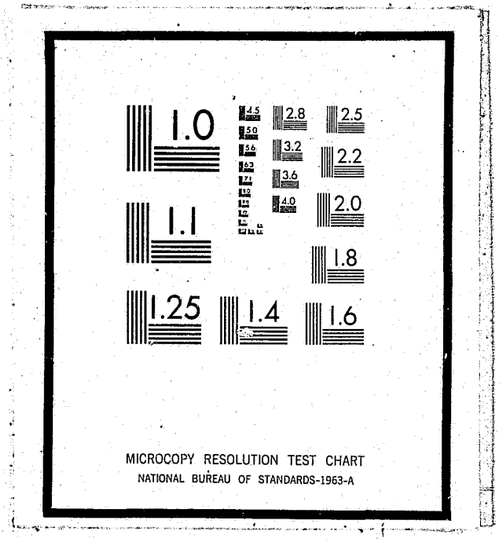

THE VOLUNTARY SELECTION OF DRUG TREATMENT PROGRAMS PROJECT

Grant NI 71-107-PG

Law Enforcement Assistance Administration
Department of Justice

Summary Report
to

National Institute of Law Enforcement and Criminal Justice

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My staff, Zita Merical and Mark Hummel, spent many tedious hours interviewing and readying data for analysis. The Youth Authority EDP staff remained cheerful and helpful throughout the data processing ordeal.

The typists who contributed to this project deserve particular praise: Connie Larson, Beth Skoglund, Grace Harrington, and Chris Creech artistically turned an incomprehensible set of drafts into a sensible, if not lengthy, manuscript.

Robert L. Smith provided guidance and impetus that brought this project to its successful conclusion.

Finally, we are grateful to the cooperating programs, clients, Youth Authority wards and staff who made this project possible.

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INTRODUCTION

The Voluntary Selection of Drug Treatment Programs Project was begun in July 1971. Fieldwork extended into August 1972, and data analysis was completed in December of that year.

The study was divided into three segments: 1) a survey of criteria used by outside evaluators to evaluate drug treatment programs; 2) a survey of law enforcement attitudes and policy towards drugs, drug users, and drug dealers; and 3) an investigation of what "types" of drug users are found in what "types" of drug treatment programs. In each segment, the scope of concern was the State of California.

We are presenting here a mere summary of the results of the study, along with some recommended drug referral patterns and some observations about factors which interfere with the effective operation of drug treatment programs.

The main drug user study appears in the body of this report. The program evaluator and law enforcment substudies are summarized in the appendices.

RESULTS

Twenty-one programs were included in our study. A total of 95 clients and 77 staff were intensively interviewed, and a program observation form was completed for each program by the interviewer.

Fifty-eight Youth Authority wards on parole and in institutions were used as the primary comparison group. These respondents were chosen on a random stratified basis from a listing of wards with known opiate and dangerous drug involvement. A small street sample (N= 7) was also obtained.

On the following pages there appear summaries of the types of clients found at the specific programs included in our study, the "types" of clients that are found at "types" of programs, the relationship between ethnicity, primary drug used and other client characteristics, and the differences between progaram clients and the other samples.

A standard chi square test was used for data analysis. We did not use the traditional significance cut-off level of .05. Instead, we used the .1 level. This means that we accepted as statistically significant the relationships between some variables when, in ten cases out of 100 (instead of 5 cases out of 100), we could expect by chance to be incorrect in doing so. There were few actual cases significant only at the .1 level.

SUMMARY OF PROGRAM DESCRIPTIONS: CLIENT CHARACTERISTICS

Program Name and Type	Mean Age	Primary Ethnicity
Institutional Live-In		
Metro Family	29	White, Mexican-American
Napa Family	29	White
Preston Family	20	White, Black, Mexican-American
Other Live-In*		
NPESI	26	Mexican-American
Pathway House	20	Mexican-American
Stockton House	20	White
Tuum Est	29	White
Youth for Truth	20	White
Walk-In		
Alhambra Open Door	20	White
Aquarian Effort	20	White
Boyle Heights Project	32	Mexican-American
Desiderata House	23	White
Long Beach Free Clinic	26	White
Project Eden	23	White, Mexican-American
San Francisco Center for Special Problems	29	White
Teen Center	17	White
The House-Santa Rosa	17	White
Uhuru	35	Black
County Methadone-Maintenance		
Orange	29	White
San Francisco	32	White, Black, Mexican-American
San Joaquin	32	Mexican-American, White, Black

*Includes mixed programs with outpatient services.

SUMMARY OF PROGRAM DESCRIPTIONS: CLIENT CHARACTERISTICS (cont'd)

Program Name and Type	Primary Job	% Completed High School	Primary Drugs** Overall	At Entry
Institutional Live-In				
Metro Family	Mixed	100	02/04/09	01
Napa Family	Skilled, semi-skilled	80	01/08/09	08
Preston Family	Skilled, semi-skilled	85	02/04/19	01/04
Other Live-In*				
NPESI	Unskilled	67	01/04/19	01
Pathway House	Skilled, semi-skilled	67	04	02
Stockton House	Skilled, semi-skilled	80	02/09	02/08
Tuum Est	Skilled, semi-skilled	100	01/04/09	01/04
Youth for Truth	Mixed	75	04/09	08
Walk-In				
Alhambra Open Door	Unskilled	75	04/09	09
Aquarian Effort	Skilled, unskilled, none	60	02/04/08	04
Boyle Heights Project	Skilled, semi-skilled	80	01/04	01
Desiderata House	None	40	02	02/04
Long Beach Free Clinic	Skilled, semi-skilled	100	01/04/19	01/04
Project Eden	None	50	02/04	01/04
San Francisco Center for Special Problems	Mixed	100	19	09
Teen Center	Skilled	20	02/09	02
The House-Santa Rosa	Skilled, semi-skilled	67	08	04
Uhuru	Skilled, semi-skilled	80	01/04/09	01/04
County Methadone-Maintenance				
Orange	Mixed	50	01/19	01
San Francisco	Unskilled, domestic	30	01/04/19	01
San Joaquin	Skilled, semi-skilled	60	01/19	01

*Includes mixed programs with outpatient services.

**Drug Key:

01	Opiates	09	Marijuana
02	Amphetamines	10	Alcohol
04	Barbiturates	19	Marijuana and Alcohol
08	Psychedelics		

SUMMARY OF PROGRAM DESCRIPTIONS: CLIENT CHARACTERISTICS (cont'd)

Program Name and Type	% In Jail-Drugs	% In Jail-Other Offenses	% Overdosed	Primary Means of Support	Drug-Related Crises, etc.
Institutional Live-In					
Metro Family	75	100	75	Unspecified	High to moderate
Napa Family	80	20	80	Own earnings	High
Preston Family	25	100	65	Illegal	High to moderate
Other Live-In*					
NPESI	0	33	67	Welfare	High to low
Pathway House	100	33	67	Welfare	High to moderate
Stockton House	100	50	50	Unspecified	High to low
Tuum Est	65	50	85	Unspecified	High to moderate
Youth for Truth	50	50	50	Unspecified	Moderate to low
Walk-In					
Alhambra Open Door	50	50	0	Family	Moderate to low
Aquarian Effort	80	60	60	Welfare	High to low
Boyle Heights Project	80	80	80	Unspecified	High to moderate
Desiderata House	20	60	60	Family	Moderate to low
Long Beach Free Clinic	50	50	75	Unspecified	Moderate to low
Project Eden	100	50	25	Unspecified	High
San Francisco Center for Special Problems	33	33	67	Own earnings	Moderate to low
Teen Center	0	20	20	Family	Low
The House-Santa Rosa	67	67	67	Illegal	Moderate
Uhuru	60	20	40	Welfare	Low
County Methadone-Maintenance					
Orange	75	0	100	Unspecified	High to low
San Francisco	30	85	85	Own earnings	High to low
San Joaquin	0	60	80	Welfare	High to moderate

*Includes mixed programs with outpatient services.

SUMMARY OF PROGRAM DESCRIPTIONS: CLIENT CHARACTERISTICS (cont'd)

Program Name and Type	% Families Together	% Close To Family	% With Friends Not In Drug Scene	% Looked Into Program Before	Mean Time Stayed (In Months)
Institutional Live-In					
Metro Family	20	0	60	65	3
Napa Family	20	100	80	20	4
Preston Family	0	15	85	50	5
Other Live-In*					
NPESI	33	0	67	100	2
Pathway House	0	33	67	33	4
Stockton House	50	0	80	100	2
Tuum Est	33	33	50	85	5
Youth for Truth	75	100	100	0	4
Walk-In					
Alhambra Open Door	50	25	25	50	6
Aquarian Effort	20	20	80	20	5
Boyle Heights Project	20	40	80	60	4
Desiderata House	40	20	75	40	5
Long Beach Free Clinic	0	25	75	25	3
Project Eden	20	75	50	50	3
San Francisco Center for Special Problems	33	33	33	33	5
Teen Center	40	60	75	40	8
The House-Santa Rosa	33	0	100	0	6
Uhuru	20	0	20	20	4
County Methadone-Maintenance					
Orange	0	25	50	50	7
San Francisco	45	70	85	85	5
San Joaquin	60	60	100	50	6

*Includes mixed programs with outpatient services.

SUMMARY OF PROGRAM DESCRIPTIONS: CLIENT CHARACTERISTICS (cont'd)

Program Name and Type	Expect to Stay (In Months)	% Clean
Institutional Live-In		
Metro Family	4	100
Napa Family	1	100
Preston Family	1	100
Other Live-In*		
NPESI	1	100
Pathway House	1	67
Stockton House	5	80
Tuum Est	Indefinite	100
Youth for Truth	8	100
Walk-In		
Alhambra Open Door	1	75
Aquarian Effort	1	60
Boyle Heights Project	Indefinite	100
Desiderata House	1	60
Long Beach Free Clinic	Indefinite	75
Project Eden	8	100
San Francisco Center for Special Problems	Indefinite	33
Teen Center	Indefinite	100
The House-Santa Rosa	Indefinite	100
Uhuru	Indefinite	100
County Methadone-Maintenance		
Orange	Indefinite	0
San Francisco	Indefinite	85
San Joaquin	Indefinite	80

*Includes mixed programs with outpatient services.

Summary: Significant Relationships between Program Client and Staff Characteristics

Client's Age	and	Mean staff age
		Live-in facilities
		Religious program
		Chemical detoxification
		Methadone maintenance
		Program's unique characteristic
		Screening Requirements
		Discipline rigidity
Client's Occupation	and	Chemical detoxification
		Screening requirements
		Other requirements
Client's Father's Occupation	and	Staff ethnicity-occupation
		Staff idea why use drugs
		Job counseling
		Live-in facilites
		Screening requirements
		Other requirements
		Discipline rigidity
Client's Education	and	Staff drug history
		Staff idea why use drugs
		Job counseling

Client's Education (Cont.)	and	Live-in facilities
		Other ("cold turkey") detoxification
		Law enforcement relations
Primary Drugs Used	and	Staff ethnicity-occupation
		Staff idea of treatment success
		Chemical detoxification
		Methadone maintenance
		Program's unique characteristic
		Screening requirements
		Other requirements
		Discipline rigidity
Overdose - Self	and	Staff idea of treatment success
		Religious program
Overdose - Friend	and	Staff idea of treatment success
Treatment Program Before	and	Staff idea of treatment success
		Program's unique characteristic
		Screening requirements
		Other requirements
		Percent staff treated for drugs
How Supported Self	and	Staff ethnicity-occupation
		Job counseling
		Live-in facilities
		Other requirements
		Discipline rigidity

Number of Drug Effects	and	Other ("cold turkey") detoxification
		Screening requirements
Number of Agency Contacts	and	Job counseling
		Live-in facilities
		Religious program
		Methadone maintenance
		Program's unique characteristic
		Screening requirements
Number of Drug Problems	and	Encounter groups
		Live-in facilities
		Other ("cold turkey") detoxification
		Program's unique characteristic
		Screening requirements
		Other requirements
		Discipline rigidity
Number of Drug Crimes	and	Staff ethnicity-occupation
		Staff idea of treatment success
		Other ("cold turkey") detoxification
		Program's unique characteristic
		Screening requirements
		Discipline rigidity
		Percent staff treated for drugs

Total Crises	and	Staff idea of treatment success
		Screening requirement
Jailed for Drug Offenses	and	Staff idea of treatment success
		Staff idea why use drugs
		Job counseling
		Live-in facilities
		Methadone maintenance
		Religious program
		Screening requirements
		Other ("cold turkey") detoxification
		Program's unique characteristic
Jailed for Other Offenses	and	Staff drug history
		Staff idea why use drugs
		Religious programs
		Program's unique characteristic
		Other requirements
Program Entry Expectation	and	Staff jail history
		Staff idea of treatment success
		Job counseling
		Program's unique characteristic
		Discipline rigidity
		Percent staff treated for drugs

Time before expect to leave	and	Staff ethnicity-occupation
		Staff jail history
		Staff idea of treatment success
		Staff idea of why use drugs
		Encounter groups
		Live-in facilities
		Religious program
		Chemical detoxification
		Methadone Maintenance
		Screening requirements
		Other requirements
		Discipline rigidity
		Percent staff treated for drugs
Client's ethnicity	and	Staff ethnicity-occupation
		Staff drug history
		Staff idea of treatment success
		Chemical detoxification
		Other ("cold turkey") detoxification
		Methadone maintenance
		Program's unique characteristic
		Screening requirements
		Other requirements
		Percent staff used heroin

Summary: Significant Relationships between Certain Client Characteristics

Client's ethnicity	and	Number of siblings
		Primary means of support
		Number of drug problems
		Slowed down after friend overdosed
		Primary drug used
Primary drug used	and	Looked into program before
		Jail for other than drug offenses

Summary: Significant Relationships between Sample Type and Other Variables

Sample and

- Age
- Sex
- Ethnicity
- Self-perceived socio-economic class
- Last occupation
- Father's occupation
- Education
- Primary drug used
- Overdose - self
- Overdose - friend
- Number of siblings
- Were parents together
- Did family get along
- Any friends not in drug scene
- Looked into a program before
- Primary (previous) source of income
- Number of drug effects
- Number of drug-related agency contacts
- Number of drug problems
- Number of drug-related crimes
- Number of drug crises
- Went back to drug after overdosed
- Slowed down own use after friend overdosed
- Ever "jailed" for drugs
- Ever "pushed" drugs
- Ever "dealt" drugs

Summary: Disparities between the Youth Authority and Program Samples

Age and Ethnicity

The program sample was older and had a greater concentration of whites and mexican-americans than did the Youth Authority sample. The age difference might mean greater drug maturity and experience--and, therefore, program - readiness-- in the program sample.

Primary Drug

The program sample had a higher concentration of non-marijuana-alcohol (as a primary drug) users than did the Youth Authority sample--even though the wards were chosen on the basis of having opiate or dangerous drug involvement on their records. Either for fear of repercussions they understated their drug involvement or they really had less involvement in any single drug type (e.g., they were "garbage" users.) It would appear on the basis of consistency of response patterns cited below, that the latter is the case.

Overdoses

A higher percent of the program sample reported overdoses for self and friends than did the Youth Authority sample. This would indicate either greater incompetence or greater exposure to the drug scene in the program sample.

Went Back or Slowed Down After Overdose

A higher percent of the program sample than the Youth Authority sample reported that they went back to a drug after overdosing on it. A higher percent also reported that they slowed down their own drug use after a friend had overdosed. This would indicate that the program sample was more committed to the use of a particular drug than was the Youth Authority sample, but that they also were more responsive to drug crises--and, perhaps, more ready for programs.

Number of Drug-Related Effects, Agency Contacts, Problems, Crises & Crimes

The program sample consistently reported a higher number of drug-related events than did the Youth Authority sample. This would also tend to support the notion of greater drug involvement on the part of program clients.

Friends Not in Drug Scene

A higher percent of the program sample than the Youth Authority Parole subsample reported that they had friends who were 'not in the drug scene'. Therefore, while parolees are free to go, their involvement and seeming identification with other drug users would tend to preclude their going to programs.

Jailed for Drugs

A higher percent of the program sample than the Youth Authority Parole subsample reported that they had been jailed for drug offenses. This would be consistent with the level of drug involvement indicated above.

Pushed-Dealt Drugs

A higher percent of the program sample than the Youth Authority sample reported that they had pushed and/or dealt drugs. This, too, would indicate that the program sample had gone further into drugs than had the Youth Authority sample.

Looked into a Treatment Program Before

A higher percentage of the program sample than the Youth Authority sample said that they had looked into a treatment program before.

Discussion

Why did Youth Authority wards with known drug involvement not go to the drug programs while other users did?

Wards, themselves, said repeatedly that they did not go because, either: 1) they did not have a problem; 2) if they wanted to quit, they could do it on their own; or 3) programs were not for them or could not help them.

While they reported lower drug involvement than program clients, one cannot say that wards did not have problems. Drug involvement aside, it now is fairly difficult to get into the California Youth Authority: probation subsidy encourages counties to keep all but their 'worst' delinquents out. Short of murder, it is rare to be committed from most counties on a first offense. Furthermore, the drug involvement of the wards in our sample had come to the attention of authorities.

From their own verbalized reasons, and from the data presented here, one can begin to glean an explanation: The wards simply are not "ready" yet to go to programs on their own.

Wards are usually younger, say that they have had fewer drug problems, and claim to be less involved in specific drugs or the drug scene in general -- except, perhaps, for their friendships. Again, it is likely that the wards that we are talking about are "Garbage" users.

Interestingly, if one examines the drug use of people in treatment programs in this study, the number of drugs that they primarily used tended to narrow prior to their entry into programs. Frequently they eliminated alcohol, marijuana, and psychedelics from their pattern. If they moved to heroin, they also eliminated amphetamines and, sometimes, barbiturates. The "garbage" had been eliminated.

If more mature users are correct, the wards in this study will not be "ready" either for programs or for getting out of drugs until: 1) they become further involved in drugs; 2) they encounter greater drug-related problems; 3) they discover they cannot stop using on their own; and 4) they discover that they do have a drug problem.

The only other possibility would appear to be the ward's leaving his peer group and maturing naturally (as with other delinquent behavior) out of drug use. The wards appear to be past a point of involvement with drugs and drug-using peers where they are amenable to treatment by drug use prevention programs (e.g., ones which help to resolve personal and family problems before the client really gets involved in drugs).

We would add that, drug-using wards will not seek help until they (and users in general) accept the idea that their lifestyle is 'abnormal'--that events that they recognize as everyday life are things that we recognize as crises. Further, they will need to accept the idea that there is a desirable and attainable alternative. What we must ask ourselves is, is there?

CLIENT PROFILES

Introduction

In this chapter we are presenting client profiles. They are the composites of actual statistically significant patterns of client participation in the programs covered in this study.

Also included in this chapter are prototype forms which can be used in making the decision to refer a potential client to a particular program.

Some Considerations in Applying the Paradigm

It should be remembered that the responses upon which these profiles are based were not verified. Instead, we focused upon the consistency of responses. This approach, we would argue, is more valid for the purposes to which the results are intended to be used: people in the field referring potential clients must rely upon those clients for their decision-making information.

Despite the fact that we did not check the veracity of respondents' statements, certain patterns emerged so clearly that we have used them below to qualify the referral forms.

There is a second source for caution. While a great variety of program characteristics and clientele were covered in this study by necessity, not every permutation was included. Therefore, especially in cases where people with particular characteristics did not receive particular services, it does not mean that they should not be provided those services. It may mean that there are specific problems associated with matching the user with the service.

A case in point is the chemical detoxification of barbiturate users. In our data, barbiturate users were found in less than expected numbers in programs which offered chemically-aided detoxification. The resulting profile shows barbiturate use as an "undesirable" trait for referral to such programs.

Upon inspection, this can be explained by the documented extreme precariousness of the withdrawal process for persons who have been using large amounts of barbiturates: a very special program is needed. Therefore, our recommendation would be to seek out or provide specialized programs for these people rather than referring them to general programs.

Similar recommendations would be made for other users whose important characteristics do not fit in with services provided by general programs. In some cases, new elements have to be designed to fulfill needs. If, for example, we wish users whose primary means of support is illicit to become gainfully employed, some new effective vocational element must develop in programs which will not alienate them.

Finally, our patterns of recommended referral are based upon the "natural order" that we found in the field. However, just because a user is found at a particular program does not mean that he is being treated successfully there.

Older, experienced clients would lead us to expect 'necessary' failure with young, hard-core users during their first experiences with programs. By implication, what these programs can do is speed the user's maturation while "planting a seed" which will lead him to go to more programs.

Further evidence for this lies in the relationship between entry expectation and program requirements. A certain number of clients had not expected - or wanted to - change their drug use pattern. They most clearly resemble what we would expect in a forced referral. They were found in entry level programs: staff expected only progress, emphasized flexibility, and discipline rigidity was low at those programs.

In the drug user's maturation process, it seems that the longer and deeper his drug history, no matter how much he wants to stay off of drugs he expects more and more not to be able to do so. Users who thought that they could stay off were found in programs which expected abstention and emphasized non-addict-related characteristics. At the same time, those who thought that they could not stay off were found in programs which emphasized addict-relatedness and which had moderately high (supportive, not total) discipline rigidity. At this point, perhaps, they have adopted the addict identity and have sought outside controls as a substitute for inner controls they feel they lack.

Specific Sources of Pattern Modification

The following are some specific considerations which should modify referral patterns indicated in the paradigm.

Ethnicity

In our study, ethnicity was drug-linked. Different patterns may prevail elsewhere. Therefore, clients ethnicity should be used primarily to determine the appropriate staff ethnicity and should not be weighed heavily when considering other program characteristics.

Primary Drug Used

It was indicated earlier in the summary of characteristics of clients who were found at specific programs (pg.), there may be a difference between the primary drugs taken over a user's lifetime and the primary drug that he is using at the time that he is entering a program.

It also is clear from that summary that, for whatever reasons, current *amphetamine* users are not found in programs with current *opiate* users. Even past *amphetamine* users who are current *opiate* users cluster together - away from current *amphetamine* users.

Our summary is based upon primary lifetime drug used. It is essential, therefore, that information about current drug use also be obtained and considered in the referral process. Current *amphetamine* users should not be mixed with current *opiate* users, regardless of their lifetime drug use pattern.

Treatment Program Before

In our study, whether or not a client has been to a treatment before is related to: 1) the staff expectation that the client will abstain; 2) the number of program screening requirements; and 3) the severity of the requirements that a program has for a client's continued participation. Simplified, less is expected of the naive clients than of ones who have "been around".

At the same time, in the course of interviews with older, experienced clients, a relationship between requirements, experience, and meaningfulness appeared. As the user traveled from program to program, maturing and experiencing greater drug-related problems, he felt that the program must be stronger, yet more supportive, to be meaningful. At the same time, they felt that they were not "ready" before for this level of program; they may have happened into such programs, but they were not yet psychologically prepared for them. (This is supported by the age-program requirement pattern found in this study.)

For these reasons, whether or not a user has been to a program before should temper the decision to refer that user to a program with a particular level of expectations/requirements. It should over-ride, in the case of an inexperienced user, the indications - based upon other variables - that he be sent to a program which has extensive screening, expectations for abstention, or is live-in with sex allowed.

Client Profiles for Program Elements

The following are client profiles for program elements which appeared most frequently in statistically-significant relationships in our study.

Program Screening Requirements

None

The preferred referral to programs requiring no screening would have the following profile:

An amphetamine or marijuana-alcohol user, Black, under age 21. He has worked in a less than skilled occupation, as will have his father. He reports a relatively low number of drug-related crises, effects, and agency contacts. He claims that he committed a moderate number of drug-related "crimes", and that he has not been to a treatment program before.

The obverse profile is that of the undesirable referral:

A Mexican-American opiate or "other" drug user. He either has worked in a clerical-sales or skilled occupation, or he has no work history. His father has worked in a skilled or unknown occupation. He reports a relatively high number of drug-related crises, effects, agency contacts and crimes. However, he has not been jailed for drugs and he has been to a treatment program before.

Some Paperwork

Preferred Profile:

A White user of amphetamines or "other" drugs, under 21 years old. He has either no work history or has been in a professional-managerial occupation. His father has been in a professional-managerial or skilled occupation. He reports a low number of drug-related crises, effects, agency and contacts. He reports a moderate number of drug-related problems and crimes. However, he neither has been jailed for drugs nor has been to a treatment program before.

Undesirable Profile:

A Mexican-American or Black opiate or barbiturate user. He has done clerical, skilled or unskilled work. His father has been in clerical, less than skilled, or unknown occupations. He reports a relatively high number of drug-related crises, effects, agency contacts, and crimes. He reports a low number of drug problems. He has been jailed for drugs and has been to a treatment program before.

Extensive Interviews

Preferred Profile:

A Mexican-American barbiturate user age 33 or more. He has a clerical-sales or skilled occupational background. His father also has been in a clerical-sales or skilled occupation, or in an unknown occupation. He reports a high number of drug-related crises, effects, agency contacts, and drug crimes. He has been jailed for drugs and has been to a treatment program before.

Undesirable Profile:

A White user of any drug but barbiturates. He has either a professional-managerial or less than skilled occupation or has no work history. His father has been in a professional-managerial occupation. He reports a relatively low number of drug-related crises, effects, agency contacts, drug problems, and drug crimes. He has not been jailed for drugs, nor has he been to a treatment program before.

Extensive Documentation and/or Testing

Preferred Profile:

An opiate user of any ethnic group, over age 26. He has a less than skilled occupation. His father also has a less than skilled - or unknown - occupation. He reports having a moderate to high number of drug crises, effects, agency contacts, drug problems, and drug crimes. However, he has not been jailed for drugs though he has been to a treatment program before.

Undesirable Profile:

Any amphetamine, barbiturate, or marijuana-alcohol user under age 21.* He has a skilled work background or no work history. He reports either a low or high number of drug-related crises and effects. He reports a low number of drug problems and crimes. He has been jailed for drugs but has not been to a treatment program before.

Services Provided

Chemically-assisted Detoxification

Preferred Profile:

A Black opiate, amphetamine, or marijuana-alcohol user over age 26. He has worked in a skilled occupation.

Undesirable Profile:

A White barbiturate or "other" drug user under age 26. He reports having no work history.

Other ("Cold Turkey") Detoxification

Preferred Profile:

A Mexican-American who has not completed high school. He reports a moderate to high number of drug-related effects, problems, and crimes. He has been jailed for drugs.

*A function, in part, of restrictions in the methadone maintenance programs in this study.

Undesirable Profile:

A White or Black who has completed high school. He reports having a relatively low number of drug effects and problems. He also reports a low or high number of drug crimes, but has not been jailed for drugs.

Job Counseling

Preferred Profile:

Any user whose father is in a less than skilled occupation, and who started but did not complete either high school or college. He reports a high number of drug-related agency contacts. He claims to support himself primarily by his own earnings or savings. He expects to be able to stay off of drugs.

Undesirable Profile:

Any user whose father is in a skilled occupation. He has completed either high school or college. He reports a low number of agency contacts and has not been jailed for drugs. Despite this, his primary source of support is either illicit or "other" (e.g., friends, family, etc). Also, he only expects to be able to reduce his drug use.

Live-in Facilities

Preferred Profile:

Any user under age 21 who has completed high school and whose father is in a clerical-sales or unknown occupation. He reports a high number of drug-related problems and agency contacts. He has been jailed for drugs and his primary reported means of support is illicit.

Undesirable Profile:

Any user over age 26 with either more or less than a completed high school education. His father either is in a professional-managerial or less than skilled occupation. He reports a low number of drug-related agency contacts. His primary source of support is his own earnings/savings or welfare.

Religion

Preferred Profile:

Any user under age 21 who reports a low number of drug-related agency contacts, no overdoses, and no jail for drugs or for other offenses.

Undesirable Profile:

Any user over age 21 who reports a high number of agency contacts, as well as overdoses and jail for drugs and/or other offenses.

Encounter Groups

Preferred Profile:

Any user who reports a low or a high number of drug-related problems.

Undesirable Profile:

Any user who reports a moderate number of drug-related problems.

Methadone Maintenance

Preferred Profile:

A Mexican-American or Black opiate user over age 26. He reports a high number of drug-related agency contacts and that he has not been jailed for non-drug offenses.

Undesirable Profile:

A White amphetamine or barbiturate user under age 21. He reports that, while he has had a low number of drug-related agency contacts, he has been jailed for non-drug offenses.

Program Discipline Rigidity

Low

Preferred Profile:

An opiate or alcohol-marijuana user, of any ethnic group, under 21 or over 26 years old. His father is in a professional-managerial occupation. He has completed more than high school. He reports a relatively low number of drug-related problems and crimes. His primary source of support is "other" (e.g., friends, family, etc.). He expects either to be able to stay off of drugs or not change his current drug use pattern.

Undesirable Profile:

An amphetamine or "other" drug user age 21-26. His father's occupation is clerical-sales, skilled, or unknown. He has completed less than high school. He will report a high number of drug-related problems and crimes. His primary means of support is illicit or welfare. He expects to be able to reduce his drug use or get off drugs.

Moderately Low

Preferred Profile:

An opiate or barbiturate user, over age 26, who has not completed high school. His father has a less than skilled occupation. He reports having a relatively high number of drug-related problems and crimes. His primary source of support is his own earnings or savings. He expects to be able to stay off of drugs.

Undesirable Profile:

An amphetamine, marijuana-alcohol, or "other" drug user, under age 21, who has completed high school. His father has a greater than skilled or unknown occupation. He reports either a low or high number of drug-related problems and a relatively low number of drug crimes. His primary source of income is illicit or welfare. He expects only to be able to reduce or get off of drugs.

Moderately High

Preferred Profile:

An amphetamine or "other" drug user, up to 26 years old, who has not completed high school. His father's occupation is clerical-sales, skilled, or unknown. He reports a relatively high number of drug-related problems and crimes. His primary source of income is illicit or welfare. He expects only to be able to reduce or get off of drugs.

Undesirable Profile:

A barbiturate or marijuana-alcohol user, over age 26, who has completed either high school or college. His father either is in a professional-managerial or unskilled occupation. He reports a relatively low number of drug-related problems and crimes. His primary source of income is his own earnings or savings. He expects to be able to stay off of drugs.

High

Preferred Profile:

An opiate or barbiturate user, under age 21, who has completed high school. His father's occupation is unknown. He reports a moderate number of drug-related problems and crimes. His primary source of income is "other" (e.g., family, friends, etc.) and he expects to be able to stay off of drugs.

Undesirable Profile:

A user of "other" drugs, over 21, who has started - but not completed - either high school or college. His father is in a professional-managerial occupation. He reports no drug problems, but a relatively high number of drug-related crimes. He is on welfare, and expects no change in his drug use.

"Other" Requirements for Program Participation

4 No's Only

Preferred Profile:

A White user of amphetamines or "other" drugs. He has been in either professional-managerial or less than skilled occupations. His father is in a professional-managerial occupation. He reports a relatively low number of drug problems. He has not been jailed for non-drug crimes. His primary source of income is "other" (e.g., family, friends, etc.) and he has not been to a treatment program before.

Undesirable Profile:

A Mexican-American opiate or barbiturate user who has been in clerical-sales or skilled occupations. His father's occupation is less than skilled or unknown. He reports a high number of drug-related problems, has been jailed for non-drug offenses, and has been to a treatment program before.

4 No's and Meetings

Preferred Profile:

A Mexican-American opiate user who has held less than skilled jobs. His father is in skilled or less than skilled jobs. He reports a high number of drug problems. He has not been jailed for non-drug offenses, is on welfare, and has been to a treatment program before.

Undesirable Profile:

A White user of amphetamines, barbiturates, or "other" drugs who has been in skilled or greater occupation. His father's occupation is professional-managerial or unknown. He reports a relatively low number of drug problems. He has been jailed for non-drug offenses, has an illicit or "other" (e.g., family, friends, etc.) primary source of income, and has not been to a treatment program before.

Extensive Restrictions

Preferred Profile:

A Mexican-American barbiturate user who has held clerical-sales or skilled jobs. His father's occupation is unknown. He reports a high number of drug problems. His primary source of income is his own earnings or savings or is illicit. If the program that he is sent to allows no sex, he should not have been to a treatment program before.

Undesirable Profile:

A White opiate, amphetamine, or "other" drug user who either has been in professional-managerial or less than skilled occupations. His father's occupation is known. He reports a relatively low number of drug problems. His primary source of income is welfare or "other". He has not been jailed for non-drug offenses. He has been to a program before - if no sex is allowed at this one.

Staff Idea of Treatment Success

Progress

Preferred Profile:

A White amphetamine or marijuana-alcohol user. He reports a relatively low number of drug-related crises and a low to moderate number of drug crimes. He claims that none of his friends have overdosed. He has been jailed for drugs, but has not been to a treatment program before. He expects to make no change in his drug use pattern.

Undesirable Profile:

A Mexican-American opiate or barbiturate user. He reports a relatively high number of drug-related crises and crimes. He has not been jailed for drugs but has been to a treatment program before.

Religious Conversion

Preferred Profile:

A White user of amphetamines or "other" drugs. He reports a moderate number of drug-related crises and crimes. He says that neither he nor his friends have overdosed. He has not been jailed for drugs and has not been to a treatment program before.

Undesirable Profile:

A Mexican-American opiate or marijuana-alcohol user. He reports having a relatively high number of drug-related crises and a high or low number of drug crimes. He has been jailed for drugs and has been to a treatment program before.

Abstinence

Preferred Profile:

A Mexican-American opiate or barbiturate user. He reports having a relatively high number of drug-related crises and crimes. He has not been jailed for drugs but has been to a treatment program before. He thinks that he can stay off of drugs.

Undesirable Profile:

A White user of amphetamines or "other" drugs. He reports having a relatively low number of drug-related crises and crimes. He has been jailed for drugs but has not been to a treatment program before. He thinks he will not change his drug use pattern.

Staff Ethnicity - Occupational Background

White "Special Professional"

Preferred Profile:

A White or Black user of amphetamines, alcohol-marijuana or "other" drugs. His father's occupation is clerical-sales or unknown. He reports having committed either a low or high number of (types of) drug-related crimes. His primary means of support is his own earnings or savings or illicit activities.

Undesirable Profile:

A Mexican-American opiate user. His father is in a skilled or less than skilled occupation. He reports having committed a moderate number of (types of) drug-related crimes. He is on welfare.

White "Other"

Preferred Profile:

A White or Mexican-American user of amphetamines or "other" drugs. His father is in a professional-managerial or skilled occupation. He reports having committed a moderate number of (types of) drug-related crimes. His primary source of income is "other".

Undesirable Profile:

A Black barbiturate or marijuana-alcohol user. His father's occupation is less than skilled or unknown. He reports having committed a low or high number of (types of) drug-related crimes. His primary source of support is his own earnings or savings or welfare.

Mexican-American

Preferred Profile:

A Mexican-American barbiturate user. His father is in a less than skilled occupation. He reports having committed a moderate number of (types of) drug crimes. He is on welfare.

Undesirable Profile:

A White or Black opiate or amphetamine user. His father's occupation is unknown. He reports having committed a low or high number of (types of) drug-related crimes. His primary source of income is illicit or "other" (e.g. family, friends, etc.).

Black

Preferred Profile:

A Black opiate or barbiturate user. His father is in a less than skilled occupation. He reports having committed a relatively high number of (types of) drug-related crimes. He is on welfare.

Undesirable Profile:

A White or Mexican-American user of amphetamines or "other" drugs. His father is in a clerical-sales or skilled occupation. He reports having committed a relatively low number of (types of) drug-related crimes. His primary source of income is illicit or "other".

Staff's Notion of the Program's Most Unique Characteristic

Addicts and Non-addicts Working Together

Preferred Profile:

A Black user of opiates or "other" drugs, age 21-26 or 33 or older. He reports having a high number of drug-related agency contacts, problems, and crimes. He has not been jailed for non-drug offenses. He expects to be able to reduce or get off of drugs.

Undesirable Profile:

A White barbiturate user under age 21. He reports having had a low number of drug-related agency contacts, problems, and crimes. He has been jailed for non-drug offenses. He expects to be able to stay off or make no change in his drug use.

Addict-run and Other Related Characteristics

Preferred Profile:

A Mexican-American or Black barbiturate or marijuana-alcohol user ages 21-26 or 33 or more. He reports having a low number of drug-related agency contacts, a low or high number of drug problems, and a high number of (types of) drug crimes. He has been jailed for non-drug crimes. He expects to be able to reduce his use or to get off of drugs.

Undesirable Profile:

A White user of opiate or "other" drugs, under age 21. He reports having a high number of drug-related agency contacts, a moderate number of drug problems, and a relatively low number of drug crimes. He has not been jailed for non-drug offenses and expects either to stay off drugs or not change his drug use.

Dedication

Preferred Profile:

An opiate user, under age 21. He reports a relatively high number of drug-related agency contacts and problems. He has not been jailed for drug offenses, but has been to a treatment program before. He expects to be able to stay off of drugs.

Undesirable Profile:

A barbiturate user ages 21-26. He reports having a low number of drug-related agency contacts and drug problems and a low or high number of drug crimes. He has been jailed for drugs but has not been to a treatment program before. He expects to be able to get off of drugs.

Flexibility

Preferred Profile:

A White amphetamine user under age 27. He reports having a low number of drug-related agency contacts, a moderate number of drug problems, and a low to moderate number of drug crimes. He has been jailed for drugs but not for other offenses. He has not been to a treatment program before. He expects either to be able to stay off of drugs or to make no change in drug use.

Undesirable Profile:

A Mexican-American or Black opiate user, age 33 or more. He reports having a low or high number of drug-related problems and a high number of drug crimes. He has not been jailed for drugs but has been jailed for other offenses. He has been to a treatment program before and expects to be able to reduce use or get off of drugs.

Family or Religious Atmosphere

Preferred Profile:

A White barbiturate user under age 21. In the case of family atmosphere only, he reports having a high number of agency contacts, and that he has been jailed for non-drug - but not drug-offenses. In all cases, he reports a relatively high number of drug problems and a relatively low number of (types of) drug crimes. He has been to a treatment program before and expects to be able to stay off of drugs.

Undesirable Profile:

A Black or Mexican-American user of opiates, amphetamines, or marijuana-alcohol, age 21-26. In the case of family atmosphere, he has had a low number of agency contacts and has been jailed for drugs, but not for other offenses. In all cases, he reports a low number of drug-related problems and a low or high number of drug crimes. He has not been to a drug treatment program and expects only to be able to get off of drugs.

Sample Referral Forms

On the following pages are presented sample referral forms based upon some of the patterns identified as statistically significant in this study. An example of their use in referral decision making is also given.

DRUG TREATMENT REFERRAL FORM

Client Characteristics	Staff Ethnic & Occupation Background	Attitudes: Staff Idea of Treatment Success	Attitudes: Staff Idea of Program's Uniqueness	Requirements: Screening Requirements	Requirements: Other Requirements	Requirements: Discipline Rigidity	Services: Methadone Maintenance	Services: Chemical Detoxification	Services: Other Detoxification	Services: Religion	Services: Live-In	Services: Job Counsel
Program Characteristics												
Program Before?												
Yes	--	Abst	D RF	EI EDT	4No&M	--	--	--	--	--	--	--
No	--	ProgR	Flex	None SP	4NoES	--	--	--	--	--	--	--
Primary Drug												
Opiate	Bl	Abst	D WT	EI EDT	4No&M	Lo & Hi	Yes	Yes	--	--	--	--
Amphetamine	WhAny	ProgR	Flex	None SP	4No	Hi	No	Yes	--	--	--	--
Barbiturate	Bl&MA	Abst	Ad RF	EI	ER	Any	No	No	--	--	--	--
MJ-Alcohol	WhPro	Prog	Ad	None	Any	Lo & Hi	OK	Yes	--	--	--	--
Other	WhAny	R	WT	SP	4No	Mod	OK	No	--	--	--	--
Ethnicity												
White	WhAny	ProgR	FlxRF	SP	4No	--	No	No	No	--	--	--
Mexican-Amer	MAWhO	Abst	Ad	EI	Not4N	--	Yes	OK	Yes	--	--	--
Black	BlWhP	Any	WT	None	Any	--	Yes	Yes	No	--	--	--
Age												
Under 21	--	--	FlxRF	None SP	--	Any	No	No	--	Yes	Yes	--
21-26	--	--	D Ad	Any	--	Mod	OK	No	--	No	OK	--
27-32	--	--	Any	EDT	--	Lo	Yes	Yes	--	No	No	--
Over 32	--	--	Ad	EI EDT	--	Lo	Yes	Yes	--	No	No	--
Jailed- Drugs?												
Yes	--	Prog	Flex	None EI	--	--	--	--	Yes	No	Yes	Yes
No	--	AbstR	D RF	EDT SP	--	--	--	--	No	Yes	No	No
Jailed- Other?												
Yes	--	--	F Ad	--	ER	--	No	--	--	No	--	--
No	--	--	FlxRW	--	4No&M	--	Yes	--	--	Yes	--	--
Education												
HS Not Comp	--	--	--	--	--	Mod	--	--	Yes	--	No	Yes
HS Complete	--	--	--	--	--	Hi	--	--	No	--	Yes	No
Col No Comp	--	--	--	--	--	Lo	--	--	OK	--	No	Yes
Col Complet	--	--	--	--	--	Lo	--	--	OK	--	OK	No
Recommend 1:												
Recommend 2:												

DRUG TREATMENT REFERRAL FORM

Client Characteristics	Staff Ethnic & Occupation Background	Attitudes: Staff Idea of Treatment Success	Attitudes: Staff Idea of Program's Uniqueness	Requirements: Screening Requirements	Requirements: Other Requirements	Requirements: Discipline Rigidity	Services: Methadone Maintenance	Services: Chemical Detoxification	Services: Other Detoxification	Services: Religion	Services: Live-In	Services: Job Counsel
Program Characteristics												
Last Occupation												
Pro-Manager	--	--	--	SP	4No	--	--	OK	--	--	--	--
Clerk-Sales	--	--	--	EI	ER	--	--	OK	--	--	--	--
Skilled	--	--	--	EI	ER	--	--	Yes	--	--	--	--
Not Skilled	--	--	--	None EDT	4No&M	--	--	OK	--	--	--	--
None	--	--	--	SP	Any	--	--	No	--	--	--	--
Father's Work												
Pro-Manager	WhO	--	--	None SP	4No	Lo	--	--	--	--	No	OK
Clerk-Sales	WhPro	--	--	EI		Mod Hi	--	--	--	--	Yes	OK
Skilled	MAWhO	--	--	SP	4No&M	Mod Hi	--	--	--	--	OK	No
Not Skilled	Bl	--	--	None EDT	4No&M	Any	--	--	--	--	No	Yes
Unknown	WhPro	--	--	EI EDT	ER	Hi	--	--	--	--	Yes	OK
# Drug-related Agency Contacts												
0-3	--	--	FlxAd	None SP	--	--	No	--	--	Yes	No	No
4 or more	--	--	D F	EI EDT	--	--	Yes	--	--	No	Yes	Yes
# Drug Problems												
0	--	--	Ad	None	4No	Lo	--	--	No	--	No	--
1-3	--	--	NotAd	SP EDT	4No	Any	--	--	No	--	No	--
4 or more	--	--	NotFlx	ER	4No&M	Mod Hi	--	--	Yes	--	Yes	--
# Drug Crimes												
0	WhPro	Prog	Flex	SP	--	Any	--	--		---	---	---
1-3	WhO	ProgR	FlxFR	None SP	--	Lo & Hi	--	--	No	--	--	--
4-6	NotWhP	ProgAb	Flex	None	--	Mod	--	--	Yes	--	--	--
7 or more	WhP-Bl	Abst	Ad	EI EDT	--	Mod	--	--	No	--	--	--
Income Source												
Own Earnings	WhPro	--	---	--	ER	Mod Lo	--	--	--	--	No	Yes
Illicit	WhPro	--	--	--	ER	Mod Hi	--	--	--	--	Yes	No
Welfare	MA-Bl	--	--	--	4No&M	Mod Hi	--	--	--	--	No	
Other	WhAny	--	--	--	4No	Lo & Hi	--	--	--	--	OK	No
Recommend 1:												
Recommend 2:												

Primary Drug Used Now_____

DRUG TREATMENT REFERRAL FORM

Key to Abbreviations;

Staff Ethnic and Occupation Background WhPro (or WHP)=White with treatment-related background; WhO= White with other background; WhAny= Any White staff; MA= Mexican-American or other non-Black minority; and Bl= Black.

Staff Idea of Treatment Success Abst (or Ab)= Abstain from use of all drugs; Prog= Make progress as an individual; and R= Religious conversion.

Staff Idea of Program's Uniqueness D= Staff dedication; Flex (or Flx)= Flexibility of staff to deal with client needs; Ad= Addict-run; WT (or W)= Addicts and non-addicts working together; R= Religious atmosphere; F= Family atmosphere.

Screening Requirements None= No screening required for entry into program; SP= Some paperwork; EI= Extensive interviewing; EDT= Extensive documentation and/or testing.

Other Requirements 4No (or 4N)= Four no's--no using, dealing or loose talk about drugs or violence on the premises; 4No&M= Four no's plus attendance at meetings or counseling sessions scheduled regularly; ER= Extensive restrictions including isolation, no sex, etc.; ES= Extensive restrictions with sex allowed.

Discipline Rigidity Lo= Low number of rigid responses (e.g. reject client or report him to the authorities) to client behavior such as self-reported criminal activity, continued use of drugs, or violation of other program rules; Mod= Moderate; Hi= High; Any= Any of the foregoing levels of rigid responses.

Other Definitions:

Primary Drug= The primary drug used during the client's lifetime.
Jailed= Placed in a jail, prison, camp, or juvenile correction or detention facility.
MJ-Alcohol= Marijuana and/or alcohol as a primary drug used.

When Recommendations Conflict:

1. Whether or not he has been to a treatment program before should take precedence over other factors in the referral of a potential client.

2. Client's ethnicity should be used mainly to determine the ethnicity and occupational background of program staff.

3. The primary drug that a potential client has used (lifetime) should be given extra weight in the decisionmaking. However, regardless of lifetime primary drug used, never send current opiate users to programs with amphetamine users, and vice versa.

4. Always ask people before referring them to programs based on religion.

Example

The potential referral has the following characteristics:

He is a White amphetamine user under age 21. He has not completed high school. He has not been "jailed" for drugs but has been jailed for other offenses. He has not been to a treatment program before. His last occupation was 'unskilled'. His father's occupation was skilled.. He reports a low number of drug-related agency contacts and a moderate number of drug-related crimes and problems. His primary source of income is his family.

The ideal program would have the following characteristics:

1.	Staff Ethnicity:	White, expecially White non-professional
2.	"Treatment Success" is:	Progress or Religion
3.	Program's "Unique Characteristic" is:	Flexibility or religious - family atmosphere
4.	Screening Requirements:	None or some paperwork
5.	Other Requirements:	4 No's
6.	Discipline Rigidity:	Moderately high
7.	Methadone Maintenance?:	No
8.	Chemical Detoxification:	No
9.	Other Detoxification:	No
10.	Religion:	Yes
11.	Live-In:	No
12.	Job Counseling:	No

DRUG TREATMENT REFERRAL FORM

Client Characteristics	Staff Ethnic & Occupation Background	Attitudes: Staff Idea of Treatment Success	Attitudes: Staff Idea of Program's Uniqueness	Requirements: Screening Requirements	Requirements: Other Requirements	Requirements: Discipline Rigidity	Services: Methadone Maintenance	Services: Chemical Detoxification	Services: Other Detoxification	Services: Religion	Services: Live-In	Services: Job Counsel
Program Before?												
Yes	--	Abst	D RF	EI EDT	4No&M	--	--	--	--	--	--	--
~~No~~	--	ProgR	Flex	None SP	4NoES	--	--	--	--	--	--	--
Primary Drug												
Opiate	Bl	Abst	D WT	EI EDT	4No&M	Lo & Hi	Yes	Yes	--	--	--	--
~~Amphetamine~~	WhAny	ProgR	Flex	None SP	4No	Hi	No	Yes	--	--	--	--
Barbiturate	Bl&MA	Abst	Ad RF	EI	ER	Any	No	No	--	--	--	--
MJ-Alcohol	WhPro	Prog	Ad	None	Any	Lo & Hi	OK	Yes	--	--	--	--
Other	WhAny	R	WT	SP	4No	Mod	OK	No	--	--	--	--
Ethnicity												
~~White~~	WhAny	ProgR	FlxRF	SP	4No	--	No	No	No	--	--	--
Mexican-Amer	MAWhO	Abst	Ad	EI	Not4N	--	Yes	OK	Yes	--	--	--
Black	BlWhP	Any	WT	None	Any	--	Yes	Yes	No	--	--	--
Age												
~~Under 21~~	--	--	FlxRF	None SP	--	Any	No	No	--	Yes	Yes	--
21-26	--	--	D Ad	Any	--	Mod	OK	No	--	No	OK	--
27-32	--	--	Any	EDT	--	Lo	Yes	Yes	--	No	No	--
Over 32	--	--	Ad	EI EDT	--	Lo	Yes	Yes	--	No	No	--
Jailed- Drugs?												
Yes	--	Prog	Flex	None EI	--	--	--	--	Yes	No	Yes	Yes
~~No~~	--	AbstR	D RF	EDT SP	--	--	--	--	No	Yes	No	No
Jailed- Other?												
~~Yes~~	--	--	F Ad	--	ER	--	No	--	--	No	--	--
No	--	--	FlxRW	--	4No&M	--	Yes	--	--	Yes	--	--
Education												
~~HS Not Comp~~	--	--	--	--	--	Mod	--	--	Yes	--	No	Yes
HS Complete	--	--	--	--	--	Hi	--	--	No	--	Yes	No
Col No Comp	--	--	--	--	--	Lo	--	--	OK	--	No	Yes
Col Complet	--	--	--	--	--	Lo	--	--	OK	--	OK	No
Recommend 1:	WhAny	ProgR	Flex RF	None/ SP	4No	Hi-Mod	No	No	No	Yes	No	?
Recommend 2:												

DRUG TREATMENT REFERRAL FORM

Client Characteristics	Staff Ethnic & Occupation Background	Attitudes: Staff Idea of Treatment Success	Attitudes: Staff Idea of Program's Uniqueness	Requirements: Screening Requirements	Requirements: Other Requirements	Requirements: Discipline Rigidity	Services: Methadone Maintenance	Services: Chemical Detoxification	Services: Other Detoxification	Services: Religion	Services: Live-In	Services: Job Counsel
Last Occupation												
Pro-Manager	--	--	--	SP	4No	--	--	OK	--	--	--	--
Clerk-Sales	--	--	--	EI	ER	--	--	OK	--	--	--	--
Skilled	--	--	--	EI	ER	--	--	Yes	--	--	--	--
~~Not Skilled~~	--	--	--	None EDT	4No&M	--	--	OK	--	--	--	--
None	--	--	--	SP	Any	--	--	No	--	--	--	--
Father's Work												
Pro-Manager	WhO	--	--	None SP	4No	Lo	--	--	--	--	No	OK
Clerk-Sales	WhPro	--	--	EI		Mod Hi	--	--	--	--	Yes	OK
~~Skilled~~	MAWhO	--	--	SP	4No&M	Mod Hi	--	--	--	--	OK	No
Not Skilled	Bl	--	--	None EDT	4No&M	Any	--	--	--	--	No	Yes
Unknown	WhPro	--	--	EI EDT	ER	Hi	--	--	--	--	Yes	OK
# Drug-related Agency Contacts												
~~0-3~~	--	--	FlxAd	None SP	--	--	No	--	--	Yes	No	No
4 or more	--	--	D F	EI EDT	--	--	Yes	--	--	No	Yes	Yes
# Drug Problems												
0	--	--	Ad	None	4No	Lo	--	--	No	--	No	--
~~1-3~~	--	--	NotAd	SP EDT	4No	Any	--	--	No	--	No	--
4 or more	--	--	NotFlx	ER	4No&M	Mod Hi	--	--	Yes	--	Yes	--
# Drug Crimes												
0	WhPro	Prog	Flex	SP	--	Any	--	--		---	---	---
1-3	WhO	ProgR	FlxER	None SP	--	Lo & Hi	--	--	No	--	--	--
4-6	NotWhP	ProgAb	Flex	None	--	Mod	--	--	Yes	--	--	--
7 or more	WhP-Bl	Abst	Ad	EI EDT	--	Mod	--	--	No	--	--	--
Income Source												
Own Earnings	WhPro	--	---	--	ER	Mod Lo	--	--	--	--	No	Yes
Illicit	WhPro	--	--	--	ER	Mod Hi	--	--	--	--	Yes	No
Welfare	MA-Bl	--	--	--	4No&M	Mod Hi	--	--	--	--	No	
~~Other~~	WhAny	--	--	--	4No	Lo & Hi	--	--	--	--	OK	No
Recommend 1:	WhO	ProgR	Flex	None/	4No		No	No	No	Yes	No	No
Recommend 2:	WhAny		RF	SP		Mod Hi					OK	

Primary Drug Used Now Amph.

EXTERNAL AND INTERNAL PROGRAM INTERFERENCE FACTORS

Introduction

During our fieldwork, a number of problems were observed which affect the ability of treatment programs to treat drug users. These problems were not hidden. They frequently were the subject of staff (or client) meetings. In fact, depending upon the type of program, meeting topics and outcomes became almost predictable as we moved from one program to the next.

This chapter, then, is devoted to a discussion of some of those problems. It is divided into two sections; externally and internally-based factors.

Externally Based Factors[1]

Funding.

A program must continually satisfy the requirements and demands of its funding and sponsoring sources. Conditions of funding may range from providing a particular treatment approach to staffing, screening, and rules, to demonstration of program success. Obvious or publicized relations between a program and particular sponsoring/funding agencies will also affect the type of clientele they are able to attract. Programs with strong ties to such elements of 'the establishment' as the education system rarely seem to treat real drug abusers. (Methadone maintenance programs are an exception.)

Besides the obvious effects of funding/sponsoring agency pressures, there is the pernicious effect of encouraging exaggerated treatment claims, such as treatment success or actual numbers and types of people treated. I have witnessed a few methods used to inflate such statistics.

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1. Portions of this section appeared previously in the Youth Authority Quarterly, vol. 25 no. 3, Fall, 1972, pps. 28-33.

First, a program's staff may count everyone who calls it on the phone as 'treated'--lumping telephone contacts together with in-person counseling. One program changed its estimate of "number treated" in a questionnaire that it returned to us from 3,500 to 150. In one extreme variation of this, even telephone calls of friends asking 'Is Mary there?', are included in treatment tallies.

Second, staff may count everyone who walks in the door as being treated--regardless of the person's reason for being there. The first day that I walked into one program to interview clients and staff, the girl at the receptionist's desk asked what my first name is. I told her, and I was written down as being treated. Three days later, while I was waiting for a client to interview, a boy and his girlfriend appeared at the door. He left her on the threshold and stepped in saying "Have you seen a brown paper bag I left here last night?" Before answering that question, the girl at the desk said, "What's your friend's name?" "Sally," he replied. She wrote it down, along with his name, as being treated. Seeing this, he protested, "But I'm only here to pick up something I left." It was all to no avail.

Third, staff may simply count a person as a separate client every time he comes in for face-to-face counseling. Thus, when questioned about repeaters, one program's staff who initially claimed that it treated 500-700 people per month explained that about 150 people constituted the stable client population. Another 50 clients were expected to change each month, while some remaining number would constitute one-or-two-visit cases.

With statistics regarding the types of users treated at programs, the pattern is similar. Program staff may claim to deal with "barbiturate" or "amphetamine" or "heroin" users, and simply be playing semantic games; rather than being addicted or habituated to these drugs, the clients may have tried (or may have thought they tried) them once or twice. At one program whose staff claimed to treat "hard-core users", I waited for 12 hours each day for nearly a week to see one. I never did. The only clients who came for treatment during that time were marijuana users, some of whom had tried uppers, downers, or glue. Yet, on the director's wall hangs a legislative commendation for, in part, treating hard-core users. (The program also has a continuing grant from the state to perpetuate its work.)

Undoubtedly, as the public and as funding sponsoring agencies become more sophisticated, reporting abuses such as those described will decline. On the other hand, as John Frykman has noted, extensive form-filling and record-keeping interferes with the treatment process and may discourage people from seeking treatment. The dilemma confronting funding agencies is how to know if a program is performing well enough for continued funding without interfering with the program's performance.

Treatment Success vs. Treatment Progress

The definition and measurement of treatment success is one of the most difficult issues in drug treatment (or in delinquency treatment, for that matter). Aside from those standards imposed by funding agencies, treatment program staff frequently have their own notions of what treatment success is. Often there is uniformity of belief within a program, and the rigidity of the notion of success (total abstention versus personal progress) seems to be related to rigidity in other areas (e.g., what would be done if the client were still found to be using, admitted to violating a program regulation, etc.).

However, except in the most rigid programs, staff seem to agree that immediate, total abstention on the part of a long-term abuser is not a realistic expectation, and that there is no way on a short-term (year or less) basis to determine whether or not treatment is a success.

Because of federal guidelines, methadone programs are beset with rigid definitions, and measures of treatment success. After the brief period that it takes for an addict to reach the prescribed "blocking dosage", he is expected to remain "clean" and begin to lead a drug and crime-free life, returning to school or going to work. He is subjected to urinalyses a certain number of times a week, being monitored not only for heroin, but for barbiturate, amphetamine, and other drug traces. The program may also have its own requirements regarding counseling and meetings. Depending upon the program approach and standards, a person who does not achieve all or part of this "success" is supposed to be "tapered off" fast.

In light of prevailing staff attitudes outside of methadone programs, one wonders whether or not such standards, particularly in terms of short-term expectations, are realistic. The fact that staff--including methadone program staff--frequently consider treatment progress as well as treatment success in determining whether or not a person should be disciplined or dismissed from the program tends to confirm those doubts.

When rigid standards are forced upon programs from the outside, the staff must choose between bending standards or letting go people who are being helped to some degree, and, who over time, may become treatment non-failures. When such standards are established and maintained from within, they are part of the staff's choice to seek artificial success rates through selectivity ("all the ones who weren't committed to getting off were washed out in the first six weeks"). They avoid dealing with problem people--people who really may want to get themselves together, but who do not have much self-control. If funding/sponsoring agencies wish to reduce drug-related crime, they will have to revise their standards so that problem people are not excluded from the treatment process.

"Readiness" and "Treatment Program Groupies"

When they have failed in the past, and when they are failing now at programs, drug addicts and abusers say, "well, I guess I wasn't ready." The concept of "readiness" simultaneously is used by addicts/abusers to explain failure and as an excuse for failing when the frustration and pain of getting or staying off seem intolerable. When youthful clients fail, older addicts/abusers say, "Youth are not ready because there still is excitement in drug use, the style of life, and in playing 'cops and robbers'; the hell of making connections every day, overdosing, friends dying, being busted, withdrawal, and generally 'being sick of being sick' hasn't really hit them yet...Everyone has his own level that he must reach before he is ready to get out of the drug scene."

While this ethos of readiness does have a strong behavioral base, it also can become detrimental to the treatment process. If a client tries, but fails, a program's staff may be tempted to label him as "not ready", thus setting up a self-fulfilling prophecy.

Programs must also learn how to differentiate serious, but failing, clients from treatment program groupies, shoppers, and abusers who simply make a sport of going to drug treatment programs.

Shoppers are people who are thinking seriously of treatment, but are still looking for a program that they like. Treatment program groupies are non-drug abusers--generally in their middle teens--who hang around and interfere with the operation of treatment programs. The sporting group is comprised of drug abusers who amuse themselves by pretending to be shoppers or serious clients, while actually undermining the treatment of others. In this latter group, one may expect to find people on probation or parole who are staying involuntarily at programs.

Not only do these latter groups interfere with the treatment of serious clients, but they take up space, give the program an image which may deter serious clients from seeking help there, engage in 'daring' behavior (selling, holding, getting loaded on the premises) which may jeopardize the future of the program, and provide enough outside disruption that neighbors may become angered.

Via various tests of commitment to get off drugs (such as isolation and harrassment), live-in programs have the best opportunities to weed out groupies and some of the sporting group. (If the rest of the clients are serious about quitting, the intense live-in experience may convert very small numbers of non-serious clients.)

Walk-in programs face particular problems in identifying and dealing with these people. I witnessed one incident which exemplifies these problems. A 15 year old boy--the ringleader of a group that regularly came to the program loaded and bragged about its drug exploits--had been told by staff the night before that he was banned from the premises for three weeks. He came the next day and taunted the fellow in charge (who had served time for assault), saying, "If you make me leave I'll call the police." He was reminded that he had been banned for good cause. He still refused to leave. He was then forcibly removed. He called the police, who said to the program staff, "You should have called us earlier."

In the meantime, three of the ringleader's female cohorts stayed inside the program, talking on about what they would do at that moment, "if only we had a bag of reds", and wondering if maybe they shouldn't drop by another program in the neighborhood because "there's nothing for us to do here."

Relations with the Local Community

Many programs seem to experience conflicts with immediate neighbors not unlike those encountered some years ago by Synanon.[1] Resistance prior to placement of a program in a particular neighborhood seems to be based upon stereotypes of what the clientele will be like. The attitude frequently expressed by potential neighbors is 'the county may need a treatment program for them, but not in my neighborhood.'

Programs oriented toward paroled drug abusers can expect particularly high resistance. When one program that I am familiar with decided to add a CYA parolee live-in unit to its already successful drop-in center, the director expected and received complaints from one neighbor. The neighbor came upon invitation to the program and berated the director and others there for bringing "criminals" into his neighborhood. One of those present was a CYA ward, who, fortunately, looked clean-cut and remained calm and gentlemanly. When the neighbor's tirade was complete, the director introduced him to the ward. With the stereotype broken, the neighbor grudgingly reconsidered his statements and his determination to have the program evicted.

Once a program gets into operation, neighbors may be belatedly upset by the nature of the clientele (in terms of attire, ethnicity, social background), or their behavior. Again, pressures will be placed upon the program to conform to the desires of neighbors or be evicted or have its permit revoked.

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[1] Lewis Yablonski, Synanon, The Tunnel Back, Pelican, 1965, passim.

If a hostile member of the community cannot get a program's operating permit rejected or revoked, the program can expect continual harrassment (from the staff's standpoint) through building inspections, pressures upon the landlord to invalidate the lease, and the like. Because programs usually run on low budgets and their facilities (for which they have not money for repairs) tend to be dilapidated, they are particularly susceptible to building inspections.

Summary

By diverting the energies and time of staff, by disrupting the funding and location of the program, and by blocking treatment of drug abusers who wish to change their lives, the demands and requirements of funding/sponsoring agencies, the presence of spurious clients, and pressures by the local community all affect the ability of programs to treat clients.

The onus for changing much of this rests upon funding/sponsoring agencies. To cease interfering with treatment, funding and support must not rest upon instant success, or evidence of it: indeed, agencies must simply depend upon some evidence that users which a program is funded to treat are coming there, and that dealing or other illicit behavior is not the reason for their presence.

Another adjustment that funding/sponsoring agencies should make is to deem as equally legitimate and fundable both programs which intervene in personal and family crises (before people turn to drug abuse as a means of escape) and those which treat actual drug addicts/abusers. Furthermore, funding requirements that necessitate support by local boards of supervisors and official agencies should be altered; programs least likely to get support from white-dominated agencies tend to serve minority group members who may be involved in justified social advocacy. Both crisis intervention and activist minority treatment programs are to be considered laudable if we wish to deal successfully with the drug problem.[2]

Internally Based Factors

Drop-in Programs.

Drop-in programs, more than others, have problems controlling drug use on the part of staff and clients. Unlike live-in programs, there can be little or no control over exit, entry, or contraband. Unlike Methadone programs, staff and clients are not tested regularly for drug use. Again, unlike other types of programs, drop-in programs cannot effectively test the seriousness of the client, and the client has less invested in this type of program.

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[2] It is up to funding agencies to see that there is no duplication of services, and that all populations of known drug abusers in an area are served by extant programs, or that new programs are started to meet those needs.

Yet, it may not be appropriate for drop-in programs to be too selective of clients. If they are to serve as an entry or trial point in the drug treatment process, drop-in programs can neither expect nor demand as much of drug users as other programs do.

The four no's--no sale, no use, no loose talk, and no violence--seem universal in the attempt by program staff to sort out clients and to keep from being closed by law enforcement agencies. As noted in the previous section, policies regarding drug use and illicit behavior determine what clientele will come (on the basis of program reputation) and will stay (on the basis of actual requirements) at the program.

Policy is constantly in flux in drop-in programs as the staff seek their 'ideal' clientele and as the drug use pattern changes in the area that the program serves. As with other treatment programs, they are governed by a law of supply and demand: If a program does not respond to the clientele available, it will either cease to serve drug users or will close down altogether. More than other programs, though, drop-in programs are dependent upon and sensitive to the public.

Parents must be willing to let their children congregate at drop-in programs if these programs are to survive. The public reputation of the program regarding sexual exploitation of clients by staff (particularly in 'crash pad' facilities), and staff drug use will determine this. Further, drug users themselves do not respect other drug users who self-righteously tell them that they should quit drugs.

In our experience, drop-in programs have earned the reputation that they have.

Live-in Programs.

Live-in programs suffer from a different set of problems. While bringing drugs onto the premises has relatively minor ramifications for the participants in a drop-in program, it is a major problem for the otherwise isolated inhabitants of a live-in program. As a result, urinalyses and 'friendly' interrogations are frequently used to detect drug activities of people who have been out on pass.

Passing time is a second problem for live-in programs. Beyond hours of inner reflection and the study of the program's tenets, what are clients to do?

Clients may bide time--as in prison--if they know that, after a particular period of time and a few hurdles, they will be able to leave on pass, go en masse to the movies, and the like. If there is nothing to look forward to, on the other hand, they may leave.

Sex is a major problem in live-in programs. Sexual desire usually is repressed or exploited by programs. Staff at some programs readily admit that sexual desire is one of the first awakenings in detoxified drug users, and that they use this desire to motivate clients to "do good" so that they can go out on pass and find someone to satisfy their needs.

Particular problems arise in coeducational programs which expect males and females in their prime sexual years to be intimate but "treat one-another as brother and sister".

Conservative programs have been seen responding to potential male-female relationships in two fashions. First, they have strong in-residence prohibitions and send females as escorts on pass with other females. Second, they have in-residence prohibitions and do not let out on pass at the same time males and females who have an interest in one-another.

Two alternative approaches to repressing sex have been reported by live-in programs in our study. One is to allow sex between clients, but demand that they recount their thoughts and experiences later in an encounter group setting. The other is to allow sex (with no restrictions) between clients after they have been tested for venereal disease.

To support the practice of sexual prohibition, program staff say that relations in the usually non-private setting would provoke dangerous instances of jealousy. Further, they say that recently detoxified users may not be emotionally ready for such relationships.

Program staff are confronted with a dilemma: if they do not allow sexual relations, they must cope with tension and stealthy behavior; if they allow sex, they must cope with the products of those relationships as well as tensions caused by lack of privacy.

Discipline and inculcation is yet another problem within live-in programs. Some use the Military Academy approach, hazing inductees, giving them the most menial tasks, and allowing them to climb slowly the program's ladder. Every time the client "slips", he may be asked to repeat this process.

The other observed method of discipline and inculcation of program values is the Equalitarian approach. Here, all tasks are rotated regardless of status. Exclusion from the program and repetition of a certain number of days of isolation upon re-entry becomes the primary means of sanction in this style of program management.

As outside observors, we found one more essential problem; how adaptive or maladaptive to everyday life are the techniques and behaviors learned by live-in program participants?

The few people who do "graduate" from live-in programs are usually programmed to become drug treatment program staff. Rarely are they encouraged to seek other vocations. The long-term wisdom of this is unclear.

The many people who have stayed for long periods of time but who do not graduate and become program staff must overcome behavior that is best adapted to an institutional setting.

Clients who have been in programs which use intensive encounter groups as therapy can have a special problem: they may find a continuing need to be verbally attacked to validate their life experiences. In one instance, two ex-clients were observed making a post-midnight telephone call to their old program to say that they would return soon to be "grouped" so that everyone would know that they were telling the truth.

One factor underlying the potential maladaptiveness of intensive live-in programs is the distortion of the importance of events. As in prison, there is much free time and personal possessions are few. The resultant pettiness may manifest itself in unique fashions: a marathon encounter group in one program resulted from a pilfered pork chop.

Methadone Maintenance Programs.

Methadone maintenance programs, unlike the majority of other drug programs, are run by professionals--doctors and nurses--with occasional paraprofessionals. While live-in programs involve constant supervision, methadone programs involve daily (or near-daily) attendance and monitering.

Abuses occur in methadone programs because of the combination of power, establishment, and requirements imposed by outside agencies.

Power is exemplified by the "hold" that programs have over addicts. Until he has reached a certain phase in a program, a client must appear daily (except sometimes on weekends). In any case, he must appear within a certain time range. Vacations and normal travel--with methadone--are not feasible under these circumstances. The staff know this. The police know this.

Furthermore, methadone is addictive. Withdrawal from large maintenance dosages is reported to have long-term side effects.

In methadone programs that we observed, staff--particularly those who identified themselves as 'professionals'--were aware of the power that they had. Some responded in a humane, restrained fashion. Other "professionals" openly treated addicts (even in front of the interviewer) with disdain. They challenged those addicts to displease or defy them so that disciplinary action could be taken.

Simultaneously, federal guidelines were interpreted as requiring that addicts become clean and become self-sustaining or go to school in a short period of time. This gave the 'professionals' a means by which addicts could be disqualified from the program.

One area of great client distress was the most demeaning aspect of methadone maintenance: urinalysis. It is at this point where clients are most suspect and where many staff/client abuses occur. An often overlooked point in urine sampling is that women are not as able to control the flow and direction as men are. They are thus humiliated with publicly producing urine-drenched cups. At some programs, they are allowed to rinse off the cups after they have been capped.

Finally, designers and administrators of methadone programs seem to be ignoring feedback from addicts themselves. Consistently in our interviews and conversations we were told "six months is enough: it is the breaking point for tolerable withdrawal symptoms, and if an addict can't get himself together in that time he isn't ready yet. At the time of those interviews, neither the program staff nor the government seemed to be making any effort to develop such short-term elements to see, at least, if there was some validity in the addict's ideas.

APPENDICES

APPENDIX A

SUMMARY: SURVEY OF DRUG COORDINATION AND OTHER EVALUATING AGENCIES

In August, 1971, county drug coordinators and the directors of selected evaluating programs/agencies were asked to complete questionnaires about the criteria that they use to evaluate drug treatment programs.

Specifically, both public and private programs, each potential evaluator was asked, "Does your agency evaluate, for any reason, drug treatment programs in your county?.....If yes,.....What criteria do you use, and for what purposes (i.e. determining funding, etc.) do you use them? If no, what criteria do you think should be used for evaluating them?"

A total of 40 agencies and organizations responded, and 28 counties were represented. Of the 28 counties, 22 had agencies which reported that they had or planned to have a coordinated county plan including both public and private programs. Three counties with coordinated plans said that they had no intention of seeking federal funds.

Of those counties with coordinated plans, 7 [or nearly one-third] were unable to specify criteria for evaluating drug treatment programs included in their plan. Four who planned to seek federal funding [e.g. over 20%] were unable to specify any criteria.

Many of the criteria that were suggested were influenced by requirements of the Lanterman-Petris-Short Act and the California Council on Criminal Justice. That is, they used either cost per patient, or non-specific or administrative criteria such as, "Does the program meet the county plan" or "Does the program meet its own objectives?".

Other criteria included: 1) measures of rehabilitation through follow-ups (using staying clean, employment and/or school attendance as measures); 2) numbers serve, time and staff involved, and quality of service; 3) people served--e.g. target group, the program's ability to reach actual users, and its ability to reach and serve the poor; and 4) the program's ability to fill unmet community needs and gaps in service.

Los Angeles and Solano Counties provided the most extensive county criteria. Both Project Dare (in Los Angeles County) and the Awareness House Training Center (in Alameda County) produced in-depth criteria. Project Dare offered the most complete set of criteria for all possible services connected with drug abuse prevention, treatment, and rehabilitation problems of any source.

In addition, the California Council on Criminal Justice--a primary funding agency--reported that proposals it funds should produce "a comprehensive evaluation report that includes quantifiable information as to numbers of clients treated, period of treatment, analysis of project treatment techniques, evaluation of the results of the particular treatment techniques or approaches and assessment as to total program viability in terms of whether the concept is transferable."

APPENDIX B:

THE CALIFORNIA LAW ENFORCEMENT

DRUG ATTITUDE AND POLICY STUDY

Methodology: Data-Gathering Techniques

In August 1971, a questionnaire was sent to each county and local law enforcement agency in California.[5] The questionnaire covered a number of topics raised both by the preceding discussion and by statements made by law enforcement officials to the press. These topics included: What is "threatened" by drug offenders; how threatening are different types of drug offenders to a community; how much enforcement effort is put into apprehending different types of offenders; what type of problem is the "drug problem"; what is the extent of the problem in the agency's jurisdiction; how does the agency handle different types of juvenile and adult drug offenders; and how does it initially identify/apprehend drug law violators.

At the same time, 1970 county arrest statistics from the Bureau of Criminal Statistics were combined with county population statistics from the 1970 census to obtain drug arrest rates. In turn, ratios of arrestees to programs available were derived by applying arrest statistics to data on drug treatment programs collected during 1970 by the Youth Authority Drug Information Project.

Two hundred thirty-two agencies (58.4 percent of the total) responded. Some additional questionnaires were returned blank because there had been no drug arrests in certain jurisdictions for six months or more.

SUMMARY AND CONCLUSIONS

When apprehended, juvenile and adult drug offenders are handled differently; 1.5 to 2 times as many departments arrest adults than they do juvenile suspects for possession of drugs (for use). Three and one-half times as many departments warn and release or warn and release and refer juveniles than they do adults for all drug offenses.

A majority of the departments felt that drugs are a criminal problem and that drug offenders threaten the public safety of the community.

Dangerous drug dealers and users are thought by departments to be most threatening to a community, and departments use the greatest amount of effort to apprehend them. Dangerous drugs are also thought to be the greatest drug problem.

The amount of effort that a department reports putting into apprehending a drug's dealers is directly related to the department's perception of the extent of the problem in their jurisdiction.

The amount of enforcement effort that a department reports putting into apprehending a drug's dealers is directly related to the department's perception of the extent of the problem in their jurisdiction.

The primary source used to apprehend opiate and dangerous drug offenders is directly related to amount of effort used to apprehend them, to arrest policy, and to a department's perception of the extent of the opiate and dangerous drug problems in their jurisdiction.

The importance of routine investigations in drug arrests parallels the Los Angeles County Administrator's report that the first priority is given by their department to the investigation of drug arrests resulting from routine patrol activities. At the same time, the nearly equal emphasis upon the use of informers reflects the problems outlined by Schur, Skolnick, the Presidential Commission on Law Enforcement and the Administration of Justice, and others, when law enforcement agencies attempt to deal with "crimes without victims".

Routine investigations and informants are the most frequent means reported by departments for identifying and apprehending drug offenders; hospitals are reported to be used least.

The departments which did refer at least some adults and/or juveniles to treatment programs tended to be coastal, stretching from the San Francisco Bay southward.

While there were gross regional tendencies in types of treatment and referral policy, there were wide variations in arrest policy between departments within the same county. This supports assertions by criminologists that arrest rates do not reflect known crime in a jurisdiction, and that policy varies so widely that arrest statistics cannot be relied upon to determine if a crime problem is increasing or decreasing or better or worse in different jurisdictions.

Overall findings of this study tend to support Schrag's models of law enforcement style and behavior. The predominant styles used in California appear to be peacekeeping and community service rather than crime control. Because Schrag's models overlap and are not detailed enough, however, it is difficult to estimate the relative distribution of each of these types.

Finally, law enforcement agencies frequently do not have adequate community resources to which they can refer offenders for treatment. Therefore, even if they wished to follow O. W. Wilson's principle of discretion for the good of the suspect, and they believed that arrest and punishment does not help drug offenders, they would be unable to refer suspects for treatment. However, it is unclear just how enforcement policy affects the existence of treatment programs as resources in a department's jurisdiction.

APPENDIX C:

VARIABLES NOT SIGNIFICANTLY RELATED

I. Among Samples

Sample	and	Siblings not in drug scene
		How well respondent did in school
		How well respondent liked school
		Jailed for other than drug offenses

II. Among Client Characteristics

Client's Ethnicity	and	Overdose- self
		Overdose- friend
		Parents together
		Family got along
		Siblings not in drug scene
		Looked into program before
		Number of drug effects
		Number of agency contacts
		Number of drug crimes
		Total number of crises
		Went back to drug after overdose- self
		Jailed for drug offenses
		Jailed for non-drug offenses
Primary Drug Used	and	Overdose- self
		Overdose- friend

Primary Drug (cont.)	and	Number of siblings
		Parents together
		Family got along
		Siblings not in drug scene
		Friends not in drug scene
		Primary means of support
		Number of drug effects
		Number of agency contacts
		Number of drug problems
		Number of drug crimes
		Total number of crises
		Went back to drug after overdose- self
		Slowed down after friend overdosed
		Jailed for drug offenses

III. Among Client and Staff Characteristics

Client Age	and	Staff idea why use drugs
		Job counseling
		Encounter groups
		Other ("cold turkey") detoxification
		Other requirements
Self-Perceived Social Status	and	Staff ethnicity-occupation
Client Occupation	and	Staff ethnicity-occupation
		Job counseling
		Encounter groups

Client Occupation (Cont.)	and	Live-in facilities
		Religious program
		Other ("cold turkey") detoxification
		Methadone maintenance
		Program's unique characteristic
		Discipline rigidity
		Percent staff used heroin
		Percent staff treated for drugs
		Staff idea of treatment success
Client's Father's Occupation	and	Encounter groups
		Religious program
		Chemical detoxification
		Other ("cold turkey") detoxification
		Methadone maintenance
		Program's unique characteristic
		Law enforcement relations
Client's education	and	Staff ethnicity-occupation
		Staff jail history
		Staff idea of treatment success
		Encounter groups
		Religious program
		Chemical detoxification
		Methadone maintenance

Client's Education (cont.)	and	Program's unique character
		Screening requirements
		Other requirements
		Discipline rigidity
		Percent staff used heroin
		Percent staff treated for drugs
Primary Drugs Used	and	Staff drug history
		Staff jail history
		Staff idea why use drugs
		Job counseling
		Encounter groups
		Live-in facilities
		Religious program
		Other ("cold turkey") detoxification
		Percent staff used heroin
		Percent staff treated for drugs
Overdose- Self	and	Staff idea why use drugs
		Job counseling
		Encounter groups
		Live-in facilities
		Chemical detoxification
		Other ("cold turkey") detoxification

Overdose- Self (cont.)	and	Methadone maintenance
		Program's unique characteristic
		Screening requirements
		Other requirements
		Discipline rigidity
		Law enforcement relations
		Percent staff used heroin
Overdose- Friend	and	Staff drug history
		Staff idea why use drugs
Treatment Program Before	and	Staff ethnicity- occupation
		Staff drug history
		Staff idea why use drugs
		Job counseling
		Encounter groups
		Live-in facilities
		Religious program
		Chemical detoxification
		Other ("cold turkey") detoxification
		Methadone maintenance
		Discipline rigidity
		Percent staff used heroin

How Supported Self	and	Staff drug history
		Staff jail history
		Staff idea of treatment success
		Staff idea why use drugs
		Encounter groups
		Religious program
		Chemical detoxification
		Other ("cold turkey") detoxification
		Methadone maintenance
		Program's unique characteristic
		Screening requirements
		Percent staff used heroin
Number of Drug Effects	and	Staff ethnicity-occupation
		Staff drug history
		Staff jail history
		Staff idea of treatment success
		Staff idea why use drugs
		Job counseling
		Encounter groups
		Live-in facilities
		Religious program
		Chemical detoxification
		Methadone maintenance

Number of Drug Effects (cont.)	and	Program's unique characteristic
		Other requirements
		Discipline rigidity
		Percent staff used heroin
		Percent staff treated for drugs
Number of Agency Contacts	and	Staff ethnicity-occupation
		Staff drug history
		Staff jail history
		Staff idea of treatment success
		Staff idea why use drugs
		Encounter groups
		Chemical detoxification
		Other ("cold turkey") detoxification
		Other requirements
		Discipline rigidity
		Percent staff used heroin
		Percent staff treated for drugs
Number of Drug Problems	and	Staff ethnicity-occupation
		Staff drug history
		Staff jail history
		Staff idea of treatment success
		Staff idea why use drugs
		Job counseling

Number of Drug Problems (Cont.)	and	Religious program
		Chemical detoxification
		Methadone maintenance
		Percent staff used heroin
		Percent staff treated for drugs
Number of Drug Crimes	and	Staff drug history
		Staff jail history
		Staff idea why use drugs
		Job counseling
		Encounter groups
		Live-in facilities
		Religious program
		Chemical detoxification
		Methadone maintenance
		Other requirements
		Percent staff used heroin
Total Number of Crises	and	Staff ethnicity-occupation
		Staff drug history
		Staff jail history
		Staff idea why use drugs
		Job counseling
		Encounter groups
		Live-in facilities

Number of Crises (Cont.)	and	Religious program
		Chemical detoxification
		Other ("cold turkey") detoxification
		Methadone maintenance
		Program's unique characteristic
		Other Requirements
		Discipline rigidity
		Percent staff used heroin
		Percent staff treated for drugs
Jailed for Drug Offenses	and	Staff ethnicity-occupation
		Staff drug history
		Staff jail history
		Encounter groups
		Chemical detoxification
		Methadone maintenance
		Other requirements
		Discipline rigidity
		Percent staff used heroin
		Percent staff treated for drugs
Jailed for Other Offenses	and	Staff jail history
		Staff idea of treatment success
		Job counseling

Jailed for Other Offenses (cont.)	and	Encounter groups
		Live-in facilities
		Chemical detoxification
		Other ("cold turkey") detoxification
		Screening requirements
		Discipline rigidity
		Percent staff used heroin
		Percent staff treated for drugs
Program Entry Expectation	and	Staff ethnicity-occupation
		Staff drug history
		Staff idea why use drugs
		Encounter groups
		Live-in facilities
		Religious program
		Chemical detoxification
		Other ("cold turkey") detoxification
		Methadone maintenance
		Screening requirements
		Other requirements
		Percent staff used heroin
Time Before Expect to Leave	and	Staff drug history
		Job counseling
		Other ("cold turkey") detoxification
		Program's unique characteristic
		Percent staff used heroin

Siblings Not in Drug Scene	and	Entry motive
		Entry expectation
Friends Not in Drug Scene	and	Entry Motive
		Entry expectation
Client's Ethnicity	and	Staff jail history
		Staff idea why use drugs
		Job counseling
		Encounter groups
		Live-in facilities
		Religious program
		Discipline rigidity
		Percent staff treated for heroin

END