

State of Vermont Health & Welfare Committee
Attn.: Agatha Kessler: AKessler@leg.state.vt.us

My name is J. Paul Molloy and I am the founder and CEO of Oxford House, Inc., the 501(c)(3) umbrella organization for the network of over 1,700 individual Oxford Houses. Oxford Houses are self-run, self-supported recovery homes for individuals recovering from alcoholism and drug addiction. Oxford Houses have a very high success rates and are listed as a best practice on the SAMHSA National Registry of Evidence-based Programs and Practices. There are currently four Oxford Houses in Vermont.

I appreciate being asked to submit a statement for your consideration on the issue of regulation of recovery houses. I appreciate the concern about ‘bad actors’ in the field of recovery housing and recognize that not all recovery housing supports the best interests of the recovering individuals living in them. However, as you consider regulation, I urge you consider the factors that lead to strong long-term recovery and avoid taking actions that could – however inadvertently – have a chilling effect on recovery housing that fosters successful long-term recovery.

At the outset, I should note that I was born and raised in Vermont – in Arlington. My brother, Larry, still lives in Arlington and represented Arlington in the legislature for several terms. My wife and I met and married while we were both students at UVM. (While my wife, Jane, grew up in Western Massachusetts, she had some Vermont roots also in that her grandfather, Philip Barre, represented Readsboro in the Vermont legislature for many years.) After we graduated from UVM, we left the Vermont to attend law school in Washington, D.C. I retained much of my Vermont heritage, however, and that tradition deeply informed the structure of the first Oxford House – as well as the many that followed.

I am a recovering alcoholic. In 1975, I started the first Oxford House with a group of others in recovery. I was in a Montgomery County (Maryland) halfway house when the County decided to close the house. Those of us who were in the house were very concerned about what would happen to us. We knew that most of the residents who had left the house when they reached the six-month time limit had subsequently relapsed. We wanted to figure out we could avoid that outcome. We talked to people at our 12-step meeting who suggested we rent the place ourselves and run it ourselves – why, they asked, did we need the staffing and structure that had been provided. In the end, a friend in AA lent us the money needed for the first month’s rent and we rented the same house that the County had been renting. Within the first few weeks we invited Orlando Cullen – a recovering alcoholic from Arlington whose sponsor in AA was Bill Wilson – to come down and help us figure out a good way to run the house ourselves. He did and did a good job in reassuring us that by electing officers, having a weekly business meeting and throwing residents out if they relapsed we could make it work. Some of us wanted a lot of rules including a requirement that everybody go to AA meetings every night. Fortunately Orlando reminded us that we should keep it simple and that AA worked on a principle of attraction not mandatory attendance. He also helped us to avoid bossism by suggesting that officers serve in the same office for only six months at a time.

Following Orlando’s good advice we decided we needed some structure to our house so we set about writing a manual. The first thing we did was to decide that we would have no time limits. A person could stay as long as he paid his fair share of expenses and didn’t drink or use drugs. We also agreed to expel any member of the group who drank alcohol or used illicit drugs. And we decided to run the house democratically, hold weekly house meetings and elect officers with the proviso that no one

could serve in one office more than six months at a time; we didn't want any big bosses. And we decided that admission to the House would require an 80 percent vote of existing House members. Those were the basic rules and they remain basically the same today. Now there are over 1,700 individual Oxford Houses (1,244 for men and 466 for women – there are no co-ed houses) with a total of 13,487 recovery beds.

Time and research have shown that Oxford Houses are highly successful in fostering long-term recovery without relapse for most residents. Oxford House has been very open about research since its early days and does both in-house outcome research and encourages independent academic research. If you are familiar with our literature you know that DePaul University researchers have established a substantial body of work related to Oxford House living. It was as a result of this and other research that SAMHSA has Oxford House listed on their National Registry of Evidence-based Programs and Practices (NREPP). As far as I know, Oxford House™ is the only recovery home model listed on NREPP. We are proud of that fact.

Let me briefly discuss why Oxford Houses work. Part of the reason is the lack of any time limit but there is more to it than that. But, more importantly, it's because each Oxford House is self-run and self-supported by the residents themselves. As I frequently say, "In an Oxford House, the inmates run the asylum" – and that makes all the difference. Residents, not managers, counselors or jailors run the houses; they elect officers, hold house meetings, manage their own finances and throw out any resident who returns to using alcohol or illicit drugs. For over 39 years, this trust in the residents has been validated and it is a major factor in assuring that a significant majority of residents achieve sobriety without relapse. The self-run, self-supported aspect of Oxford House living fosters leadership, responsibility, growth and friendship. Through democratically running their own Oxford House and taking responsibility for their own recovery, Oxford House residents gain new self-respect and become responsible citizens.

Why did I insist on this democratic self-governance in the first Oxford House and in all that have followed? I attribute it in large part to my growing up in Vermont and watching and participating in small town governance and Orlando Cullen's wise advice. Many of the Arlington residents I knew growing up weren't rich and powerful; many were farmers trying to scrape something out of an inhospitable soil, clerks in small stores or laborers doing handyman work. But each one of them could, and did, stand up at Town Meeting and have their say on the topic of the day and the voice of each of them was as powerful as that of Dorothy Canfield Fisher or Dr. Russell. Everyone in town had a say in deciding the course the town would take. If it worked for the residents of Arlington, Vermont, it should work for the residents of a recovery house – and it has. I suspect that much of the same kind of background influenced Bill Wilson and Dr. Bob – both Vermonters – as they established Alcoholics Anonymous. They knew the importance of self-governance and self-determination.

You might well ask what this has to do with your hearing. I appreciate the fact that the draft legislation apparently recognizes the value of Oxford House and exempts chartered Oxford Houses from the requirements. Nonetheless, when I read the draft legislation, I have to wonder what problem it is addressing. I know that there are bad actors in the recovery community. There are people who are taking advantage of people in recovery and that shouldn't happen. There may be need for some type of regulation but the proposed legislation circumscribes the behavior of residents (active attendance at AA/NA meetings, no smoking in the house, and maintenance of a curfew). We would not favor imposing these restrictions on Oxford House residents and you might want to think about the purpose

to be served by these restrictions and whether they really are needed to address the problem that you are seeking to address.

Alcoholism and drug addiction continue to be major problems – throughout the nation and in Vermont. I was very pleased to see that the Governor is interested in addressing the problem. I suspect that more might be achieved by encouraging the development of successful recovery programs than engaging in what might be regulation that discourages such programs.

When Congress was considering legislation that became the 1988 Anti-Drug Abuse Act [PL 100-690] Congressman Ed Madigan [R. IL] called me to ask if he could earmark a little money to invite us to get some Oxford Houses going in his home district near Lincoln, Illinois. There were then 13 Oxford Houses – mostly in the DC area. I told him I would have to check with the presidents of the 13 houses eight who were African American and five were Caucasian. I added, “I am afraid I have created a bunch of Black Barry Goldwaters.” He told the story to President Reagan, who was nearing the end of his second term. Regan asked, “Does Nancy know about this program?” She soon did and sent Dr. Ian MacDonald, the then White House expert on drug addiction to visit one of the houses located in a fancy DC neighborhood.

In August 1988 he visited one of the Oxford Houses in a fancy DC neighborhood. He was faced with the same suspicion of government and asked the thirteen residents when had they had their last vacancy. They told him they had one in March and that 23 people had applied for it. “You only took one,” he asked. “Yes,” they replied. “What happened to the other 22,” he asked. “We don’t know,” they replied. He then said, “Well I thought when you needed more room several of you would simply rent another house to create more room.” They replied, “We do but it takes about two years to save the \$5,000 we need to rent a house in this neighborhood.” “If there was a government loan program, would you borrow the \$5,000 to open another house?” he asked. “Yes,” they replied, “if we had to pay the money back.” That led to a requirement in the 1988 Anti-Drug Abuse Act for every state to set up a loan fund to make loans of \$4,000 repayable over two years to help get Oxford Houses started. That requirement was the catalyst that led to the national expansion of Oxford Houses.

Tim Mailley, who was then with the State of Vermont provided us with a \$35,000 contract to send two folks to Vermont to help get a few houses started including one of the four that now exist in the Burlington area. We thought that once a state had seen one house it would open many others but that proved not to be the case. We learned that the start-up loan was part of the catalyst for opening networks of Oxford Houses but there was also a need to send residents or alumni out to teach recovering individuals the disciplined, democratic system of operation. Many states did which explains why Washington State has 242 Oxford Houses, North Carolina 178, Oregon 163 and so on.

There probably would be even more Oxford Houses but I confess I was arrogant and suggest that Congress change the requirement that each state had to set up a revolving loan fund as a condition precedent to the receipt of federal funding for treatment. Congress followed my advice and made the loan program permissive rather than mandatory. In the long run I think that will prove good but today only 20 states have such start-up loan funds. Unfortunately, Vermont is not one of them.

I say unfortunately because I am convinced that where statewide networks of Oxford Houses are developed three important things happen: [1] Oxford House living begins to change the treatment culture for alcoholism, drug addiction and co-occurring mental illness from one that accepts that relapse is part of the disease to one where relapse is the exception not the norm; [2] where Oxford

Houses exist a high standard of quality control for all recovery homes is set; and [3] the time-tested concept and system of operation used by Oxford House™ is protected by a charter system that keeps individual houses on track once they are established. To become an Oxford House a group must apply for a charter from Oxford House, Inc. [OHI] the non-profit umbrella organization for all Oxford Houses. There is no charge for the charter but the proposed house must hold at least six persons and be for persons of the same gender. It has three conditions:

- the group must be democratically self-run using the Oxford House system of operation;
- the group must be financially self-supporting, and
- the group must immediately expel any resident who returns to drinking or using drugs.

Initially the charter is probationary for the first six months. If the group demonstrates it understands the system of operation it is granted a permanent charter having the same three conditions.

This system has worked well and last year more than 28,000 individuals lived in an Oxford House with only just over 16% being asked to leave because of relapse.

The proposed legislation would seem to cut off the opportunity for expansion of Oxford Houses in Vermont. Expansion will occur in the state only if the state decides that more Oxford Houses would be beneficial to recovery in the state and were willing to support a loan fund and perhaps some support for Oxford House outreach workers. However, the provisions of the proposed legislation would make such assistance unworkable since it would impose conditions on Oxford Houses that would not be acceptable.

I would be glad to work with the legislature to help avoid this situation and I appreciate being asked to share my views on this important topic.

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