

APPENDIX D:
Substance Abuse Consumer Survey

For Office Use Date: _____ Site: _____

We are conducting a survey on health issues concerning people who are homeless or who live in short term residences. This will take only a few minutes to complete. Your participation is voluntary, your responses will be kept confidential, and you can decline to answer any of the questions. If you answered this survey before, please do not answer it again.

1. **Gender** Male Female.
2. **Sexual Orientation** Heterosexual Man who has sex with man
 Woman who has sex with women Bisexual Transsexual Transgendered
3. **Race/Ethnicity** White, Non Hispanic Black, Non Hispanic Hispanic
 Asian/Pacific Islander American Indian
4. **Current Age:** Under 24 Between 25 and 44 45 and older
5. **In what county do you reside?**
 Essex Union Morris Warren Sussex Other _____
6. What is your **ZIP Code** where you currently live? (Enter) _____
7. **HIV Status:** Have you been diagnosed with HIV disease?
 Yes, AIDS Yes, HIV only (not AIDS) No Never tested

IF YOU DO NOT HAVE HIV/AIDS OR NEVER BEEN TESTED, GO TO QUESTION 21. 

IF YOU HAVE HIV OR AIDS, PLEASE ANSWER QUESTIONS 8 – 20

8. **When were you diagnosed with HIV/AIDS?**
 Within the past year 2 to 4 years ago 5 to 10 years ago 11 to 15 years ago
 15+ years ago
9. **What was your exposure category?**
 Man who has sex with men (MSM) Injection drug user (IDU) MSM/IDU
 Heterosexual Other/Unknown
10. Do you receive **medical care** for your HIV disease? Yes No
11. If yes, in what **county** do you receive medical care?
 Essex Union Morris Sussex Warren
Other _____
12. **What type of facility do you see your doctor at?**
 Community based clinic Hospital based clinic Private physician
 Substance Abuse Treatment Center
13. **What type of medical insurance do you have?**
 Medicaid Medicare Private Charity Care None

14. **How long after your HIV diagnosis did you wait to seek medical care?**
 I did not wait; I immediately began seeing the doctor Less than 6 months
 6 months to one year 1 year to 3 years 3 to 5 years
 6 to 8 years More than 8 years I have never sought medical care
15. **After your HIV diagnosis, what helped link you with medical care?**
 Testing site HIV Physician Other physician Case Manager
Family Friends I sought care myself I got sick and had no
choice
16. **When was the last time you saw the doctor?**
 Within the past 3 months 4– 6 months 7 – 9 months 10 – 12 months
 More than a year I have never visited a doctor to treat my HIV
17. Are any of the following items reasons that have prevented you from accessing medical care?
(Check all that apply)
 Transportation No available childcare My housing situation
 I cannot afford to pay My substance use Religious beliefs
 Language barrier, it is hard to communicate with my doctor Difficulty getting referrals
 Waiting times at the clinic/doctor's office I don't consistently get to see the same doctor
 I am not comfortable around my doctor I don't like my doctor's attitude toward my condition
 Other _____
18. **Do you take any HIV medications?**
 Yes, I take anti-retroviral medications
 No, while my doctors says I should, I have chosen to not take anti-retroviral medications
 No, my doctor does not feel it is time to start anti-retro-virals yet
19. If you are not currently taking HIV medications that were prescribed to you, are any of the following reasons why you are not following the prescribed regimen?
 I do not like the side effects of the medications
 There are too many pills that I have to remember to take
 I do not believe these drugs will help me
 My religious beliefs conflict with taking these medications
 I do not have a place to store my medications
 Other _____
20. **If you do take HIV medications, do you adhere to the regimen?**
 Yes, I take my doses at the required times, and rarely miss doses
 Yes, but I sometimes miss doses
 No, I take medications, but I'm not very good about regularly taking them



ALL RESPONDENTS

21. **Are you currently using any substances (Alcohol, heroin, cocaine, etc.)?** Yes No
- 21A. **If YES, please indicate which substances (check all you use):** Alcohol
 Heroin Cocaine Other (list) _____
- 21B. **If YES, please indicate how you take the substance(s):** Injection
 Non-Injection Other (list) _____
22. If you are using prescription medications (other than HIV medications), are you using them to your doctor's specifications?
 Yes No I am not currently using any prescription medications
23. **Have you ever received drug or alcohol treatment?** Yes No
24. If you answered YES, what type of treatment have you received? Please indicate the number of times next to each option.
 Short-term inpatient Short-term outpatient Long-term inpatient
 Long-term outpatient Partial hospitalization Group therapy Detox
 12-step programs Methadone Peer counseling
 Intensive Outpatient IOP) Other _____
25. **Have you ever dropped out of any drug or alcohol treatment programs?** Yes No
26. If yes, how many times?
 1 2 3 4 5 6 7 8 9 10 or more
27. If yes, what type of programs did you drop out of? Please indicate the number of times next to each option.
 Short-term inpatient Short-term outpatient Long-term inpatient
 Long-term outpatient Partial hospitalization Group therapy Detox
 12-step programs Methadone Peer counseling
 Intensive Outpatient-IOP Other _____
28. Why (reasons) did you drop out? (Check as many as apply.) You can insert more
 Started using drugs/alcohol again. Program not appropriate for me.
 Did not like program. Other _____
29. **Are you currently in a drug or alcohol treatment program?** Yes No
30. **Please add any other comments that you would like to make.** _____

Thank you for participating! Your responses will help the Newark EMA HIV Health Services Planning Council make recommendations about the needs of substance users in the counties of Essex, Morris, Sussex, Union and Warren. If you would like to see the results of this survey, they will be available by contacting the Newark EMA HIV Health Services Planning Council at (973) 485-5220 after July 31, 2005.

NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL

SUBSTANCE ABUSE CONSUMER SURVEY

April 2005

The Substance Abuse Committee of the Newark EMA HIV Health Services Planning Council designed a survey to ask consumers who were homeless and/or living in at risk situation, who might be HIV+, about their HIV medical care and substance use treatment patterns.

The initial survey was prepared in December 2004, and was revised several times to reflect input of committee members. It was presented to the Planning Council for review on March 16, 2005 before implementation. Council members provided suggestions, which have been incorporated into the revised survey instrument.

Purpose: The purpose of the survey is to obtain information about substance abuse among HIV+ individuals and those at risk of HIV who have not heretofore provided input to the Planning Council. The methodology includes surveying individuals in homeless shelters throughout the five-county Newark EMA and those who might be reached by innovative and nontraditional outreach methods.

Research Questions: This is a survey of homeless individuals and those in highly at risk living situations. Members of the target population may or may not be HIV+ but are at high risk for HIV disease due to transient lifestyles and ongoing exposure to individuals who are using drugs, either through their own drug use or through sexual encounters with those using drugs. Because the target population is so transient, the Council cannot select out those who are HIV+. The approach is to “blanket” survey as many individuals as possible to obtain information about medical care behaviors of those who are HIV+ and about substance abuse treatment patterns of those who are not HIV+.

The research questions to be answered are

- (1) What are the medical care characteristics of HIV+ individuals who are homeless and/or living in high risk situations, and
- (2) What are the substance abuse treatment patterns of individuals who are homeless and at high risk of HIV infection in the Newark EMA?

Outcomes: The results are expected to provide information about populations “at risk” for HIV who are not routinely accessed for Newark EMA needs assessments. Specifically, the survey will reach those who are homeless and living in shelters (homeless is one of the EMA’s eight “special needs populations”), those who frequent places targeted by night outreach, and those agencies who provide Title I substance abuse treatment.

The results may show that more efforts are needed to target unserved PLWHA living in homeless shelters, and may hone the research to be conducted among these “special needs” populations in 2006.

APPENDIX E:**SUBSTANCE ABUSE SURVEY - LIST OF AGENCIES SURVEYED**

LIST OF AGENCIES SURVEYED	City	County
HOMELESS SHELTER PROVIDERS		
Alternative Living Program	Elizabeth	Union
American Red Cross	Morristown	Morris
Apostle's House	Newark	Essex
B.L. Family Violence Program	Newark	Essex
Bridgeway/Homeless Program	Elizabeth	Union
Catholic Community Services	Newark	Essex
Choices, Inc.	Newark	Essex
Community Hope United Freewill Baptist	Newark	Essex
Community Soup Kitchen of Morristown	Morristown	Morris
Covenant House	Newark	Essex
Domestic Abuse & Rape Crisis Center	Belvidere	Warren
Domestic Abuse Services, Inc.	Newton	Sussex
Elizabeth Avenue Weequahic Presbyterian	Newark	Essex
Essex County Family Violence Program	Newark	Essex
First Timothy Church	Newark	Essex
Fish Hospitality Program	Dunellen	Union
Goodwill Rescue Mission	Newark	Essex
Homeless Solutions, Inc.	Morristown	Morris
Interfaith Council for the Homeless	Morristown	Morris
Interfaith Council for the Homeless	Plainfield	Union
Isaiah House	East Orange	Essex
Lighthouse Community Services	Newark	Essex
Market Street Mission	Morristown	Morris
Messiah Baptist Church	East Orange	Essex
Missionaries of Charity	Newark	Essex
Mt. Calvary Mission	Newark	Essex
Mt. Pleasant Missionary	Newark	Essex
NCC Harmony House	Newark	Essex
Newark Emergency Services for Families	Newark	Essex
Offender Aid and Restoration Center	Newark	Essex
PROCEED, Inc.	Elizabeth	Union
Raphael's Life House	Elizabeth	Union
Safehouse	Bloomfield	Essex
Salvation Army Feeding Program	Montclair	Essex
Salvation Army of Elizabeth	Elizabeth	Union
Salvation Army of Plainfield	Plainfield	Union
Samaritan Inn, Inc.	Hamburg	Sussex

LIST OF AGENCIES SURVEYED	City	County
HOMELESS SHELTER PROVIDERS		
St. Ann's	Newark	Essex
St. Mary's Church	Newark	Essex
St Rocco's Outreach Center	Newark	Essex
The Restoration Center	Newark	Essex
Tri-County American Red Cross	Plainfield	Union
United Community Corp.	Newark	Essex
YM/YWCA of Newark	Newark	Essex
TITLE I SUBSTANCE ABUSE PROVIDERS		
AIDS Resource Foundation for Children	Newark	Essex
Broadway House for Continuing Care	Newark	Essex
Catholic Community Services	Newark	Essex
CURA	Newark	Essex
East Orange General Hospital Pathways and Addiction	East Orange	Essex
Essex Substance Abuse Treatment	Newark	Essex
Newark Beth Israel Medical Center/Clinic	Newark	Essex
Newark Community Health Centers, Inc.	Newark	Essex
Newark DHHS/Homeless Health Care	Newark	Essex
N.J.C.R.I	Newark	Essex
Positive Health Care	Newark	Essex
St. Michael's Medical Center/Peter Ho Clinic	Newark	Essex
UMDNJ/Infectious Disease Practice	Newark	Essex
Urban Renewal Corp	Newark	Essex
Veterans Affairs of New Jersey	East Orange	Essex
Catholic Social Services of Morris County	Dover	Morris
Eric Johnson House	Morristown	Morris
Trinitas Hospital/Behavioral Health	Elizabeth	Union
OUTREACH SITES		
Newark – NJCRI	Newark	Essex