SCORING TREATMENT:
THE SAN FRANCISCO SUBSTANCE ABUSE TREATMENT STUDY

ANYONE KNOW WHERE I CAN SCORE SOME DRUGS??

I Gotta WAY NEED SOME BODY ASK FOR "DRUGS"

Later ANYONE KNOW WHERE I CAN SCORE SOME TREATMENT?

NOVEMBER 2003

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EXECUTIVE SUMMARY

The Substance Abuse Treatment Study was designed to assess perceptions, evaluations and experience with San Francisco drug treatment programs among people who are homeless and at risk of homelessness and using drugs in San Francisco. The data from the 331 respondents was randomly collected using in-person interviews taken from over 40 sites around San Francisco. Respondents were included if they admitted to having a problem with drug use.

We attempted to capture the insight of those affected by this epidemic from their own individual perspective. Through the release of this report, we are ensuring the voices of people who are homeless and have substance abuse issues are heard loudly and clearly.

SCORING TREATMENT: ANALYSIS OF ACCESSING SYSTEM

Homeless people with addictive disorders want treatment

Nine in ten respondents (89%) stated they would enter treatment today if it was available. More than eight in ten (82%) of all respondents have tried to get substance abuse treatment at some point. Contrary to media stereotypes that substance users don't want treatment, the majority (67%) have sought treatment in San Francisco program.

Homeless People With Addictive Disorders Ask For Help

People with addictive disorders want treatment, but it is critical they get it when they ask, before they give up hope. A full three-quarters (75%) of respondents said they had sought treatment up to three times.

People Persevere

Often people had multiple attempts to enter treatment. Program admittance is also dependent on the frequency of attempts.

Get People Into Treatment When They Need It!

People who have tried to get into treatment and were unable to obtain it are most likely to cite waiting list and bureaucratic holdups as issues (66%) as the key obstacle for them, followed by continued drug use (22%).
Treatment on Demand has made headway in San Francisco
Treatment on Demand was initiated in San Francisco in 1996. While it has never been fully achieved, the treatment system has been expanded substantively. More than one-half (55%) of all program participants were able to access programs within a day of applying. Conversely, 45% had to wait more then one week, with 14% of clients waiting more than one month before acceptance.

Access
Many potential clients expressed the need for programs offering walk-in, off the street access as opposed to required multiple screenings and appointments.

When Someone Overdoses Connect them with Appropriate Treatment!
The negative consequences of drug use, such as overdosing, can be an important contributor to people to seeking treatment behavior. San Francisco treatment seekers (43% overall) are more likely to have overdosed in the past than those who have never sought treatment (Other — 22%). Depending on the chronological order of this experience this could indicate two possible underlying reasons. Either respondents have sought treatment as a result of overdosing, or they have overdosed as a result of increased vulnerability after having left treatment. Both reasons have the same answer, an expansion of treatment.

Alcohol is identified as the most commonly abused
Alcohol (47%) is the most problematic substance among all potential clients, followed by crack (34%), heroin (27%), and cocaine (24%). The pattern of drug problems is similar among treatment seekers — regardless of program acceptance.

THE TREATMENT SCORE: EFFECTIVENESS OF TREATMENT SYSTEM

Programs are not able to retain many of their clients
One-quarter (25%) said they were in treatment for one month or less, with 12% saying less than two weeks.

While admittance rates into programs have been high, completion rates in San Francisco have been more modest. While, four in ten treatment program clients (39%) completed a San Francisco program, about the same proportion (42%) did not finish.

Programs Addressing Source of Addiction
Most clients (73%) believe that their programs have helped them to address the source(s) of their addictions.

Programs Addressing Mental Health Issues
Six in ten clients (60%) said their programs had helped them with mental health issues — particularly through therapy (42%). About one-half of all respondents seeking treatment say they need or are receiving mental health services.
**Treatment Works**
SF treatment programs are contributing to drug recovery. Clients admitted to drug programs (31%) are much less likely to be using than those not admitted (50%). In particular, those who are admitted are much more likely to consider themselves in recovery (43% vs. 14%).

**Most Beneficial Aspects of Treatment**
Individuals who had been in San Francisco treatment programs were asked what they found most satisfying. Overall, 35% cited information/education as the best aspect of their program, followed at a distance by counseling/therapy (18%), the staff (16%), offering a positive/safe environment (13%) and being client-run (also 13%).

**Staff Make or Break Programs**
When asked what they found most unsatisfying, many clients have had problems with the staff in their programs. A full 44% of clients mentioned staff issues/problems as the worst aspect of their programs.

**Efforts must be made to retain people in treatment**
Those clients who did not finish their programs were most likely to cite dissatisfaction (35%) with some aspect of the program as the main reason for why they did not finish. Significantly high was “getting kicked out” at 22%, or quitting at 15%.

**Respecting Culture**
Overall, six in ten (61%) of all actual clients said their programs were good (39%) or excellent (22%) at respecting individuals' backgrounds and cultures.

**WINNING SCORES: SHAPING THE TREATMENT SYSTEM**

**Stated Drug Users Know What they Want in Treatment**
Respondents stated a number of services that should be offered in their ideal programs. In particular, respondents are especially interested in housing assistance (44%). They see housing as critical to their recovery. They also request counseling (individual — 40%, group — 34%), and job help (36%). In addition, a substantial number of respondents would also like healthcare (26%), anger management (23%), and therapy (21%).

**Housing, Housing, Housing**
Respondents stressed what services should be offered upon their exit. Help with housing (40%) is clearly the most desired type of exit program.
The lack of stable housing exerts a strong influence on drug use. A full 70% of respondents said that it is harder to stay clean when they do not have stable housing. Likewise, 62% of all potential clients said their drug use increases without stable housing.

**Immediate Access Critical**
Almost all respondents were clearly interested in programs offering support when it may be most needed. Nine in ten (89%) respondents said their ideal program would offer immediate access.

**More Harm Reduction Programs**
Respondents do not support kicking those that have relapsed out of programs. Two thirds (68%) are against the idea. Moreover, 78% of respondents believe that programs should help with placement alternatives if relapsers are kicked out. This supports there being a range of treatment modalities.
THE GAME PLAN
RECOMMENDATIONS FOR POLICY CHANGE

Treatment on Demand
While Treatment on Demand expanded the treatment system substantively, this report demonstrates we never achieved true treatment on demand for all whom seek it. In order to eliminate waiting lists and ensure a diverse and responsive treatment system, there must be the political will to truly achieve treatment on demand. In addition, we continue to be threatened with budget cuts, and have lost several programs. The results are devastating—untreated substance abuse destroys both lives and families. San Francisco must prioritize substance abuse treatment on demand by increasing capacity exponentially until waitlists have disappeared.

Easy Access
Easy and simple access is critical in addressing addictive disorders. To prevent the harms associated with drug use such as infectious diseases, incarceration, and premature death, it is vital that users have access to treatment right when they ask for it.

Access should be homeless friendly – with drop-in services and minimal, streamlined up front paperwork.

The access system must prevent “creaming” in both direct and indirect ways. Programs may not blatantly pick and choose their candidates, but they may have requirements that prevent certain populations from accessing their service. For example requiring clients to call in everyday at a certain time will be very difficult for homeless people.

Accept People Into Programs
Acceptance into a program may often be as important as program completion in terms of encouraging positive self-perceptions. Likewise, encouraging treatment seeking may be a strong first step in long term success.

Housing
Housing status is seen by homeless people with drug problems as integrally connected to their drug use. This report strongly indicates that housing must be a critical component to any program if it is to be successful. There should be comprehensive efforts to ensure participants are connected with housing, whether they graduate or not, and this effort should start from the moment they start treatment. This seems to be a lacking component of San Francisco programs. One way to overcome this is to have a housing advocate located in each program.

San Francisco itself must massively fund housing for extremely low-income people and remove barriers to housing that disproportionately affect drug users. (Beyond
impossibly long wait lists, drug felony bans, bad credit screenings, former evictions, all make it impossible for the recovering drug user to gain housing and maintain their stability and sobriety).

**Overdose Prevention**

In education materials targeting users, stress the potential for overdose and its consequences, as a way of encouraging the same kind of treatment seeking resulting from the actual experiences.

Ensure those surviving overdose are immediately connected with appropriate treatment. Work with participants that have relapsed to keep them in programs, rather than kicking them out.

**Oversee Staff Complaints**

Ensure staff in programs are adequately paid and supported to decrease staff turnover and increase quality and experience.

Standards for proper staff training included in contracts.

Ensure grievance procedure has ability to oversee staff complaints and provide oversight in this regard. Many client complaints center on staff issues (44%).

**Specialized Heroin Treatment**

As heroin use is more pronounced among those who do not finish their treatment program, we should consider more specialized treatment for this portion of the population to ensure higher success. Methadone maintenance is highly effective medical treatment and free access to this treatment for uninsured individuals is needed. Currently waitlists for this modality are prohibitive.

**Retention**

Efforts must be made to improve the retention of clients. Mutual conflict resolution tactics, increased client centered programming are two such strategies that should help resolve this issue.

**Client Input**

Each individual voice should be heard inside programs. Programs need to take complaints seriously, and ensure problems are eradicated. When clients have strong input into program and policy design, satisfaction rates will increase.
INTRODUCTION

Last year, San Francisco stated in its federal HUD report that it estimates there are over 10,000 homeless men, women and children in San Francisco. The Mayor’s office conducted a 2002 census of homeless people in programs and shelters, and added in a cursory street count and came up with over 8,000 homeless people. While estimates vary, it is commonly assumed that at least 30% of our homeless population suffer not just from the lack of housing, but from the devastating consequences of an addictive disorder.

Homeless people are seen everywhere – here in San Francisco, and in poor neighborhoods across the country. We often see images in the news of people too poor to afford housing. Outside the holiday season, these images are often disparaging. Media stories and policy debates have centered around one portion of the homeless population – people with addictive disorders. While this stereotype is not reflective of the entire homeless population, nor is addiction by itself a root cause of homelessness, it should not be dismissed. Addiction is real for many San Franciscans.

In fact San Francisco has been dubbed the “drug death” capital of the state. In 1995 we ranked third in the nation for the emergency department mentions for heroin, and first in the nation for methamphetamine ED mentions. In 1996 the Coalition on Homelessness along with community organizers appealed to the Department of Public Health and policy makers to initiate a campaign for treatment on Demand. The campaign resulted in more than 2000 additional people getting treatment and the emergency rates for heroin related emergency room visits dropped also. While these astonishing efforts have received little notice, the political will to continue the campaign until all waiting lists are abolished has faded dramatically. The city’s political focus has instead switched to punitive measures such as reducing income or police intervention.

What has been lacking in the political and media fanfare, is a thoughtful and comprehensive look at what true solutions for this segment of the population are. We know throwing poor people further into economic destitution will not solve homelessness nor addiction – it will simply make people more poor. We know simply having police shuffle individuals out of sight or throwing people in jail will not work. These are efforts that have been tried and have failed. The answers must come from the affected individuals themselves. Yes, the same individuals our society has ignored, oppressed, despised, alienated and assumed could not speak for themselves. Their voices are captured here.

The Coalition on Homelessness, San Francisco through its Substance Abuse Mental Health Work Group interviewed 331 people at drop-in centers, shelters, soup kitchens, street corners, back alleys, and clinics all over San Francisco. The study was designed to assess perceptions, evaluations and experience with San Francisco drug treatment programs among homeless drug users. The primary goal was to gather information from those individuals likely to need or use San Francisco treatment programs. The research objectives center on assessing the important contributing factors to treatment-
seeking behaviors, experiences in San Francisco programs, and successful outcomes from treatment.

We attempted to capture the insight of those affected by this epidemic from their own individual perspective. Through the release of this report, we are ensuring the voices of people who have substance abuse issues are heard loudly and clearly.

The voices of those we interviewed were articulate, despairing and most of all, ringing clear. While individuals had diverse and varied needs and experiences, it was apparent that each person knew exactly what they needed to get healthy and off the streets. In order to truly address this problem, politicians must withhold their rhetoric, stop and truly listen to what this population has to say. Until the needs of people are placed at the center of our system, our system will fail.

We also know that in choosing not to create or fund a responsive treatment system that meets everyone’s needs, the City will continue to incur the higher costs of untreated addiction. Lost productivity, hospitalization, incarceration, and social service costs all are incurred when we choose not to treat addiction. In fact, other studies have shown we will save $7 for every $1 invested in treatment.

We need a substance abuse treatment system that not only treats – but treats everyone – with dignity and respect.

It is time to rip through the silence.
METHODOLOGY

In-person interviews were conducted with 331 respondents and were randomly contacted at over 40 locations throughout San Francisco. Survey information was collected over a six-month period from October 2002 to March 2003.

Inclusion in the study was dependent on the respondent having self-acknowledged problems with drugs or alcohol use in the present or past. As a result, all of the respondents included in the study stated they had a problem with either drugs or alcohol at some point. While homeless people were targeted, housed individuals were not excluded from the study.

We spent a great deal of time designing the instrument in a way that gathered the information we needed, while being deeply sensitive to nature of this issue. Afterall, illicit drug users are negatively judged by our society. Part of this survey’s design was to target areas where drug users congregate, but never asking people directly if they had a problem with drugs prior to interviewing them. Instead, we let people know what the purpose of the study was, and if they self-identified as not having a drug problem, the survey was terminated. We then used indicators to determine after the interview if the individual did indeed have a drug problem and discarded those surveys in which no substance abuse issue was indicated.

Once most of the surveys were compiled, we ran the demographics and if there was an underrepresented portion of the population, we went out and targeted that portion of the population. We never succeeded at getting a good sample of the Asian population, due primarily to language barriers on our own part.

In the results presented below, all differences discussed meet standard levels of statistical significance — unless noted as being only marginally significant. The latter findings are presented because they were deemed to be relevant and possibly important, but should be interpreted with caution.

Limitations of methods
Self-acknowledgement
We acknowledge that the margin of error in aforementioned methods of self identification and self-report in establishing a base of respondents. However due to the nature of the survey this method remains the most accurate and the most client centered strategy.

Representation
The demographics of our survey do not reflect the exact population percentages of San Francisco residents. It cannot necessarily be assumed that the ethnic groupings are an accurate reflection of the total percentage of substance abusers in the city. For example we previously acknowledge that due to language barriers the Asian-American
community is underrepresented. It would only follow that other ethnic communities are thus over-represented.

The following results were where the survey was taken, not the area where the person resides:

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>TOTAL</th>
<th>MSC/SHELTER</th>
<th>FOOD STREET</th>
<th>DROP/ADVOCACY</th>
<th>TX PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>TENDERLOIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Program Type</td>
<td>35%</td>
<td>5%</td>
<td>37%</td>
<td>57%</td>
<td>16%</td>
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<tr>
<td>% Neighborhood</td>
<td>100</td>
<td>2</td>
<td>42</td>
<td>47</td>
<td>10</td>
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<td>SOUTH OF MARKET</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% Program Type</td>
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<td>77</td>
<td>10</td>
<td>16</td>
<td>2</td>
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<tr>
<td>% Neighborhood</td>
<td>100</td>
<td>51</td>
<td>22</td>
<td>25</td>
<td>2</td>
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<tr>
<td>MISSION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Program Type</td>
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<td>13</td>
<td>14</td>
<td>27</td>
</tr>
<tr>
<td>% Neighborhood</td>
<td>100</td>
<td>0</td>
<td>35</td>
<td>27</td>
<td>38</td>
</tr>
<tr>
<td>DOWNTOWN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Program Type</td>
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<td>25</td>
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<td>2</td>
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<tr>
<td>% Neighborhood</td>
<td>100</td>
<td>0</td>
<td>97</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>BAY VIEW/HUNTERS PT.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% Program Type</td>
<td>9</td>
<td>8</td>
<td>2</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>% Neighborhood</td>
<td>100</td>
<td>10</td>
<td>10</td>
<td>24</td>
<td>55</td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Program Type</td>
<td>14</td>
<td>10</td>
<td>13</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>% Neighborhood</td>
<td>100</td>
<td>9</td>
<td>37</td>
<td>11</td>
<td>43</td>
</tr>
<tr>
<td>BASE</td>
<td>(331)</td>
<td>(39)</td>
<td>(131)</td>
<td>(94)</td>
<td>(67)</td>
</tr>
</tbody>
</table>

**TABLE 2**

*Full list of sites listed in index of this report.*
DEMOGRAPHICS OF THOSE SURVEYED

In general, homeless and at-risk of homelessness substance users surveyed were more likely to be men than women (63% vs. 34%), relatively young (65% are under 45), and to represent people of color (only 30% of potential clients are white). Many have children (62%), although only a few (13%) have their children living with them. Most surveyed were homeless (only 30% live in their own home), with 36% residing in shelters and another 26% living on the street. About 15% of all potential clients do not speak English as their primary language (not shown).

Those accepted into SF programs are more likely to be women (43%) than are potential clients (22%) and current non-clients (24%). SF program clients¹ (40%) along with potential clients (46%) are more likely to be African American than current non-clients² (28%). Actual SF program clients are the most likely to have their children living with them (19%), to be in the 46 to 55 year old cohort (33%), but are the least likely (20%) to be living on the street — compared to 34% of potential clients and 33% of non-clients. African Americans (44%) are the most likely to report problems with crack cocaine, but the least likely to have problems with methamphetamines (6%). Whites (36%) are the most likely to have problems with heroin. Latinos (62%) are the most likely to have problems with alcohol.

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Drug Problems And Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ALCOHOL**</td>
<td>47%</td>
</tr>
<tr>
<td>COCAINE</td>
<td>24</td>
</tr>
<tr>
<td>CRACK**</td>
<td>34</td>
</tr>
<tr>
<td>HEROIN**</td>
<td>27</td>
</tr>
<tr>
<td>MARIJUANA</td>
<td>18</td>
</tr>
<tr>
<td>METH/SPEED**</td>
<td>17</td>
</tr>
<tr>
<td>OTHER**</td>
<td>5</td>
</tr>
<tr>
<td>BASE</td>
<td>(331)</td>
</tr>
</tbody>
</table>

² Significant differences between subgroups.

¹ SF Program Clients: People who were admitted into SF programs.
² Non Clients: People who were not admitted into SF programs.
African Americans (75%) are the most likely to seek treatment in a San Francisco program. However, they are no more likely than others to be accepted (56%) or to complete (20%) a program.

<table>
<thead>
<tr>
<th>TABLE 4</th>
<th>San Francisco Treatment And Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
</tr>
<tr>
<td>Treatment Seeking**</td>
<td>67%</td>
</tr>
<tr>
<td>Program Acceptance</td>
<td>52</td>
</tr>
<tr>
<td>Program Completion</td>
<td>21</td>
</tr>
<tr>
<td>BASE</td>
<td>(331)</td>
</tr>
</tbody>
</table>

** Significant differences between subgroups.

Heterosexuals (55%) are the most likely to report problems with alcohol use, but are less likely than GLBTQs to have problems with methamphetamines (13% vs. 31%).

<table>
<thead>
<tr>
<th>TABLE 5</th>
<th>Drug Problems And Sexual Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
</tr>
<tr>
<td>ALCOHOL**</td>
<td>47%</td>
</tr>
<tr>
<td>COCAINE</td>
<td>24</td>
</tr>
<tr>
<td>CRACK</td>
<td>34</td>
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<td>MARIJUANA</td>
<td>18</td>
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<tr>
<td>METH/SPEED**</td>
<td>17</td>
</tr>
<tr>
<td>OTHER</td>
<td>5</td>
</tr>
<tr>
<td>BASE</td>
<td>(331)</td>
</tr>
</tbody>
</table>

** Significant differences between subgroups.
There were no significant differences in treatment behavior as a function of sexual identity. However, GLBTQs were marginally less likely to be accepted into a SF program than heterosexuals (41% vs. 53%).

TABLE 6
San Francisco Treatment And Sexual Identity

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>HETERO</th>
<th>GLBTQ</th>
<th>OTHER</th>
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</thead>
<tbody>
<tr>
<td>Treatment Seeking</td>
<td>67%</td>
<td>66%</td>
<td>61%</td>
<td>74%</td>
</tr>
<tr>
<td>Program Acceptance</td>
<td>52</td>
<td>53</td>
<td>41</td>
<td>57</td>
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<td>Program Completion</td>
<td>21</td>
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<td>19</td>
<td>28</td>
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<tr>
<td>BASE</td>
<td>(331)</td>
<td>(189)</td>
<td>(59)</td>
<td>(83)</td>
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<tr>
<td>Table 7: Demographics</td>
<td></td>
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<tr>
<td>-----------------------</td>
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</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Male**</td>
<td>63%</td>
<td>55%</td>
<td>74%</td>
<td>71%</td>
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<tr>
<td>Female**</td>
<td>34</td>
<td>43</td>
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<tr>
<td><strong>Age</strong></td>
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<td>25 and under</td>
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<td>10</td>
<td>15</td>
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<td>26 to 35</td>
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<td>36 to 45</td>
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<td>46 to 55**</td>
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<td>Over 55**</td>
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<tr>
<td><strong>Sexual Identity</strong></td>
<td></td>
<td></td>
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<tr>
<td>Heterosexual</td>
<td>57</td>
<td>59</td>
<td>48</td>
<td>59</td>
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<td>GLBTQ</td>
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<td>62</td>
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<td>At home**</td>
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<td>6</td>
<td>6</td>
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<tr>
<td>Not at home/NA**</td>
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<td><strong>Ethnicity</strong></td>
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<td>30</td>
<td>28</td>
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<td>33</td>
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<td>NA</td>
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<td>1</td>
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<tr>
<td><strong>Residence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Inside; SRO, Program</td>
<td>30</td>
<td>30</td>
<td>28</td>
<td>32</td>
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<tr>
<td>Shelter</td>
<td>36</td>
<td>38</td>
<td>38</td>
<td>30</td>
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<tr>
<td>Street**</td>
<td>26</td>
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<tr>
<td>Other**</td>
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<td>1</td>
</tr>
<tr>
<td>NA</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

** BASE: (331) (172) (50) (109)**

** Significant differences between subgroups.
SCORING TREATMENT: ANALYSIS OF THE ACCESS SYSTEM

Homeless People With Addictive Disorders Want Treatment

Nine out of ten (89%) respondents said that they would enter treatment today if it was available. More than eight in ten (82%) of all respondents have tried to get substance abuse treatment at some point (Figure 1) Contrary to media stereotypes that substance users don't want treatment, they do. More than two-thirds (67%) have sought treatment at a San Francisco program at some point.

FIGURE 1
Have Tried To Access Treatment Services

Multivariate regression analyses were performed on the data as a way of identifying the critical factors associated with treatment-seeking in San Francisco. The results show that African Americans are generally more likely to seek treatment in SF than whites or other people of color (75% vs. 62%). Another important factor is whether respondents have had an overdose experience. Those who have are more likely to have sought treatment than other potential clients. In a related way, heroin use is strongly tied to treatment seeking, while crack use also tends to be related — although the results for the latter were only marginally significant and should be interpreted with caution.
Among those who had not sought treatment anywhere, the lack of a drug problem (54%) is by far the most commonly cited reason for not doing so (Table 8). All of the respondents included in the study stated they had a problem with drugs or alcohol at some point. This may represent those who are perceive no current negative consequences to their drug use or have no current drug problem.

<table>
<thead>
<tr>
<th>Reason</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No drug problem</td>
<td>54%</td>
</tr>
<tr>
<td>Won't help/work</td>
<td>15</td>
</tr>
<tr>
<td>Need information</td>
<td>10</td>
</tr>
<tr>
<td>Program problems/hassles</td>
<td>3</td>
</tr>
<tr>
<td>Self-kicked</td>
<td>3</td>
</tr>
<tr>
<td>NO ANSWER</td>
<td>14</td>
</tr>
<tr>
<td><strong>BASE</strong></td>
<td><strong>59</strong></td>
</tr>
</tbody>
</table>
Homeless People With Addictive Disorders Ask For Help!

People with addictive disorders want treatment, but it is critical they get it when they ask, before they give up hope. A full three-quarters (75%) of respondents said they had sought treatment up to three times in the past. Conversely, only one in ten (11%) made eight or more attempts, while about the same proportion (13%) made four to seven attempts at treatment.

FIGURE 2
Frequency of Attempts At Treatment
(Among Treatment-Seekers)

100%
75%
50%
25%
0%

75%
13%
11%
1%

1 to 3
4 to 7
8 or more
No Answer

Treatment Attempts
(Base = 272)
People Persevere

Program admittance is also dependent on the frequency of attempts.

Almost eight in ten treatment-seekers (78%) were accepted into a program. Both admitted or non-admitted clients are generally similar in the frequency of attempts at admission.

FIGURE 3
Accepted Into A San Francisco Program

![Pie chart showing 22% No and 78% Yes](Image)

(Base = 222)

(Among SF Treatment Seekers)

Regression analyses reveal that women (87%) are more likely to be accepted than men (72%). However, while African Americans are more likely to seek treatment than whites, they are no more likely to be admitted into a SF program.
Get People Into Treatment When They Need It!

“I was on a waiting list for 30 days. I got picked up while on parole, but the police wouldn’t believe me that I was on the waitlist. So they just put me in jail.”
52 year old African American male

Respondents that tried to get into treatment and were unable to obtain it are most likely to cite waiting list and bureaucratic holdups (66%) as the key obstacle for them (Table 9), followed by continued drug use (22%). 44% specifically cited long wait list as a reason they were never accepted into the program. In a similar survey we undertook in 1997, 43% cited wait list as reason. Sadly, six years later, wait lists continue to be a problem in San Francisco.

<table>
<thead>
<tr>
<th>Reasons For Not Being Accepted</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting list &amp; Access Problems</td>
<td>66%</td>
</tr>
<tr>
<td>Wait List</td>
<td>44</td>
</tr>
<tr>
<td>Process Problems</td>
<td>10</td>
</tr>
<tr>
<td>General Problems</td>
<td>12</td>
</tr>
<tr>
<td>Still using</td>
<td>22</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td>NO ANSWER</td>
<td>8</td>
</tr>
<tr>
<td>BASE</td>
<td>(50)</td>
</tr>
</tbody>
</table>
Referrals are an essential source of treatment program information (Table 10). Overall, two-thirds (68%) of respondents received program information through a referral from either an agency (34%) or through word-of-mouth from friends (34%). Interestingly, actual clients (37%) were significantly more likely than non-admitted respondents (22%) to have received a referral from an agency, and were less likely to have relied on word-of-mouth (31% vs. 44%).

"It's not been accessible to me. I didn't know what resources were out there, because I wasn't informed."

20 year old white bisexual female

<table>
<thead>
<tr>
<th>Source Of Program Information</th>
<th>TOTAL</th>
<th>Accepted</th>
<th>Not Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>68%</td>
<td>68%</td>
<td>66%</td>
</tr>
<tr>
<td>Agency**</td>
<td>34</td>
<td>37</td>
<td>22</td>
</tr>
<tr>
<td>Friend**</td>
<td>34</td>
<td>31</td>
<td>44</td>
</tr>
<tr>
<td>Target Cities</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
<td>24</td>
<td>28</td>
</tr>
<tr>
<td>NO ANSWER</td>
<td>4</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

** BASE ** (222) (172) (50)

** Significant differences between subgroups.
Treatment on Demand has made headway in San Francisco

Treatment on Demand was initiated in San Francisco in 1996. While it has never been fully achieved, the treatment system has been expanded substantively. More than one-half (55%) of all program participants were able to access programs within a day of applying. Conversely, 45% had to wait more than one week, with 14% of clients waiting more than one month before admittance.

“I’m on a five year waiting list. It won’t be open to me until 2004.”
42 year old Pacific Islander heterosexual male

FIGURE 4
Wait Time For Program
(Among Those Accepted)

Access Must Be Homeless Friendly

“They told me I would be on the waitlist but they didn’t give me any idea about how long I would have to wait, or about the program. I needed it right then. I was ready to go, so I didn’t wait.”
44 year old white heterosexual male

Many respondents would like programs offering walk-in access (Table 11). Walk-In access has long been felt by homeless people to be the most convienent and culturally appropriate form of access for them. Their housing status makes appointment based systems and others means more difficult to achieve. Walk-in access was the most commonly desired form of program access, followed by programs that offer multiple forms of access (22%), and those based on need-based referrals (15%).
TABLE 11
Ways Of Accessing Program

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk-in</td>
<td>48%</td>
</tr>
<tr>
<td>Multiple ways</td>
<td>22</td>
</tr>
<tr>
<td>Need-based referral</td>
<td>15</td>
</tr>
<tr>
<td>Call-In</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
<tr>
<td>No Answer</td>
<td>1</td>
</tr>
<tr>
<td>BASE</td>
<td>(331)</td>
</tr>
</tbody>
</table>

"It was a total hassle to get my name on the waiting list (for the methadone detox program) I had to get there early each morning and then there were just certain slots for hospital referral."

46 Latino heterosexual male
*When Someone Overdoses Connect them with Treatment*
The negative consequences of a drug use, such as overdoses are an important contributor to seeking treatment (Table 12). San Francisco treatment seekers (43% overall) are more likely to have overdosed in the past than non-treatment seekers (Other — 22%). However, there were no significant differences between clients actually admitted into a San Francisco program (44%) and those who were not admitted (40%).

**TABLE 12**
Drug Overdose Experience

<table>
<thead>
<tr>
<th></th>
<th>Accepted INTO SF PROGRAM</th>
<th></th>
<th></th>
<th>Non-Tx Seekers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>YES**</td>
<td>36%</td>
<td>44%</td>
<td>40%</td>
<td>22%</td>
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<tr>
<td>NO**</td>
<td>61</td>
<td>54</td>
<td>56</td>
<td>73</td>
</tr>
<tr>
<td>NO ANSWER</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>BASE</td>
<td>(331)</td>
<td>(172)</td>
<td>(50)</td>
<td>(109)</td>
</tr>
</tbody>
</table>

** Significant differences between subgroups.
Alcohol identified as the most commonly abused substance
Alcohol (47%) is the most problematic substance among respondents (Table 13), followed by crack (34%), heroin (27%), and cocaine (24%). The pattern of drug problems is similar among treatment seekers — regardless of admittance to a program. However, those respondents not seeking treatment tend to be the least likely to use crack (25%) and heroin (14%) compared to those who were actively seeking treatment. Likewise, heroin use is more pronounced among those who do not complete their treatment program compared to those who had (39% vs. 29%).

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>YES</th>
<th>NO</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>47%</td>
<td>48%</td>
<td>40%</td>
<td>48%</td>
</tr>
<tr>
<td>Crack**</td>
<td>34</td>
<td>41</td>
<td>32</td>
<td>25</td>
</tr>
<tr>
<td>Heroin**</td>
<td>27</td>
<td>24</td>
<td>28</td>
<td>14</td>
</tr>
<tr>
<td>Cocaine</td>
<td>24</td>
<td>22</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>Marijuana</td>
<td>18</td>
<td>20</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>17</td>
<td>17</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>** BASE**</td>
<td>(331)</td>
<td>(172)</td>
<td>(50)</td>
<td>(109)</td>
</tr>
</tbody>
</table>

** Significant differences between subgroups.
THE TREATMENT SCORE:  
THE EFFECTIVENESS OF TREATMENT

LENGTH OF TREATMENT

Programs are not able to retain many of their clients One-quarter (25%) said they were in treatment for one month or less, with 12% staying less than two weeks. Among those who received treatment, more than one-quarter (28%) were in treatment for six months to one year (Figure 5), while 12% said they stayed in treatment for over one year.

FIGURE 5
Time in Program  
(Among Those Accepted)
COMPLETION RATES NEED IMPROVEMENT

While admittance rates into programs have been high, completion rates in San Francisco have been more modest (Figure 6). While, four in ten treatment program clients (39%) completed a San Francisco program, about the same proportion (42%) did not finish. The remainder (19%) are still in a program currently. If we assume that the completion rates are similar, we can expect that about one-half of all admitted clients will finish their programs, while one-half will not.

**FIGURE 6**
Completed A San Francisco Program
(Among Those Admitted)

![Pie chart showing completion rates](chart.png)

Still In
19%

Yes
39%

No
42%

(Base = 172)

The likelihood of completing a SF program is generally similar regardless of demographics — although there is some evidence (marginally significant) that older clients (over 40 years old) are more likely to finish than younger clients. Heroin users are less likely than other drug users, while methamphetamine users are more likely than those who have other drug problems. Program completion is also related to beliefs that ideal programs should offer counseling, 24 hour services, and job help.
POINTS WON: HOW FAR WE HAVE COME

Programs Addressing Source of Addiction
Most respondents (73%) believe that their programs have helped them to address the source(s) of their addictions (Table 14).

"The program helped me realize that I had lost everything due to drugs- I 'd lost my family and my physical, social and spiritual safety net."
52 year old Chicano heterosexual male

Programs Addressing Mental Health Issues
Likewise, six in ten clients (60%) said their programs had helped them with mental health issues — particularly through therapy (42%).

"Individual attention to each person recognition of trauma - every support group had value. The program did a beautiful job of providing safe space to address underlying issues."
58 year old white/Latina

Dual Disorders are alive and well
About one-half of all respondents say they need or are receiving mental health services (Figure 7).

FIGURE 7

Need Mental Health Services
**Unsatisfied Clients Leave Programs**

Clients (81%) who had actually finished their programs were more likely than non-finishers (57%) to say that they had received help with their addictions. Likewise, program finishers were more likely to have said their mental health issues had been addressed (74% vs. 51%) — especially through therapy (51% vs. 33%). There is a big difference between the groups — unsatisfied clients are not completing their programs.

<table>
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<tr>
<th></th>
<th>TOTAL</th>
<th>FINISHED SF PROGRAM</th>
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</thead>
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<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>In Now</td>
<td></td>
</tr>
<tr>
<td>Program Helped Address The Causes Of Addiction</td>
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<td></td>
<td></td>
<td></td>
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<td>Yes**</td>
<td>73%</td>
<td>81%</td>
<td>57%</td>
<td>91%</td>
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<td>3</td>
</tr>
<tr>
<td>Program Helped With Mental Health Issues</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes:***</td>
<td>60%</td>
<td>74%</td>
<td>51%</td>
<td>53%</td>
</tr>
<tr>
<td>Therapy:</td>
<td>42</td>
<td>51</td>
<td>33</td>
<td>41</td>
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<td>Meds</td>
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<td>No Answer</td>
<td>7</td>
<td>4</td>
<td>10</td>
<td>6</td>
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<tr>
<td>BASE</td>
<td>(172)</td>
<td>(68)</td>
<td>(72)</td>
<td>(32)</td>
</tr>
</tbody>
</table>

**Significant differences between subgroups.

"The program had treatment, but it was really a way station to get into other places. It got me clean for awhile, fed me, got me back on meds but it didn't help me with the causes of my addiction."

36 year old white heterosexual male

"The Staff sometimes wonder if I have relapsed. They forget I have other problems."

46 year old Black male
Treatment Works
SF treatment programs are contributing to drug recovery. Clients admitted to drug programs (31%) are less likely to be using than those not admitted (50%). In particular, those who are accepted are more likely to consider themselves in recovery (43% vs. 14%).

TABLE 15
Current Drug Use

<table>
<thead>
<tr>
<th>ADMIITED INTO SF PROGRAM</th>
<th>TOTAL</th>
<th>YES</th>
<th>NO</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>USING**</td>
<td>38%</td>
<td>31%</td>
<td>50%</td>
<td>45%</td>
</tr>
<tr>
<td>NOT USING**</td>
<td>54</td>
<td>60</td>
<td>42</td>
<td>51</td>
</tr>
<tr>
<td>In Recovery**</td>
<td>30</td>
<td>43</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>Quit**</td>
<td>22</td>
<td>16</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Never Used</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>NO ANSWER</td>
<td>7</td>
<td>9</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>BASE</td>
<td>(331)</td>
<td>(172)</td>
<td>(50)</td>
<td>(109)</td>
</tr>
</tbody>
</table>

** Significant differences between subgroups.
Most Beneficial Aspects of Treatment!
Respondents who had been in San Francisco treatment programs were asked what they found most satisfying. Clients benefited most from the information offered or provided by their programs (Table 16). Overall, 35% cited information/education as the best aspect of their program, followed at a distance by counseling/therapy (18%), the staff (16%), offering a positive/safe environment (13%) and being client-run (also 13%). Probably most telling about this chart is what is not on it. Clients want permanent housing, counseling, job training and healthcare to be integrated into their programs. Only the counseling appears here – and only 18% of clients are satisfied with the counseling they received.

Quality of Treatment Seems to Be Improving
These responses seem to be much better then six years ago when we conducted a similar survey. In 1997 when we asked clients what was most satisfying, not having to score drugs and meeting basic needs in terms of food and a place to stay were the most popular responses. This indicates that what participants are getting out of programs is growing increasingly tangible.

| TABLE 16 |
| Best Features of Program* |
|-----------------------------------|-------|
| Information/education             | 35%   |
| Counseling/therapy                | 18%   |
| Staff                              | 16%   |
| Positive/safe environment          | 13%   |
| Client run                         | 13%   |
| Food/nutrition                     | 8%    |
| Nothing                            | 6%    |
| Other                              | 6%    |
| Services                           | 4%    |
| Spirituality                       | 2%    |
| Activities                         | 2%    |
| Work/job skills                    | 2%    |
| No Answer                          | 11%   |
| **BASE**                           | **172** |

* Multiple responses permitted.
Staff Make or Break Programs!

"Staff ignored the clients needs. They focused on chores instead."
39 year old Latino male

"There was a total lack of counseling at a time when I needed it most."
54 year old African American heterosexual male

When asked what they found most unsatisfying, many clients have had problems with the staff in their programs (Table 17). A full 44% of clients mentioned staff issues/problems as the worst aspect of their programs. This was by and far the biggest problem clients were having in their programs. Unmet individual needs (22%), peer problems (13%), and problems with the process (10%) were also cited. One in ten clients also (10%) said there was nothing wrong with their programs (as opposed to 6% finding nothing satisfying), and another 11% did not know.

<table>
<thead>
<tr>
<th>TABLE 17</th>
<th>Worst Features Of Program*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff problems</td>
<td>44%</td>
</tr>
<tr>
<td>Unmet individual needs</td>
<td>22</td>
</tr>
<tr>
<td>Peer problems</td>
<td>13</td>
</tr>
<tr>
<td>Nothing</td>
<td>12</td>
</tr>
<tr>
<td>Problems with process</td>
<td>10</td>
</tr>
<tr>
<td>Lack of activities</td>
<td>6</td>
</tr>
<tr>
<td>Too short/not enough time</td>
<td>5</td>
</tr>
<tr>
<td>Not finishing</td>
<td>4</td>
</tr>
<tr>
<td>Problems with meds</td>
<td>4</td>
</tr>
<tr>
<td>Counseling issues</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td>Don't Know</td>
<td>11</td>
</tr>
<tr>
<td>No Answer</td>
<td>2</td>
</tr>
<tr>
<td><strong>BASE</strong></td>
<td>(172)</td>
</tr>
</tbody>
</table>

* Multiple responses permitted.
Efforts need to be increased to retain people in treatment

"Thank goodness (those two residential detox programs) are gone. I'd rather be homeless than go back there."

51 year old white male

"They seemed to know who was going to ‘flunk’ the program before the participants even started. They put more energy into the clients they thought were more likely to graduate the program."

42 year old Pacific Islander heterosexual male

Those clients who did not finish their programs were most likely to cite dissatisfaction (35%) with some aspect of the program as the main reason for why they did not finish (Table 18). Significantly, getting kicked out was the reason for a large portion, (22%), or just quitting (15%).

<table>
<thead>
<tr>
<th>Reason</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfied</td>
<td>35%</td>
</tr>
<tr>
<td>Kicked out</td>
<td>22</td>
</tr>
<tr>
<td>Just quit</td>
<td>15</td>
</tr>
<tr>
<td>Conflicts</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
<tr>
<td>NO ANSWER</td>
<td>11</td>
</tr>
<tr>
<td><strong>BASE</strong></td>
<td><strong>(72)</strong></td>
</tr>
</tbody>
</table>

Among those admitted into a San Francisco program, there was only a non-significant difference in current drug use between those who finished the program (28%) and those who did not (42%). About one in ten (13%) of currently enrolled clients are also using. However, the lack of significant differences may be due to the small sample size involved.
FIGURE 8
Drug Use And SF Program Completion
(Among Those Admitted)

Completed SF Program

Using

Yes

No

In now

(Basa = 172)

28%

42%

13%
Respecting Culture

General satisfaction tends to be the same regardless of whether or not clients actually completed their programs. Overall, only six in ten (61%) of all actual clients said their programs were good (39%) or excellent (22%) at respecting individuals' backgrounds and cultures. Conversely, 39% of clients gave their program fair to low quality ratings on this issue.

"There were 80 men and 20 women in the residential treatment program. Women aren't able to address sexual trauma issues with men."

41 year old white heterosexual female

FIGURE 9
Program Quality
(Among Those Admitted)

Satisfaction levels tend to be fairly similar across a broad range of demographic factors.

"The program was culturally designed for African-American males."

46 year old African-American male
WINNING SCORES:
SHAPING THE TREATMENT SYSTEM

Potential clients were asked a series of questions designed to assess their program requirements. Questions were framed in terms of desired characteristics of their ideal program.

"My program would help people to help themselves. We would have relapse prevention classes all the time."

44 year old Latino male

My program would include:

"...long-term affordable housing with the possibility of work."

51 year old white male

"...education, trainings, workshops, making education possible."

18 year old Latina queer female

"...childcare, vocational placement, 24 hour access to aftercare."

44 year old Black male

Drug Users Know What they Want in Treatment!

Respondents express a number of services that should be offered in their ideal programs (Table 19). In particular, many potential clients are especially interested in housing assistance (44%). They see housing as critical to their recovery. They also request counseling (individual — 40%, group — 34%), and job help (36%). In addition, a substantial number of potential clients would also like healthcare (26%), anger management (23%), and therapy (21%).
<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>44%</td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>40</td>
</tr>
<tr>
<td>Job training/placement</td>
<td>36</td>
</tr>
<tr>
<td>Group counseling</td>
<td>34</td>
</tr>
<tr>
<td>Healthcare</td>
<td>26</td>
</tr>
<tr>
<td>Anger management</td>
<td>23</td>
</tr>
<tr>
<td>Therapy</td>
<td>21</td>
</tr>
<tr>
<td>Peer counseling</td>
<td>19</td>
</tr>
<tr>
<td>Childcare</td>
<td>18</td>
</tr>
<tr>
<td>Legal assistance</td>
<td>18</td>
</tr>
<tr>
<td>Mental health meds</td>
<td>18</td>
</tr>
<tr>
<td>Hygiene</td>
<td>15</td>
</tr>
<tr>
<td>Substance abuse meds</td>
<td>13</td>
</tr>
<tr>
<td>Diet and nutrition</td>
<td>12</td>
</tr>
<tr>
<td>Harm reduction</td>
<td>12</td>
</tr>
<tr>
<td>Case management</td>
<td>11</td>
</tr>
<tr>
<td>Recreational activities</td>
<td>11</td>
</tr>
<tr>
<td>Money management</td>
<td>9</td>
</tr>
<tr>
<td>Parenting</td>
<td>9</td>
</tr>
<tr>
<td>SSI/benefits advocacy</td>
<td>7</td>
</tr>
<tr>
<td>24 hour access</td>
<td>6</td>
</tr>
<tr>
<td>Socialization</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>37</td>
</tr>
<tr>
<td><strong>BASE</strong></td>
<td><strong>(331)</strong></td>
</tr>
</tbody>
</table>
Housing, Housing, Housing!

"Housing was only offered to people who the counselors liked."

44 year old white heterosexual male

Respondents were asked what services should be offered upon their exit. Housing assistance (40%) is clearly the most desired type of exit program (Table 20). Other types of desired exit assistance centers on aftercare (29%).

<table>
<thead>
<tr>
<th>Services</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Assistance</td>
<td>40%</td>
</tr>
<tr>
<td>Aftercare</td>
<td>29%</td>
</tr>
<tr>
<td>Secondary programs</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>21%</td>
</tr>
<tr>
<td>No Answer</td>
<td>4%</td>
</tr>
<tr>
<td><strong>BASE</strong></td>
<td><strong>331</strong></td>
</tr>
</tbody>
</table>

The lack of stable housing exerts a strong influence on drug use (Figure 10). A full 70% of potential clients said that it is harder to stay clean when they do not have stable housing. Likewise, 62% of all potential clients said their drug use increases without stable housing.

**FIGURE 10**

Lack Of Stable Housing Encourages Drug Use
Immediate Access Critical
Almost all potential clients are clearly interested in programs offering support when it may be most needed (Figure 11). Nine in ten (89%) respondents said their ideal program would offer programs with quicker and easier access.

FIGURE 11
Program Should Offer Instant Access

Homeless People with Addictive Disorders Want a Voice in Treatment!
Most respondents also resonated to the need for client input in decisions affecting them (Figure 12). More than eight in ten potential clients (84%) said they would like to see (more) client input in the policy-making process.

FIGURE 12
Allow Client Input On Decisions

"It let us go at our own pace. We ran the program. It let you find out who you were-open up and be you. If you get a chance to address issues like anger, it helps your recovery."

45 year old African-American heterosexual male
More Harm Reduction Programs
"My ideal program would include harm reduction for those who want it, and a lot of follow-up."

37 year old white male

Many respondents do not support kicking out clients that relapse. (Figure 13). In fact, about two-thirds (68%) are against the idea. Moreover, 78% of respondents believe that programs should help with placement alternatives — if relapsers are kicked out.

FIGURE 13
Kick Out Users
INDEX

MARGINALS/SURVEY INSTRUMENT

(0)SITE __________

Hi, my name is ________________ and I am a volunteer from the Coalition on Homelessness. We are trying to get at what would reduce the harm drugs do. We want to find out from you how you think the city should respond to the drug epidemic. Your input will then be used to direct what the Coalition on Homelessness pushes the city to do. This survey is confidential, anonymous, and private. We will not ask or use your name. Do not read answers unless indicated to do so.

1. Have you ever tried to get into a drug treatment or detox program?

   YES .................. 82%  (skip to question 3)
   NO .................... 18  (go to next question)

2. If not, why not? (Answer and skip to question 18)
   (N = 59)

   No need/no drug problem ........ 54%
   Won’t help/work ................ 15
   Need info .......................... 10
   Program hassles/problems ......  3
   Self-kicked ........................ 3
   No Answer ........................ 20

A. How many times did you try to get into treatment?
   (N = 272)

   1 to 3 .................... 75%
   4 to 7 .................... 13
   More than 7 ...........  11
   DK/RF ....................  1

B. When was the last time you tried?
   (#Months — N = 272)

   1 to 6 months .............. 17%
   7 to 12 months ..........  25
   13 to 24 months ..........  23

43
C. Was the program in San Francisco?
(N = 272)

YES ................. 82%  (go to next question)
NO .................... 16  (skip to question 18)
DK/RF .................. 2

D. How did you find out about the program?
(N = 222)

Referral from friend....... 34%
Referral from agency....... 34
Target Cities............... 3
Other ...................... 25
DK/RF ...................... 4

E. Were you accepted into the program?
(N = 222)

YES ..................... 78%  (skip to question 9)
NO ...................... 22  (go to next question)

8. If not, why not? (Answer and skip to question 18)
(N = 49)

Put on waiting list ............... 45%
Still using ....................... 22
Problems w/ process ............. 10
Other problems ................. 12
Other ......................... 4
DK/RF ....................... 6

9. How long did you wait to get into the program?
(# Days — N = 173)

1 day ..................... 29%
2 to 7 ..................... 25
8 to 14 ................... 13
15 to 30 .................. 15
More than 30 days........ 15
DK/RF ...................... 5

10. Approximately how long were you in treatment this last time?  
(# Days — N = 173)

  14 days or less.......... 12%
  15 to 30.................. 13
  31 to 60..................  7
  61 to 90.................. 14
  91 to 120................  9
  121 to 365................. 28
  More than 1 year........ 12
  DK/NA/RF ................  4

11. In your experience, please rate how the program respected individual cultures and backgrounds? READ ANSWERS  
(N = 173)

  Excellent................ 21%
  Good...................... 39
  Fair....................... 23
  Poor.......................  7
  Very Poor.................  6
  DK/RF .....................  3

12. Did the program adequately address mental health issues? READ ANSWERS  
(N = 173)

  YES ....................... 61%
  Thru:
    Psychiatrist........... 29
    MH Therapist.......... 13
    Meds..................... 10
    Other...................  9
  NO ....................... 32
  DK/RF .....................  7
13. Did the program help you address the causes of your addiction?  
(N = 173)  

YES ....................  72%  
NO .....................  24  
DK/RF ...................  4  

14. Did you complete the program?  
(N = 173)  

YES ....................  39%  (skip to question 16)  
NO .....................  58  (go to next question)  
DK/RF ...................  3  (skip to question 16)  

15. Why not?  
(N = 101)  

Kicked out ......................  16%  
Satisfied but left anyway .........  11  
Dissatisfied .......................  25  
Personality conflicts .............  7  
Other ............................  5  
Still in ...........................  29  
DK/RF ...........................  8  

16. What was most satisfying or useful about the program?  
(Multiple Responses Permitted — N = 173)  

Education/info ...................  35%  
Counseling/therapy .................  18  
Staff ................................  16  
Positive/safe environment .........  13  
Client-run ..........................  13  
Food/nutrition .....................  8  
Nothing ..........................  6  
Services ..........................  4  
Spirituality/religion ..............  2  
Activities ........................  2  
Work/job skills ...................  2  
Other .............................  6  
No Answer .......................  12
17. What was most unsatisfying or useless about the program?
   (Multiple Responses Permitted — N = 173)

   Staff problems .................. 43%
   Individual needs unmet ........ 22
   Peer problems ................... 13
   Nothing .......................... 12
   Problems w/ process/system .... 10
   Lack of activities ............... 6
   Too short ........................ 5
   Problems w/ meds ................ 4
   Regret not finishing ............ 4
   Counseling issues .............. 1
   Other ............................ 3
   DK .............................. 12
   No Answer ....................... 2

If you were to design an ideal program to help drug users and/or addicts:

18. Would it be available right when a person needed it?

   YES .......................... 89%
   NO ............................ 4
   DK/RF ........................ 7

19. How would people access the program?

   Walk-in/show up .................. 48%
   Call-in for wait list ............ 8
   Need-based referral .............. 15
   Multiple ways .................... 22
   Other ............................ 6
   DK/RF .......................... 1

20. Would it kick people out if they used?

   YES ............................ 30%
   NO ............................. 68
   DK/RF .......................... 2
21. If it did kick people out, would it have to first find somewhere else for them to go?

YES ..................... 78%
NO ...................... 16
DK/RF .................... 5

24. What types of services would it offer?
(DO NOT READ LIST - Check all that apply)

Anger Management ........ 23%
Childcare .................. 18
Case Management .......... 11
Group Counseling .......... 34
Individual Counseling ...... 40
Diet & Nutrition .......... 12
Harm Reduction .......... 12
Housing .................... 44
Healthcare ................ 28
Hygiene .................... 15
Job Training/Placement .... 36
Legal Assistance .......... 18
Money Management .......... 9%
Parenting ................ 9
MH Meds ................... 18
Peer Counseling .......... 19
Recreational Activities .... 11
SA Meds .................... 13
SSI/Benefits Advocacy .... 7
Socialization ............. 5
Therapy ................... 21
24 hour Access ........... 6
OTHER ..................... 37
23. Would you like it to have client or patient input on policy decision?

YES......................  84%
NO ...................... 10
DK/RF..................... 6

24. What would the program offer people who are exiting the program? (Do not read list!!! Check most important)

Aftercare.......................... 18%
Housing .......................... 40
Support groups...................... 11
Secondary programs................. 6
OTHER............................. 21
DK/RF............................. 4
25. What else would your ideal program contain?

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work/job skills</td>
<td>20%</td>
</tr>
<tr>
<td>Counselling/therapy</td>
<td>15</td>
</tr>
<tr>
<td>On-going support</td>
<td>13</td>
</tr>
<tr>
<td>Housing assistance</td>
<td>12</td>
</tr>
<tr>
<td>Self-help</td>
<td>12</td>
</tr>
<tr>
<td>Meet individual needs/flexibility</td>
<td>10</td>
</tr>
<tr>
<td>Professional staff</td>
<td>5</td>
</tr>
<tr>
<td>Activities</td>
<td>6</td>
</tr>
<tr>
<td>Med/health support</td>
<td>6</td>
</tr>
<tr>
<td>Childcare</td>
<td>5</td>
</tr>
<tr>
<td>Positive environment</td>
<td>5</td>
</tr>
<tr>
<td>Allow money</td>
<td>3</td>
</tr>
<tr>
<td>Clothing</td>
<td>2</td>
</tr>
<tr>
<td>Legal Aid</td>
<td>2</td>
</tr>
<tr>
<td>Longer stay</td>
<td>2</td>
</tr>
<tr>
<td>Peer run</td>
<td>2</td>
</tr>
<tr>
<td>More religion</td>
<td>2</td>
</tr>
<tr>
<td>Better Information</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>No Answer</td>
<td>27</td>
</tr>
</tbody>
</table>

26. If a program such as you described were available, would you enter it?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>89%</td>
</tr>
<tr>
<td>NO</td>
<td>8</td>
</tr>
<tr>
<td>DK/RF</td>
<td>3</td>
</tr>
</tbody>
</table>
We need to ask you a few personal questions to figure out what your current situation is. You don't have to answer if you choose not to. Remember it is confidential.

27. How old are you?

   25 and under .......... 12%
   26 to 35.............  21
   36 to 45............  32
   46 to 55............  27
   Over 55..............  6
   NA....................  2

28. What race do you consider yourself?

   White ..................... 30%
   Latino.................. 16
   Black.................... 37
   Asian...................  1
   Native American........  3
   OTHER.................... 11
   NA.........................  1

29. What is your first language?

   English.................... 76%
   Spanish................... 12
   OTHER....................... 3
   NA.........................  9

30. Gender: (check appropriate box)

   Male...................... 63%
   Female.................... 33
   Transgender...............  2
   NA........................  2
30A. How do you identify your sexual orientation? (READ ANSWERS)

- Straight ..................  57%
- Gay .......................  6
- Bisexual ..................  7
- Other ......................  5
- NA ......................... 25

31. Do you have any children?

- YES ......................  62%
- NO .......................  37
- NA .......................  1

32. Are they living with you?

- YES ......................  13%
- NO .......................  77
- NA ....................... 10

33. What type of place do you live in?

- Private home/Apt .......... 10%
- Projects ...................  7
- Street ..................... 21
- Shelter ................... 36
- Crash pad ..................  4
- Occupancy hotel .......... 14
- Residential care ..........  5
- NA .........................  3

34. As far as drugs, are you:

- Using ..................... 38%
- Quit ....................... 22
- In recovery ............... 31
- Never used ...............  2
- NA .........................  7
35. Which drugs of choice have been a problem for you?
   (Multiple responses permitted)
   - Alcohol ..................... 47%
   - Cocaine .................... 24
   - Crack ....................... 34
   - Heroin ..................... 27
   - Marijuana .................. 18
   - Methamphetamine .......... 17
   - OTHER ...................... 5

36. Have you ever been hospitalized because of drug use or overdose?
   - YES ......................... 36%
   - NO .......................... 60
   - NA ........................... 3

37. When you do not have stable housing, is it harder to stay clean?
   - YES .......................... 70%
   - NO ........................... 24
   - NA ............................ 6

38. When you do not have stable housing, does your drug use increase?
   - YES .......................... 62%
   - NO ........................... 33
   - NA ............................ 4

39. Do you use or need mental health services
   - YES .......................... 48%
   - NO ........................... 49
   - NA ............................ 3

Thank you!
DEFINITIONS:

Respondents or potential clients:
For the purposes of the study, respondents are defined as those who have sought or obtained treatment at a San Francisco program in the past, and those who have not sought such treatment in the past, but who can be considered good candidates for treatment — given their drug history.

Program Clients or Client, Actual Clients, or Program participants
People who admitted into SF programs.

Non-Clients, Not accepted or not admitted clients or respondents
People who were not admitted into SF programs.

LIST OF SITES

Tenderloin Self-Help Center
Haight Ashbury Food Program
16th and Mission
Mission Needle Exchange Program
3rd Baptist Church
Homeless Advocacy Project
A Women's Place
Duboce Needle Exchange
Next Door Shelter
Episcopal Sanctuary
BART - Geary
Coalition on Homelessness
United Nations Plaza
6th Street City Team Ministries
7th and Market
Jones and Eddy
Market Street Downtown
San Francisco General Hospital
Providence Church
Carrol Street
Mother Brown's Drop-In
Marian Residence
Tenderloin Aids Resource Center
St. Anthony's
A Man's Place
Castro Street
South of Market Street Based
Community Mental Health Services
Spiritmenders
Golden Gate Lutheran Church
Glide Memorial Church
Needle Exchange – Valencia
South Beach Drop-In Center
Turk Street
Justin Herman Plaza
Public Library
Van Ness
18th and Folsom
117 6th Street
Daly Labor Program
Cesar Chavez
MSC- South
Hogares Sin Barreras
Hotel Cadillac
iHSS Office
Golden Gate Park
Hamilton Family Center
Haight Street
Oshun Center
Harrison Street
Clara House
Jennings Street
Ingerson and Key
6th and Jessie
Jelani House
Homeless Prenatal Program
New Hall
Lee Woodward
Welfare Office – CAAP
Epiphany Center