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Foreword

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The modern Oxford House Movement is, at its core, a story about the power of community in sparking and sustaining personal redemption and how that redemptive process extends from individuals and groups back to the larger community. It is a unique and fascinating story that deserves a place of honor within the larger history of addiction recovery in America. The story begins with the anguish and hope of a single man—Paul Malloy—who, by reaching out to others in similar circumstances, launched a vibrant movement that has mushroomed over the past three decades and touched the lives of innumerable individuals, families, and communities.

Drs. Leonard Jason, Bradley Olson, and Karen Foli have created the most thorough and engaging account yet of the rise and evolution of this vibrant social movement and the lives it has touched. There is an unrelenting theme in the history of addiction recovery in America: when sources of recovery support are absent or collapse, recovering people and their families reach out to one another to form new structures of mutual support. The

Oxford House Movement was spawned by the limitations of an acute care model of addiction treatment, which is extremely effective in creating brief biopsychological stabilization of people with severe alcohol and other drug problems, but that often fails to provide a framework for sustained addiction recovery. Hundreds of thousands of people are being repeatedly recycled through these ever-briefer episodes of stabilization only to relapse within days, weeks, or months. What those individuals need is not more episodes of professionally directed recovery initiation, but a structure for sustained recovery maintenance. The latter is what the Oxford House experience provides.

Oxford houses change people's lives by changing the context in which they live—the physical, social, and emotional environment. Their healing power comes not from a professional expert, but from participation in a community of shared experience and hope. This power is rooted in a shared commitment to recovery within a democratic community in which no member can claim moral superiority over another. In contrast to the fleeting army of professional

helpers that have often dotted the lives of those entering Oxford Houses, Oxford House relationships are peer-based rather than professionally directed, reciprocal rather than fiduciary, and potentially enduring rather than transient.

There are increasing calls to: (1) reconnect addiction treatment to the larger and more enduring process of addiction recovery; (2) reconnect addiction treatment to the grassroots communities out of which they were once birthed and within which they were once deeply nested; and (3) embrace the current acute care model of addiction treatment within a larger framework of sustained recovery management. Anyone seeking to respond to these calls would be well advised to become a student of the Oxford House Movement.

Any approach to the resolution of severe alcohol and other drug problems should be able to meet the criteria of personal effectiveness (measured by long-term recovery outcomes), social effectiveness (as measured by participation in and service to the larger community), cost effectiveness (as measured by the costs of the intervention and reduced social costs of substance-related problems), replicability, and sustainability. The coming chapters outline the personal and scientific evidence that Oxford Houses are collectively meeting these criteria.

There is also a larger story afoot here, and that is the story of the professionalization and commercialization of compassion in the United States. The number, size, and complexity of health and human service agencies have exploded in communities across the country, and there is no end in sight to the proliferation of new helping organizations and helping roles. Proposals to integrate this ever-more specialized and difficult-to-navigate service system miss the larger picture—a picture of the transfer of personal responsibility and community caretaking to specialized professionals. It is possible that the solutions to our complex health and social problems rest not with the creation of larger health and social service armies, but in enhancing personal responsibility and mutuality of

support among people who strongly identify themselves as members of a community—membership that opens doorways to nonprofessional community assistance at the same time it engenders obligations for service to others in need within that community. The time for such a shift is clearly at hand.

The Oxford House Movement constitutes not an appendage to the existing system of addiction treatment, but a fundamental shift in how we as a people can begin to rebuild the connective tissue that is the essence of community. Groups of alcoholics and addicts who are sharing their experience, strength, and hope each day within the growing network of Oxford Houses may be showing us how to do that.

Bill White Author, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*