-term behavior change but is not required as a condition for living in an Oxford House. Experience – gained over Oxford House’s quarter century of operation – has shown that voluntary rather than mandatory 12-Step meeting attendance

works. Among North Carolina Oxford House residents, the average number of 12-Step meetings attended each week is 5.6. This is more than twice the number of 12-Step meeting attended by the average AA or NA member. It is the “thing to do” among Oxford House residents because it reflects the common ground –recovery – that ties the residents of the house together. In many ways going to AA or NA meetings becomes a low cost social thing for members of the house to do each evening.

What this shows is that the Oxford House system of operation [democratically self-run, financially self-supported with emphasis on absolute sobriety] motivates residents to take advantage of tools designed by and for addicts to change behavior. Coupled with the absence of a time limit for living in an Oxford House, these tools produce recovery without relapse. As shown in Table 6 above, about 65% of Oxford House residents have over 6 months sobriety and the average length of sobriety among Oxford House residents in North Carolina is a little more than 13 months.

The average length of sobriety is higher for men than for women. [15 months for men versus 10.4 months for women] The difference is not statistically significant.

Resident Satisfaction

The standard questionnaire used for obtaining data to profile Oxford House residents asks two questions to elicit the opinion of Oxford House residents about the value of Oxford House living:

17. Would you recommend Oxford House to other alcoholics or drug addicts early in recovery?” and

16 How important has Oxford House been to your sobriety? Somewhat important, moderately important, very important, insignificant, not really sure.

More than 96% would recommend an Oxford House and 92% found Oxford House “very important” to their sobriety. Only 1% found it not to be significant while 7% found it to be “moderately” or “somewhat important.”

The bottom line is that more than 75% of the North Carolina Oxford House residents are staying clean and sober. Looking ahead it is important to recognize that Oxford Houses in North Carolina have helped more than 10,000

individuals transform their life from addiction to sobriety. In the process the system of operation used in each self-help Oxford House has taught responsible civic behavior. It has done so at a practically no cost to the taxpayers or society at large.

Each year the North Carolina Oxford House residents have paid the bulk of the costs involved in maintaining and expanding the statewide network of Oxford Houses. For example, the 117 Oxford Houses in the state as of January 2007 will pay \$4,337,320 for household expenses during the year. That amount covers rent for each of the 117 houses, household supplies, and utility bills.²¹ This expenditure by the recovering individuals themselves compares well to the \$250,000 a year paid by the state to partially support the three outreach workers in the state and supervision by the Oxford House, Inc. central services office. The residents are paying about 17 times as much as the taxpayers and more importantly avoiding additional costs like homelessness or incarceration.

Moreover, the working residents have an aggregate income of more than \$14,465,928 a year. In the FICA tax alone, over \$2.1 million will be paid to social security and Medicare. Consider the costs that would have been involved if jail were the alternative to Oxford House living. The data shows about 80% of the Oxford House residents in the state had jail time. If 80% of the 1,816 residents who did not relapse were not in Oxford House and in incarceration the cost to taxpayers would have been over \$33 million a year.

During the course of the year 2,402 individuals lived in the North Carolina Oxford Houses. Those who moved out voluntarily [698] had stayed an average of about one year. Those who relapsed and were expelled [592] stayed an average of less than three months.



²¹ The 854 individuals living in the NC Oxford Houses pay an average of \$95 per week as their equal share of household expenses.

Kathleen G.

My name is Kathleen G. and I am an addict. I am also in recovery thanks to a twelve-step recovery program, Oxford House and my Higher Power. I have been clean and sober for 13 years. I wasn't an abused child but growing up was hard. I think it's hard for almost everyone. Except for being a rather overly social girl, I never got in much trouble. Like a lot of people I started drinking, partying, and experimenting with drugs and alcohol in my early teens. My father was a professor and my mother a full time university administrator. I was the youngest of four children. I attended a small private school.

At the end of every day alcohol was used to relax and unwind. I learned very early to use things outside my body to help me cope with my feelings. When I was 15 we lived in London where my father was taking a sabbatical. This is where I had my first blackout from drinking alcohol. I had been drinking hard liquor for several months and everything just seemed to escalate until I no longer was in control. One night I woke up in a train station I have never been in before. I swore that I'd never let myself get in that position again. During my college years at UNC Greensboro I used alcohol nightly. I always had to have a drink before any social occasions. Occasionally I was smoking marijuana or snorting cocaine. I became very depressed, but of course never associated it with my drinking. I was never sure how I managed to graduate with a Bachelors Degree in Social Work. On my 28th birthday I got my first DWI. My drug use began to escalate. Snorting cocaine turned into smoking crack. Very shortly after I began smoking crack I started stealing money from my job. Six months later I got caught. I had lost everything. I was being prosecuted by the NC State Attorney General's Office.

My parents had no idea that I was having problems until they got a call from me in a treatment center. I really shocked and scared my whole family. I learned a lot in treatment and was exposed to the 12-steps. I thought I'd go through treatment and get right back to life or what was left of my life, maybe attend an occasional 12-step meeting and be ok. It didn't work out that way.

I relapsed in thirty days. I knew when I went to court if I was to have a chance to not go to prison I needed to stay clean. I had nowhere clean and sober to live. My family really did not want much to do with me. While in outpatient treatment someone mentioned Oxford House. That saved my life. Today, 12 years later, I still work for Oxford House. What a wonderful gift to be able to share my experience with others.

The 2006 Profile Of North Carolina 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 June 20, 2007. Resident profiles are derived from state surveys conducted fall 2006.

Number of Women's Houses:	25	Number of Women Residents:	181
Number of Houses For Men:	88	Number of Men Residents:	673
State Network of Houses:	113	Total Number of Residents:	854
Average Age:	40.1 Years	Age Range::	18 – 68 Years
Cost Per Person Per Week [average]: [range \$90 - \$135]	\$95.25	Rent Per Group Per Month [average]: [range \$900 - \$3,500]	\$1,350
Percent Military Veterans	15.9%	Average Years of Education	12.5
Residents Working 10/30/06:	80.3%	Average Monthly Earnings:	\$1,373
Percent Addicted To Drugs or Drugs and Alcohol:	71.8%	Percent Addicted to Only Alcohol:	28.2%
Race –		Marital Status –	
White;	50.8%	Never Married	46.8%
Black;	46.2%	Separated	14.2%
Other	3.0%	Divorced	30.8%
		Married	5.3%
		Widowed	2.9%
Prior Homelessness:	67.1%	Average Length of Homelessness:	8.9 Mos.
Prior Jail:	79.5%	Average Jail Time:	17.9 Mos.
Average AA or NA Meetings Attended Per Week:	5.6	Percent Going To weekly Counseling plus AA or NA:	34.3%
Average Length of Sobriety of House Residents:	13.8 Mos.	Residents Expelled Because of Relapse:	24%
Average Length of Stay In An Oxford House:	9.1 Mos.	Average Number of Applicants For Each Vacant Bed:	+4.0

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