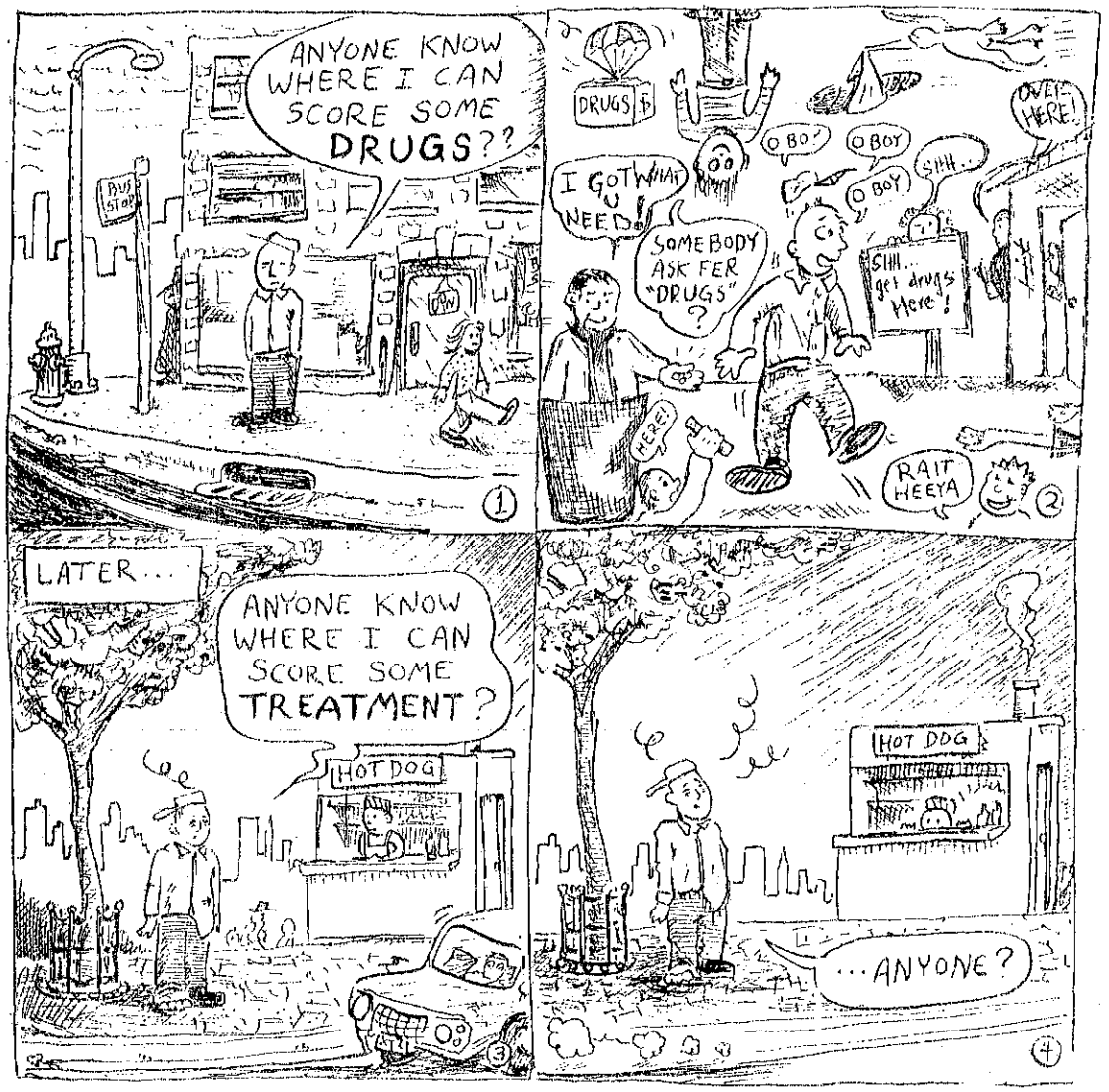
SCORING TREATMENT:

THE SAN FRANCISCO SUBSTANCE ABUSE TREATMENT STUDY



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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 reaons 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 effect 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" capitol 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 1
Sampling By Neighborhood And Type

	TOTAL	PROGRAM TYPE: MSC/ SHELTER	FOOD/ STREET	DROPIN/ ADVOCACY	TX PROGRAM
Neighborhood					
TENDERLOIN					
% Program Type	**35%**	**5%**	**37%**	**57%**	**16%**
% **Neighborhood**	100	2	42	47	10
SOUTH OF MARKET					
% Program Type	**18**	**77**	**10**	**16**	**2**
% **Neighborhood**	100	51	22	25	2
MISSION					
% Program Type	**15**	**0**	**13**	**14**	**27**
% **Neighborhood**	100	0	35	27	38
DOWNTOWN					
% Program Type	**10**	**0**	**25**	**0**	**2**
% **Neighborhood**	100	0	97	0	3
BAY VIEW/HUNTERS PT.					
% Program Type	**9**	**8**	**2**	**7**	**24**
% **Neighborhood**	100	10	10	24	55
OTHER					
% Program Type	**14**	**10**	**13**	**5**	**30**
% **Neighborhood**	100	9	37	11	43
BASE	**(331)**	**(39)**	**(131)**	**(94)**	**(67)**

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 clients[1] (40%) along with potential clients (46%) are more likely to be African American than current non-clients[2] (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 3
Drug Problems And Ethnicity

	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	OTHER
ALCOHOL**	47%	41%	48%	62%	39%
COCAINE	24	21	26	25	23
CRACK**	34	27	44	36	25
HEROIN**	27	36	23	17	27
MARIJUANA	18	21	15	17	18
METH/SPEED**	17	28	6	23	18
OTHER**	5	11	2	2	5
BASE	(331)	(99)	(123)	(53)	(56)

** 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 4
San Francisco Treatment And Ethnicity

	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	OTHER
Treatment Seeking**	67%	64%	75%	59%	64%
Program Acceptance	52	49	56	49	52
Program Completion	21	18	20	21	27
BASE	(331)	(99)	(123)	(53)	(56)

** 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 5
Drug Problems And Sexual Identity

	TOTAL	HETERO	GLBTQ	OTHER
ALCOHOL**	47%	55%	34%	39%
COCAINE	24	23	32	21
CRACK	34	31	42	36
HEROIN	27	25	31	28
MARIJUANA	18	18	22	15
METH/SPEED**	17	13	31	18
OTHER	5	6	7	2
BASE	(331)	(189)	(59)	(83)

** 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 hetersosexuals (41% vs. 53%).

TABLE 6
San Francisco Treatment And Sexual Identity

	TOTAL	HETERO	GLBTQ	OTHER
Treatment Seeking	67%	66%	61%	74%
Program Acceptance	52	53	41	57
Program Completion	21	18	19	28
BASE	(331)	(189)	(59)	(83)

TABLE 7
Demographics

	TOTAL	ACCEPTED INTO SF PROGRAM YES	ACCEPTED INTO SF PROGRAM NO	DIDN'T TRY TO GET TX IN SF
GENDER				
Male**	63%	55%	74%	71%
Female**	34	43	22	24
Transgender	2	1	0	4
NA	2	1	4	2
AGE				
25 and under	12	11	10	15
26 to 35	21	21	28	18
36 to 45	32	31	26	36
46 to 55**	27	33	22	21
Over 55**	6	3	14	7
NA	2	2	0	3
SEXUAL IDENTITY				
Heterosexual	57	59	48	59
GLBTQ	18	14	24	21
NA	25	27	28	20
CHILDREN				
Yes**	62	67	64	52
At home**	13	19	6	6
Not at home/NA**	49	48	58	46
No**	37	31	36	45
NA	1	1	0	3
ETHNICITY				
White	30	28	30	33
African American**	37	40	46	28
Latino	16	15	10	20
Asian	1	2	0	0
Native American	3	3	2	4
Other	11	10	12	12
NA	1	1	0	3
RESIDENCE				
Inside; SRO, Program	30	30	28	32
Shelter	36	38	38	30
Street**	26	20	34	33
Other**	5	9	0	1
NA	3	3	0	4
BASE	(331)	(172)	(50)	(109)

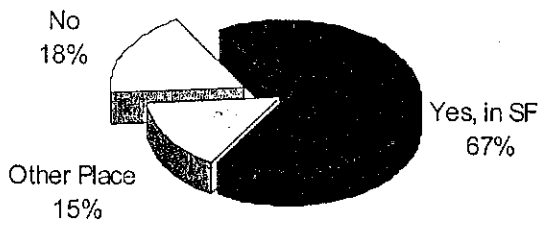
** Significant differences between subgroups.

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 resondents 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.

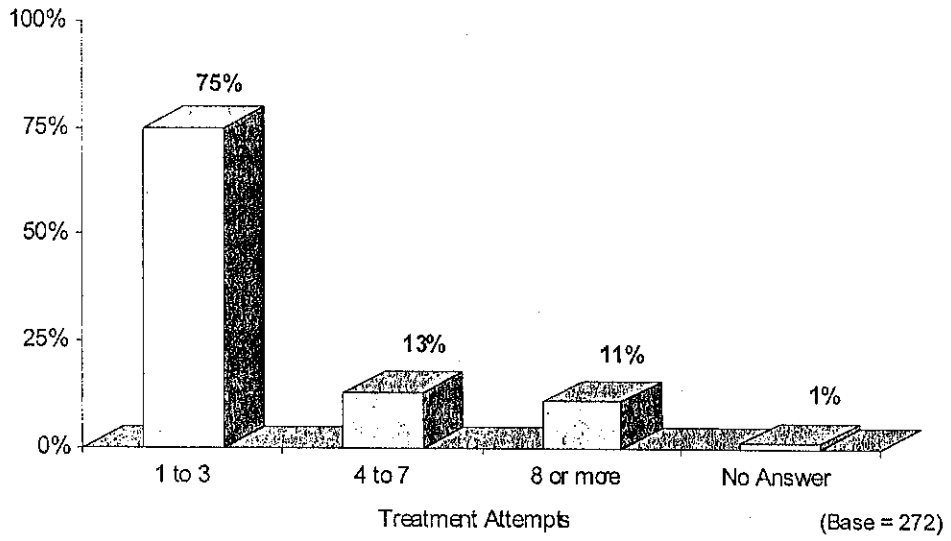
TABLE 8
Reasons For Not Seeking Treatment
(Among Non-Treatment Seekers)

	TOTAL
No drug problem	54%
Won't help/work	15
Need information	10
Program problems/hassles	3
Self-kicked	3
NO ANSWER	14
BASE	(59)

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)

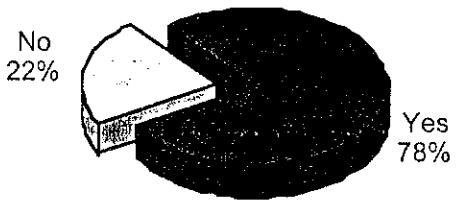


People Persevere

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



(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 9
Reasons For Not Being Accepted

	TOTAL
Waiting list & Access Problems	**66%**
Wait List	**44**
Process Problems	**10**
General Problems	12
Still using	**22**
Other	**4**
NO ANSWER	8
BASE	**(50)**

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 10
Source Of Program Information

(Among SF Treatment Seekers)

		SF PROGRAM	
	TOTAL	Accepted	Not Accepted
Referral	**68%**	**68%**	**66%**
Agency**	34	37	22
Friend**	34	31	44
Target Cities	**3**	**4**	**0**
Other	**25**	**24**	**28**
NO ANSWER	4	3	6
BASE	**(222)**	**(172)**	**(50)**

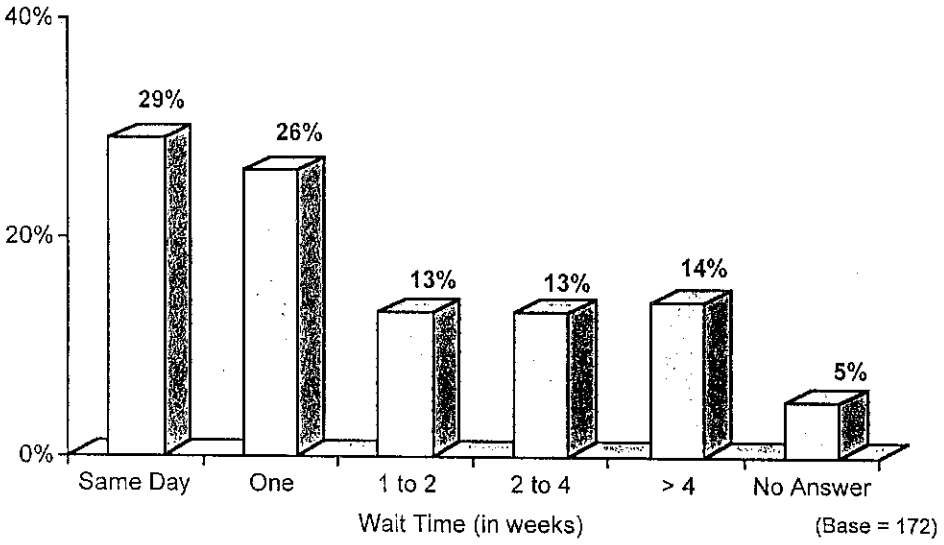
** Significant differences between subgroups.

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 then 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

	TOTAL
Walk-in	**48%**
Multiple ways	**22**
Need-based referral	**15**
Call-in	**8**
Other	**6**
No Answer	1
BASE	(331)

"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

		ACCEPTED INTO SF PROGRAM		
	TOTAL	YES	NO	NON-TX SEEKERS
YES**	36%	44%	40%	22%
NO**	61	54	56	73
NO ANSWER	3	2	4	5
BASE	**(331)**	**(172)**	**(50)**	**(109)**

** 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 13
Problems With Drugs

		ACCEPTED INTO SF PROGRAM		
	TOTAL	YES	NO	OTHER
Alcohol	47%	48%	40%	48%
Crack**	34	41	32	25
Heroin**	27	24	28	14
Cocaine	24	22	28	25
Marijuana	18	20	16	14
Methamphetamine	17	17	18	17
Other	5	5	6	5
BASE	**(331)**	**(172)**	**(50)**	**(109)**

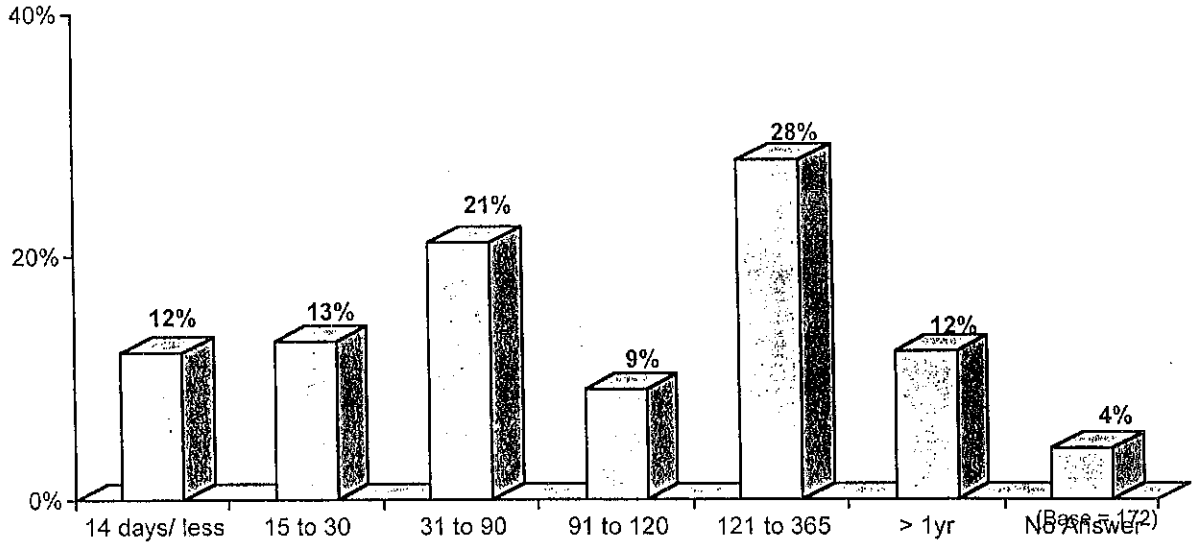
** Significant differences between subgroups.

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.

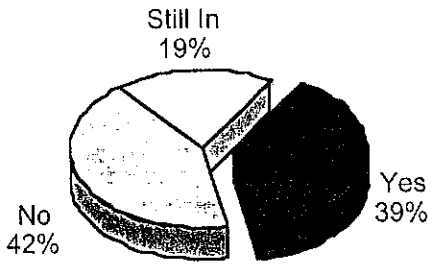
FIGURE 5
Time In Program
(Among Those Accepted)



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)



(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

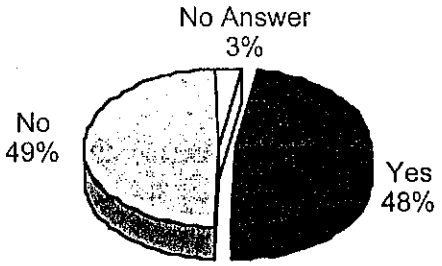
Likewise, six in ten clients (60%) said their programs had helped them with mental health issues — particularly through therapy (42%).

"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 14
Program Evaluations
(Among Those Admitted)

		FINISHED SF PROGRAM		
	TOTAL	Yes	No	In Now
Program Helped Address The Causes Of Addiction				
Yes**	73%	81%	57%	91%
No**	24	15	40	6
No Answer	3	4	3	3
Program Helped With Mental Health Issues				
Yes:**	60%	74%	51%	53%
Therapy**	42	51	33	41
Meds	10	15	10	0
Other	9	7	8	12
No**	33	22	39	41
No Answer	7	4	10	6
BASE	(172)	(68)	(72)	(32)

** 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 addition."

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

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

** 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*

	TOTAL
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 17
Worst Features Of Program*

	TOTAL
Staff problems	44%
Unmet individual needs	22
Peer problems	13
Nothing	12
Problems with process	10
Lack of activities	6
Too short/not enough time	5
Not finishing	4
Problems with meds	4
Counseling issues	2
Other	3
Don't Know	11
No Answer	2
BASE	(172)

* 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

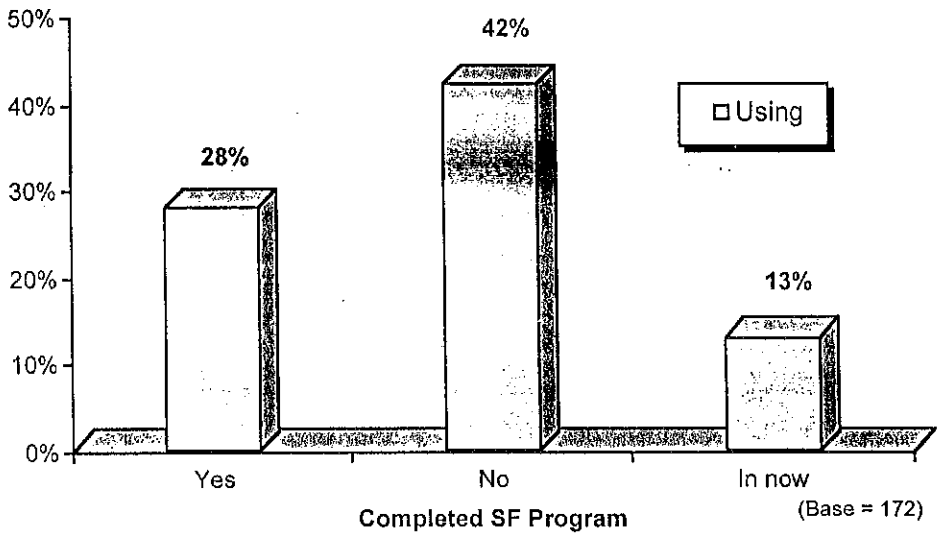
Those clients who did not finish their programs were most likely to cite dissatisfaction (35%) with some aspect of the program as the main reason for why they did not finish (Table 18). Significantly, getting kicked out was the reason for a large portion, (22%), or just quitting (15%).

TABLE 18
Reasons For Not Finishing

	TOTAL
Dissatisfied	35%
Kicked out	22
Just quit	15
Conflicts	10
Other	7
NO ANSWER	11
BASE	(72)

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)

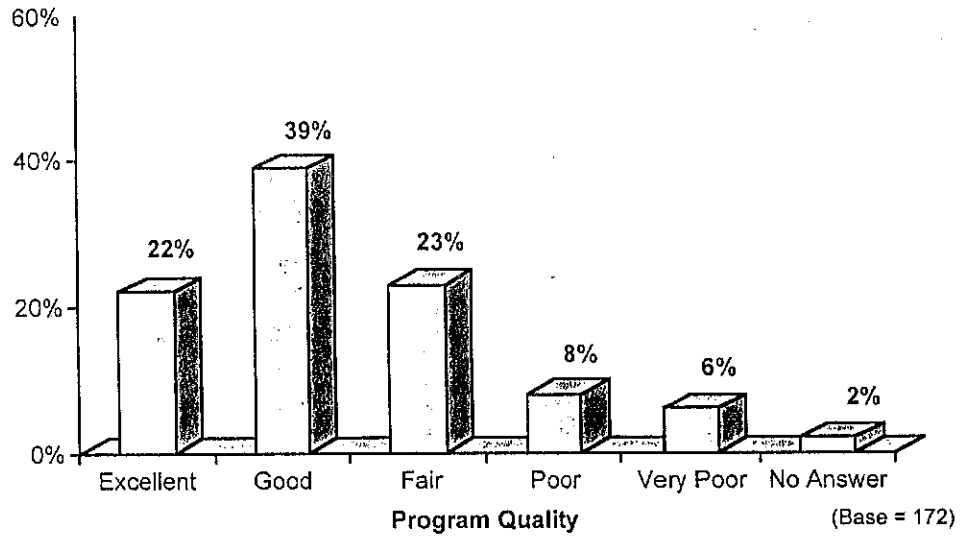


Respecting Culture

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 themsleves. 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 19
Types Of Preferred Services/Programs

	TOTAL
Housing	44%
Individual Counseling	40
Job training/placement	36
Group counseling	34
Healthcare	26
Anger management	23
Therapy	21
Peer counseling	19
Childcare	18
Legal assistance	18
Mental health meds	18
Hygiene	15
Substance abuse meds	13
Diet and nutrition	12
Harm reduction	12
Case management	11
Recreational activities	11
Money management	9
Parenting	9
SSI/benefits advocacy	7
24 hour access	6
Socialization	5
Other	37
BASE	(331)

Housing, Housing, Housing!

"Housing was only offered to people who the counselors liked ."
44 year old white heterosexual male

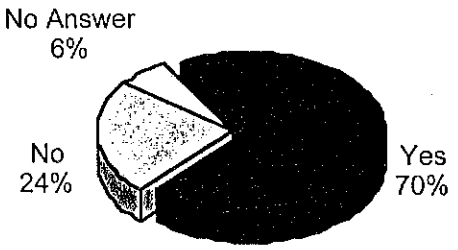
Respondents were asked what services should be offered upon their exit. Housing assistance (40%) is clearly the most desired type of exit program (Table 20). Other types of desired exit assistance centers on aftercare (29%).

TABLE 20
Types Of Exit Programs

	TOTAL
Housing Assistance	40%
Aftercare	29
Secondary programs	6
Other	21
No Answer	4
BASE	(331)

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

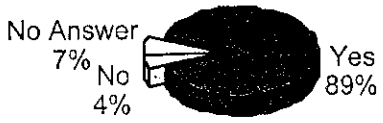


Lack Of Stable Housing Encourages Drug Use

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.

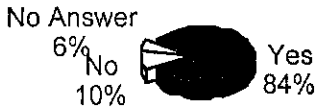
FIGURE 11
Program Should Offer Instant Access



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

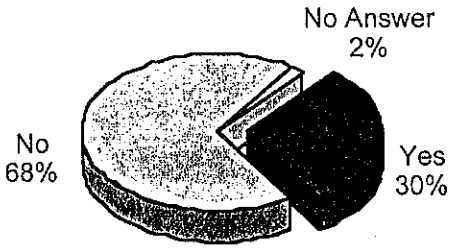
More Harm Reduction Programs

"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



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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

More than 24 months 30

DK/RF 5

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	26
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?

Work/job skills	20%
Counseling/therapy	15
On-going support	13
Housing assistance	12
Self-help	12
Meet individual needs/flexibility	10
Professional staff	5
Activities	6
Med/health support	6
Childcare	5
Positive environment	5
Allow money	3
Clothing	2
Legal Aid	2
Longer stay	2
Peer run	2
More religion	2
Better information	1
Other	1
No Answer	27

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

YES	89%
NO	8
DK/RF	3

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 of 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 Churc h
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