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Diagnostic center for dr
HARON, Tamar
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מינהל המחקר והתכנון

National Insurance Institute of Israel

Research and Planning Administration

Diagnostic Center for Drug Addiction

June 1988 - December 1989

By Tamar Haron

Printed in Jerusalem, April 1994
Translated from the Hebrew original by W. Haron

Survey No. 41

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FOREWORD

This survey covers the activities of the Diagnostic Center for Drug Addiction for the first 18 month period of its existence. This Center was established in Jaffa in 1988 as a mutual project of the National Insurance Institute and with the Ministry of Health, with the aim of creating a reliable professional framework for identifying drug addicts who are entitled to "Income Support" while rejecting unfounded claims from persons not entitled to such assistance under the criteria set out in the Law.

Correct diagnosis of cases of applicants entitled to assistance will reduce attempts to unjustifiably exploit the "system" and result in considerable savings to the National Insurance Institute. The long term aim of the Diagnostic Center is to provide a reliable appraisal of the claimants' economic status and make recommendations regarding their detoxification potential within the various therapy programs available. The data presented in this booklet provides reliable information on the number of claimants referred to the Center for diagnosis, about the Center's activities, diagnostic findings as well as a substantial quantity of data on demographic and personal characteristics of claimants referred in conjunction with results of these diagnoses. This survey will no doubt contribute to a better understanding of the complexity of drug addiction problem in Israel which has been increasing in recent years but about which research information has been relatively limited.

I wish to take this opportunity to thank the dedicated staff of the Center, headed by Dr. Eli Elbaz, for their dedicated work which is the main guarantee to the success of this important venture as well as to Mrs. Ayala Gavriel who coordinates all current activities. Our special thanks to Mr. Nathan Lavon Director of the Old Age Division and Director of the Income Support Service for his initiative in the establishment of the Diagnostic Center as well as for his assistance and monitoring at all stages of its activity. Special cudos to Mrs. Orna Verkovitsky for monitoring current activities on behalf of the Income Support Service.

Special thanks to the personnel of the Research and Planning Administration of the National Insurance Institute in charge of collecting, processing and analyzing the clearly depicted findings printed in this booklet. We express special appreciation to Mrs. Tamar Haron who effected this survey under the auspices of Mrs. Brenda Morgenstin, Director of Research in Long-Term Benefits Department, Mrs. Nurit Dabush who assisted in assembling and compiling the data, Messrs. David Alexander Galia and Steven Stein in charge of computerized data processing as well as Ms. Rivka Wartman and her team of assistants who worked so hard to encode and process the data.

Shlomo Cohen,

Deputy Director General for Research and Planning

INTRODUCTION

Addiction to drugs is one of the contingencies which entitles a person to benefit from Income Support assistance from the National Insurance Institute under Regulation No. 4.2.9. as set forth in the Law's Regulations and Procedures Guidebook published in 1988 by the Income Support Service.

Applicants [i.e. singles or childless couples] claiming assistance are required to present medical certification proving that they are addicted to drugs. In the course of the Institute's activities, there arose quite a few doubts regarding the professional reliability of the issuers of such medical certificates and as a result, the Income Support Service and the Institute decided to create their own Diagnostic Unit for drug addicts. The Diagnostic Center for Drug Addiction in Jaffa was established a year and a half ago by the National Insurance Institute in conjunction with the Public Health Association- Ministry of Health with the principal aim of having a reliable tool for correct assessment regarding the justification of claims for Income Support resulting from addiction to drugs. The Center is not intended to be solely a diagnostic facility, but is also intended to function as a center for the appraisal of claimants' general health, their potential ability to be employed and their orientation into detoxification therapy.

Claims personnel of local branches of the Institute who were gradually introduced into the experiment started referring drug addicts to the Center in June 1988 on the basis of their entitlement to Income Support due to addiction. All told, 8 main local branches and 20 sub-branches participated in the experiment. Participating branches in order of entry of their referrals are: Ramleh, Tel Aviv, Kfar Saba, Petah Tikva, Ramat Gan, Rehovoth, Beer Sheva and Jaffa.

The Center is today headed by a psychologist, Dr. Eli Elbaz, assisted by a medical doctor, nurse, psychiatrist and [intake] interviewers who are social workers and psychologists. This staff, each one at his station, checks the veracity of the applicants declarations especially via the data on their mental and physical health and their personal background. Each diagnosis is individual and requires at least three visits to the Center in order to make three urine tests, one on each visit and one examination at each one of the four stations which are :- 1] Intake Interviewer, 2] Physician, 3] Nurse, 4] Psychiatrist.

Generally, applicants attend two stations on each visit, but many of them come for four visits or more. Many of the claimants referred to the Center drop out after the first visits, even before the end of diagnosis whilst others fail turn up at all after having made appointments. All these are classified as "Uncooperative".

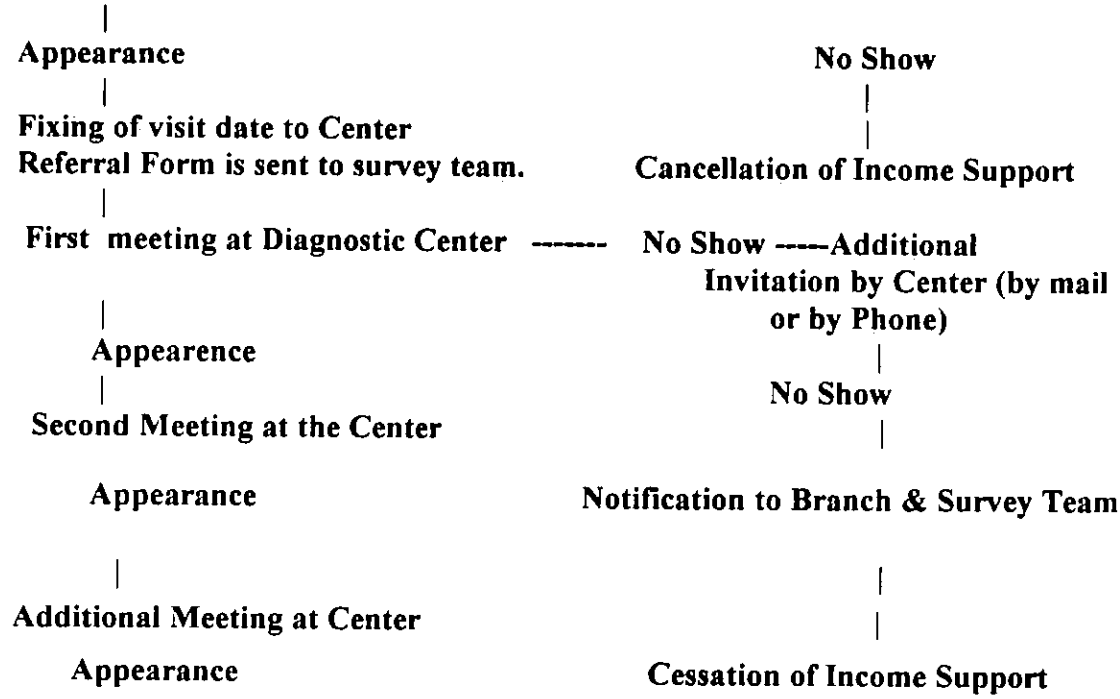
Each member of the Center's professional staff fills in the details of the "Appraisal Form" at each station, the process of diagnosis is documented into the personal file of each claimant. Each appraisal form includes dates of visit, which station[s] the referred claimant attended in each meeting and results of the urine test on that visit. Based on the data accumulated in the Appraisal Forms at the end of the diagnosis process, the Head of the Diagnostic Center then fills in the "Opinion/ Recommendation Form" in which the claimant's final diagnosis appears:- "ADDICTED" or "NOT ADDICTED". This final form includes a brief curicculum

vitae of the claimant with special reference to his/her immediate family, education, military service, marital status , professional training and employment, use of drugs, cognizance, potential and motivation to undergo detoxification. Claimants who fail to attend meetings or drop out during the course of the diagnostic process are registered as being "Non Cooperative" on forms sent to the Institute.. Based upon this form, the claimant's Income Support benefit is annulled and he is classified as being "Not Addicted". Some of the claimants who fail to cooperate until completion of the diagnostic process then return in order to complete the process while others return after their eligibility for Income Support benefit has been ruled out.

Diagnostic Procedure-Schematic Description.

I. Claims personnel send an invitation to the applicant or recipient of Income Support to come to the local branch of the National Insurance Institute that is handling the applicant's or recipient's file.

II. In case of non appearance, i.e. "No Show", at the branch, the claims personnel send a second invitation mentioning "Drug Addiction", or at the branch's discretion, summons the next applicant following in line.



Diagnosis completed ---- Diagnosis not completed

YES

Diagnosis/Recommendation
Sent to Branch and Survey Team

The survey monitoring the activities of the Center and the referrals to be diagnosed is carried out on two levels:-

1] Follow up on the nature of the process, amount of activity, number of claimants - and referrals and basic data on claimants, referrals etc.,

2] Study of referrals' characteristics, analysis of data, follow up on applications and

- recommendations of the Center for therapy and job training and employment of the
- referred.

Findings published in this survey after monitoring the Center's activities for the first 18 months include comprehensive data pertaining to claimants' characteristics, but these are still in initial stages of analysis.

Findings

Procedures

When a claimant is referred to the Diagnostic Center, his "Referral Form" which includes identification details and a description of his visit is sent to the Research and Planning Administration. 123 of the 1,472 [i.e. 8%] forms processed were superfluous since they pertained to cases of "No Show" at the Branch or at the Center, as well as to cases of "Dropout" during diagnosis; therefore this survey applies to 1,349 claimants only.

Breakdown of referrals divided according to Branch and " In Line" priority of entitlement claims received is seen in Table No.1. This table shows that 982 of the referrals [i.e. 73%] were already recipients of "Income Support" assistance. 310 [i.e. 23%] were new claimants who were immediately referred to the Center for diagnosis. [the 4% balance remained unidentified].

Out of 1,349 claimants, 83% were male, 11% female and 6% unidentified. Breakdown according to family status showed that :- 18% were married, 38% were single, 24% were divorcees, 13% were separated, 1% were widow[er]s and 6% remained unidentified. Note must be taken that at the beginning, the Center dealt only with claimants who were responsible for children, but as of August 1988 the Center accepted all new referrals.

The largest group of claimants was the 30-39 age group which accounted for 43% of the applications, 9% of the claimants were under 25 and only 5% were 50 years old or older [see Table No.2].

Table No 1:Breakdown of referrals according to Branch and type of claimant (%)

Branch	Referrals	Veteran Claimants	New Claimants	Unidentified claimants	% out of total recipients
Total	1,349	73	23	4	13
Naharya	27	48	45	7	2
Kfar Saba	31	81	13	6	7
Herzlia	27	67	30	3	13
Petah Tikva	52	80	18	2	5
Ramleh	154	75	20	5	14
Beit Shemesh	23	87	13		13
Rehovot	75	78	21	1	11
Rishon le Zion	38	79	16	5	9
Ashdod	41	56	37	7	7
K. Malachi	11	27	73	-	6
Kiryat Gat	15	60	40	-	4
Ashkelon	50	66	16	18	4
Tel Aviv	247	68	28	4	23
Jaffa	193	73	21	6	11
Holon	60	71	26	3	9
Ramat Gan	54	83	17	-	7
Or Yehuda	21	67	33	-	11
Beer Sheva	193	86	14	-	6
Ofakim	13	54	38	8	5
Netivot	9	66	33	-	7
Dimona	4	52	43	5	5
Arad	5	60	40	-	4
Unafilliated	6	50	33	17	-

Table No. 2: Breakdown of Referrals according to age [percentage]

Total number	Up to 25	25 to 29	30 to 39	40 to 49	50 plus	Unknown
1,349	9	25	43	11	5	7

53% of the claimants were "No Show" at the first invitation and an additional invitation had to be sent. The first meeting at the Branch is necessary in order to coordinate the date and time of the claimant's visit to the Center. 83% of the claimants were present at the branch at the time of coordination of their visit to the Diagnostic Center. 68% were favorable and willing to coordinate this visit to the Center, 18% agreed only after being warned/convinced that if they did not go, their Income Support benefit would be annulled. Only 25 claimants were opposed to the arrangement of a meeting at the Center [i.e. 2%], 9 of whom expressed their opposition with violence.

Up to the end of 1988, some 50 claimants, all from the Tel Aviv branch, had been sent for diagnosis and the monitoring results will be available after conclusion of studies for the whole branch.

Table No. 3 shows the breakdown according to the final Diagnosis/Recommendation Forms of the referrals. The Table shows that most of the referrals proved to be addicted. Addiction was not diagnosed in only 2% of the cases. There are differences in the breakdown readings of the various branches.

In Tel Aviv, 84% were diagnosed as "Addicted", only 11% were "No Show" and 3% were "Drop Outs". In Jaffa [adjacent to Tel Aviv], only 60% were diagnosed as "Addicted", 22% were "No Show" and 17% dropped out in the course of diagnosis. Beer Sheva also showed a high percentage of claimants who were not diagnosed: 29% were "No Show" and 8% stopped cooperating.

Table No.3 Breakdown of results of Diagnoses according to Branch [%].

Name of Branch	Total Number	Referrals %	Addicted	Not Addicted	Drop Outs	No Show
Total	1,091	100	72	2	7	19
Naharya	7	100	86	-	-	14
Kfar Saba	27	100	56	7	11	26
Herzlia	24	100	79	8	-	13
Petah Tikva	56	100	79	4	2	15
Ramleh	128	100	74	4	8	14
Beit Shemsh	17	100	47	6	18	29
Rehovoth	52	100	71	2	6	21
Rishon le Zion	37	100	73	-	3	24
Ashdod	42	100	88	-	2	10
Kiryat Malachi	14	100	79	-	-	21
Kiryat Gat	12	100	84	8	-	8
Ashkelon	47	100	68	2	6	21
Tel Aviv	217	100	84	1	3	11
Jaffa	105	100	60	1	17	22
Holon	37	100	70	3	5	22
Ramat Gan	46	100	80	2	9	9
Or Yehuda	21	100	95	-	5	-
Beer Sheva	162	100	61	2	8	29
Ofakim	9	100	56	-	11	33
Netivot	6	100	67	-	17	16
Dimona	22	100	37	-	9	54
Arad	3	100	33	-	33	33

- Eight applicants [1%] were recommended for transfer to the Department for the Disabled.

It is conceivable that changes may arise from the differences in lengths of time during which the various branches have participated in the project: The Tel Aviv branch began sending referrals to the Center more than a year ago; therefore claimants who were deprived of their Income Support had sufficient time to reapply to the Institute and then complete diagnosis. The Jaffa and Beer Sheva Branches joined the project later, hence claimants who had their Income Support benefit canceled or suspended have not had sufficient time to reinstitute their claims.

Table No. 4 discloses the difference in results between first diagnosis and final Diagnosis/Recommendation. We note that the percentage of referrals who have been diagnosed as "Addicted" increased with time and is higher with branches which have been applying to the Center over longer periods of time.

Table No. 4; % of "Addicted" in each Branch according to Diagnosis/Recommendation Form

Branch [including] Subsidiaries	First Diagnosis	Second Diagnosis
Ramleh	64	71
Tel aviv	70	83
Kfar Saba	53	65
Petah Tikva	49	80
Ramat Gan	75	83
Rehovot	56	74
SubTotal*	63	77
Beer Sheva	43	57
Jaffa	52	60
Total**	58	61

* Without Beer Sheva and Jaffa.

** With Beer Sheva and Jaffa.

Estimate of Annual Economy.

In view of the fact that the number of claimants who persist in being uncooperative remains high, one of the results anticipated from the establishment of the Center is considerable savings to the Income Support apparatus, arising from the cancellation of funding for claimants who were found to be not entitled either because they were diagnosed as being "Not Addicted" or because of failure to cooperate. According to the data on hand, approximately 1,350 applicants were referred to the Diagnostic Center out of whom 72% were classified as "Addicted", 2% as "Not Addicted" and 26% as "Uncooperative", resulting in 28% not receiving Income Support, inclusive of veteran and new applicants.

Irrespective of the above, since the data includes the Beer Sheva and Jaffa branches which only joined the project recently and are therefore not fully integrated, estimates of Income Support cancellations took into account only veteran branches, and we note according to Table No.4 that the percentage of addicts who fail to cooperate is approximately 23% in veteran branches, that is about 300 persons.

Two thirds of the applicants are long time claimants and one third new ones. Based on their family status, they come under four main groups with division of funds paid to them [in January 1990] set out in Table No.5.

Table No.5; Breakdown of Claimants by family status, seniority and monthly amounts paid to them. [Value January 1990]

Family Status	Numbers	%	Amounts paid Monthly to	
			Veterans	Newcomers
Total	300	100		
Single with no children	138	46	555	444
Single with child	93	31	880	714
Couple with child	36	12	943	777
Others *	33	11	800	700

* Benefits shown for this group are based on the monthly average assistance.

Based upon data processing conclusions, there will be an estimated saving of approx. N.I.S. 187,000.- per month, and if the claimants fail to cooperate for the whole year, the savings will total approx. N.I.S.2,244,000.- [187,000 x 12]. One must bear in mind that this amount is only an estimate since we do not yet have data on the lengths of time during which Income Support benefits were suspended. To this amount, one has to add undisbursed benefits of Income Support for periods during which claimants, who at the start refused to cooperate and became "Cooperative" shortly thereafter.

We also analyzed the possibility of differences in diagnostic results between veteran [oldtime] claimants and new ones. Table No. 6 shows the breakdown according to diagnosis results between veteran and new claimants. It would appear that there is no major difference and there is no tendency at the Branches towards either group.

Table No. 6: Breakdown of claimants diagnosed [according to seniority] In Percentages.

Branch	Veterans [780 = N] Income Support		New Claimants [225 = N] Income Support	
	Authorized	Denied	Authorized	Denied
Total	74	26	70	30
Kfar Sava	69	31	77	23
Petah Tikva	90	10	67	30
Ramleh	73	27	59	41
Rehovot	80	20	68	32
Tel Aviv	84	16	83	17
Jaffa	65	35	57	43
Ramat Gan	83	17	93	7
Beer Sheva	61	39	71	29

Characteristics of claimants referred to the Diagnostic Center

At this stage , the files of 1,058 claimants to Income Support who were referred to at the Diagnostic Center in Jaffa for reasons of drug addiction, and were interviewed at the initial [Intake] visit, have been analyzed. 835 of these cases "Appeared" for the first initial [Intake] visit and were interviewed and the remaining 223 cases of files referred were "No Show" and their files remained empty because the referred did not come to the Center at all.

Nearly all the claimants [95%] were of the Jewish faith as against 3.2% Moslems [mainly from the Ramleh branch]. Additional branches with a large concentration of Moslems such as Netanya and Hedera have not yet been integrated into the project. Data concerning religious denomination is missing for 5% of the claimants.

The large majority of the interviewed were men: 89% as against 11% women. The large majority were of Sephardic [Afro-Asian] origin, however only 30% were actually Africa- Asia born and 68% Israel born, 3% were European-American born, however 86% of the interviewed are sons or daughters of Sephardi parents.

Family Origins.

The largest proportion [44%] of the fathers of the interviewed were unskilled workers. 10% of the fathers were classified as traders and only 25% various professions. 3% were white collar workers, 3% sick or disabled and on 15% no data was available. Only 59% declared that their fathers' had regular employment. 10% worked at odd jobs and 3% did not work at all. [No data available for 28%]. 26% declared that their mothers worked and 52% stated that their mothers did not work [30% did not know whether their mothers worked or not].

As a rule, the family of origin had numerous children: up to 17 in number. 83% were of 4 children or more. [No data available for 2% of the interviewed].

15% 0f the claimants were first born children and 29% born to elderly parents, 2% were sole children. 48% of the parents were recipients of allocations from the National Insurance Institute, 24% did not receive benefits. [For 28% of the claimants, no data was available]. The breakdown for parents receiving benefits is as follows: 56% Old Age Pension, 17% Disability Pension, 13% Survivors' Pension and 5% Income Support [the remainder - no data available].

Educational Level.

The educational level of those interviewed was low: 29% failed to finish Primary School and 33% finished eight years schooling. Of the 32% who continued on to Secondary School, approx. 60% studied at Trade Schools and about 20% at regular schools. No data is available for the remainder. Only 4% of the Claimants had more than Secondary School education and for 6% of these, there is no data available. Table No.7 shows "Self Evaluation" of the interviewed in reading, writing and arithmetic. Only about half of the interviewed appraised themselves as being "Good" at reading and writing and less than a third "Good" at mathematics. 2% considered themselves as being illiterate.

Table No. 7: Self Estimate of Interviewed in knowledge of Language and Mathematics,[%]

Subject	Level of Knowledge					
	Total	Good	Medium	Low	Nil	No Data
Hebrew Reading	100	48	27	16	2	7
Hebrew Writing	100	41	28	22	2	7
Mathematics	100	31	26	26	2	15

Without clarifying their level of knowledge, 40% stated that they spoke Hebrew as an additional language, 15% stated that they spoke English as an additional language and 5% stated that they spoke French. 90% gave no answer when asked about the educational level of their parents.

39% declared that they stopped learning due to lack of incentive, 13% attributed cessation of studies to difficulties in earning a living and 19% gave various other reasons. 3% declared that they stopped their schooling because of drugs and one quarter of those interviewed gave no answer as to why they ceased their education.

Family Status

At the initial stage of the survey, in order to avoid damaging the families' incomes in case of cancellation of entitlement to Income Support due to non cooperation, it was decided to send for diagnosis only singles, divorcees and married persons who were not responsible for their family's upkeep. In this group of claimants, 40% were single, 17% married, 32% divorcees, 9% seperated and 1% widow[ers].

63% out of the 493 interviewed who had been married at some stage in their lives [including those who are today widow{ers}- divorcees or seperated] stated their age at the time of marriage. 30% were married at 21 or under [10 persons i.e. 2% were less than 17] and 30% were married between the ages of 22 and 30. The highest marriage age reported was 40.

59% reported the period of time during which they remained married: 49% lasted for a maximum of ten years, 5% fifteen years and 4% more than 15 years. No data available for the balance.

As stated above , 32% of the interviewed were divorcees. More than half of these [56%] blamed drugs as being the reason for their divorce, 19% due to incompatibility, 20% gave other reasons and 5% gave no answer.

As stated above, the intention was to refer to the Diagnostic Center only single persons who were not responsible for childrens' upkeep. In spite of this, more than half the interviewed were parents and of these, two thirds had one or two children. Very few were parents to 6, 7 or 8 children.

Military Service

Only 63% of those interviewed were enlisted into the army. Table No.8 shows the main reasons for rejection. 79% of those enlisted were called up on the regular basis whereas 7% were enlisted for "Stage B" only [i.e. shortened military service] and 14% provided no answer to this question. Those enlisted had three salient professions in the army: 23% served as drivers, 10% as cooks, 5% as storekeepers and 43% served in various functions. [20% failed to answer the question]. The reasons for rejection by the army evidences the increase in use of drugs with the passage of time: Although 3% declared that drugs were the reason for which they had ceased their education, the percentage of drug users before enlistment stood at 21%. It is to be noted that 69 of those interviewed, i.e. 23% of those rejected by the army, tried to enlist anyway.

Table No.8; Breakdown of principal reasons for rejection by the Israel Army [

Reasons	Percentages
Total N	297
Total %	100
Use of drugs	21
Incompatibility	15
Criminal Record	17
Moslem Faith	8
Medical Reasons	5
Other	20
Unanswered	13

Only 38% of those enlisted finished the full three years of military service and the remainder dropped out after serving periods from one month up to 35 months. 57% answered that the main reason for their discharge was that they were unable to adapt, 19% gave drugs as the reason for dropping out, 20% gave other reasons and 4% failed to answer the question.

Only 13% of those interviewed served in the army reserves. Those not serving in the reserves gave no reason for not serving.

Professional Training

30% of those interviewed received some form of professional training, 59% received none and the remainder gave no answer. The fields of professional training were varied, most were courses of the Ministry of Labor and these are listed in Table No.9.

Table No.9: Breakdown of fields of Professional Training received. [N=249].

Field	Percentages
Total	100
Hair-Dressing	15
Electricity	12
Mechanics	12
Clerical	3
Cookery	3
Plumbing	1
Other	54

45% of the interviewed possessed driving licenses of which a little more than half were in force. 11% of the interviewed possessed driving licenses for trucks and heavy vehicles.

The interviewed were questioned about their places of employment over the years: A total of approx. 80% responsed. 45% had been unskilled labor, 7% had been traders, 2% clerks, about 1% had been mechanics, 6% had done no work at all and 20% had worked in other sundry fields. 35% of the interviewed commenced working before the age of 18, 1% and more (10 persons) started working between the age of 9 and 10. 37% did not answer this question.

30% worked for one year at their first place of employment and 23% for between 2 to 5 years. 30% of the interviewed did not answer when questioned about continuity in employment. Only half the interviewed answered when questioned about the reason for their leaving work: 12% due to drugs, 10% due to incompatibility, 2% because of crime and 24% because of other reasons.

It is to be noted that only 16% of the interviewed declared that they were registered at the "Labor Exchange". 4% declared that they received allocations from the National Insurance Institute, 26% received no allocations, and 10% remained unknown.

Crime And Imprisonment

Participation of addicts in the world of crime is very apparent, two thirds declared that they had committed numerous felonies, half of them had been imprisoned, some up to 9 times. 35% declared that they traded in drugs, 18% were convicted for crimes of

violence, 38% for property crimes and 9% for other crimes. Some of the interviewed reported various other types of crime and most of them had spent many years in prison although half of them were imprisoned for a year up to two years.

Today 38% of them are out on probation, 21% awaiting trial, 1% on leave from jail and 3% out on bail. Only 17% reported that they were not facing any charges and 20% did not provide any information.

Use of Drugs

With regard to the starting age of drug use, some declared that they commenced before the age of 10, 60% before the age of 18 plus another 10% were added up to the age of 20. 8% did not answer the question. 90% of the claimants attributed their use of drugs to the following reasons: 65% felt the urge to begin using because of their social "Milieu", an additional 16% because of their emotional condition, 1% blamed their military service and the remaining 8% gave a variety of reasons.

The most widely used drug is Canabisse which all of them used as their first drug. Table No. 10 shows the usage of various types of drug. The profiles of the drugs are broken down into 5 Characteristics: 1] Usage, 2] Start age, 3] Length of time used, 4] Principal form of usage, 5] Frequency of use.

Table no. 10: Breakdown of Characteristics of drug usage, [A=657], Percentage

type of drug	use of drug (%)	Start age			Duration in years		use	Frequency		
		-17	18-20	21+	1-10	11+		once a day	2-3 times a week	occasionally
total		57	19	24	-	-	-	-	-	-
Canabisse	81	66	18	16	43	40	Smoking	51	6	18
Methadon	80	11	15	73	34	53	Drinking	83	4	5
Heroin	55	16	20	64	44	37	Sniffing	62	2	16
Persian Cocaine	77	8	17	75	36	52	Smoking	67	6	14
Python	26	10	14	75	45	47	Drinking	60	7	26
Hopnoid	29	8	8	81	43	45	Drinking	60	7	26
Prodormol	14	24	20	51	49	31	Drinking	62	7	20

*Breakdown of characteristics does not reach 100%, because some of the interviewed - refused to answer.

Most of the interviewed refused to answer when asked about the method of obtaining drugs. Some of those who agreed to answer [mainly with regard to Methadone],

stated "Medicat" as being their source of supply, while others stated the "Open Market" mainly with regard to Canabisse, Heroine etc.

53% reported that their families did not use drugs, 32% reported use of drugs by their families and 15% did not answer. 49% reported that their families did not use alcohol, 29% reported use of alcohol by their families and the remainder did not answer. 9% reported use of both drugs and alcohol by their families.

80% of the interviewed reported that their families knew that they were taking drugs. Table No. 11 shows the attitude of the families to the interviewed.

Table No.11: Attitude of families to the interviewed [A=657].

Type of Attitude	Percentages
Total	100
Indifference	21
Supportive	34
Hostile	22
Unanswered	24

Within the framework of the survey, the interviewed were asked what were the results of their being denied the use of drugs. Table No. 12 shows the breakdown of their answers.

Table No. 12: Breakdown of type of reaction to deprivation of drugs.

Reaction	Percentages
Tremors	17
Running Nose	7
Hot and Cold Waves	6
Difficulty in Breathing	8
Diarrhea	10
Vomiting	14
Muscle Pains	18
Other	18
No Answer a all	11

**The responses do not total 100% because the interviewed were permitted to give ----more than one answer.

63% of the interviewed also complained about loss of appetite, 37% about disturbed sleep and 33% about lack of sexual urge. There were those however who reported opposite reactions, i.e. Good sleep and enhanced sexual desire.

35% [228 persons] reported that they had attempted suicide once, and some of them repeatedly even up to nine times. Only 28% of those who had attempted suicide received mental care and assistance. 27% of the total of those interviewed reported that they had considered doing away with themselves.

Table No.13 shows the type of therapy that was given to the applicants. The type of therapy provided is broken down into 4 characteristics: 1] Type of therapy, 2] Number of years elapsed since termination of therapy, 3] Length of treatment, 4] Detoxification.

Treatment by Methadone was the most common therapy provided: 55% of the applicants who were referred to the Center reported that they had received this treatment. Out of these, only two people [0.5%] declared that they had become "Clean" as a result and that they themselves had returned to the use of drugs at a later date. Treatment was lengthy; many received therapy for a year or more but many of those treated also returned to use of the drug. 30% of the interviewed who answered, returned to the use of drugs for reasons of depression, yearning for the drug, social pressure, emptiness, boredom and loneliness.

Table No. 13: Breakdown of Therapy Characteristics according to type of treatment [%]

Type of treatment	Characteristic						
	Received by Interviewed	No. of years elapsed Since Treatment			Duration of treatment (months)		Detoxified
	% of Total	1-5	6-10	11+	1-11	12+	
Out Patient	15	27	17	8	23	8	1
Closed Clinic	13	34	21	5	39	13	1
Private Treatment	7	43	13	1	23	3	
Methadone	55	41	14	3	14	19	0.5
Self Treatment	32	30	5	2	21	21	4
In Prison	15	22	6	5	32	21	6
Probation Officer	7	19	4	21	27	13	-

* Breakdown of characteristics does not reach 100% in cases where some of the interviewed failed to answer the question.

During the course of the survey, the interviewed were questioned about "Willingness to undergo detoxification" and belief in "Possibility of success". Table No.14 presents this data. It is to be noted that the major portion of the interviewed are concentrated

at the extremities of a scale of 6. 24% stated that they were not interested in detoxification and 36% stated that they were most interested. Regarding their belief in their chances of success, 21% answered that they did not believe that they had any chance of success whereas 20% answered that they had full belief that they would succeed.

Table No. 14: Breakdown as per willingness to attempt Detoxification and belief in success [%]

Scale:	of Willingness to attempt detoxification	of Belief in success of attempt
1	24 Not interested in attempting	21 No belief in possibility of success
2	4	6
3	5	6
4	7	7
5	12	11
6	36 Most interested	20 Strong belief in success
-	12 No Answer	29 No answer

In order to analyze the connection between motivation to attempt detoxification and other characteristics, the above scale of **6** was grouped into three categories, and we analyzed the link between them and both the motivation variables: "Willingness to attempt detoxification" and "Belief in success".

Table No. 15: Belief in success- in relation to willingness to attempt detoxification [%] [A=657]

Willingness to attempt detoxification	Total No.	Total [%]	No belief in success	Indifference	Belief in success-	No answer
Unwilling	189	100	61	2	7	30
Indifferent	73	100	37	29	11	23
Willing to attempt	316	100	10	20	56	14
Unanswered	79	100	5	-	3	92

The connection between willingness to attempt detoxification and belief in success is most apparent: 56% Of those willing to attempt believed in their capability to succeed, and 61% of the "unwilling" did not believe in their capability to succeed.

We also analyzed the connections between motivation and belief in "capability for detoxification" and various other characteristics of the addicted. Table No.16 brings together this data on one table, For example, relating to gender: It is apparent that the percentage of males who were unwilling to attempt or did not believe in their capability to succeed was lower than that of the females. On the other hand it shows that the percentage of males who were willing to attempt and had faith in their ability to succeed was higher than that of the females. Table No.16 evidences that younger people, single persons, parents to few children, late starters in drug use, as well as those who had served in the army and had supportive families, had more willingness to attempt detoxification and belief in their capability to succeed. In connection to

education, it shows that motivation "to attempt" rose in concurrence with the increase of from 0 to 10 years of schooling, after which there was again a drop in motivation. There were no differences found in "detoxification motivation" with regard with type and method of drug used, thoughts and suicidal attempts, sleep, appetite and sex.

Table No. 16: Motivation and belief in detoxification with regard to background and family Variables. [%] [N=657]

Characteristics	Total N	Desire to detoxicate				Belief in capacity to succeed			
		Non	Indifferent	Willing	Unanswered	Non	Indifferent	Willing	Unanswered
Family Attitude									
Indifferent	138	35	14	48	3	36	17	30	17
Supportive	223	22	13	60	5	23	13	43	21
Rejection	141	29	10	54	7	30	18	31	21
Sundry	24	21	12	55	12	21	4	33	41
Gender									
Male	564	20	11	54	15	28	14	33	25
Female	64	36	13	45	6	31	13	25	31
Age									
20-29	166	24	10	60	6	26	15	40	19
30-39	326	30	14	48	8	29	14	31	26
40-49	104	31	8	50	11	26	14	26	34
50+	59	26	3	15	56	24	2	13	61
Family status									
Single	248	28	12	51	9	30	13	34	23
Married	88	35	9	47	9	24	9	8	39
Widow/er	110	50	10	20	20	40	10	10	40
Divorcee	216	32	12	49	7	27	17	32	24
Seperated	59	19	17	59	5	32	19	30	19
Education [years]									
1- 7	177	36	14	43	7	35	12	31	22
8	214	30	10	54	6	28	14	33	25
9-10	124	15	11	64	10	20	15	40	25
11-12	64	36	14	44	6	27	17	26	30

Conclusion

The Diagnostic and Guidance Center for Drug Addiction in Jaffa was created in order to obtain valid analysis regarding the justification of claims to Income Support for reasons of drug addiction. Some 1,350 claimants were referred to the Center during the 18 months since it started functioning and 72% of the claimants referred were classified as being "Addicted" and 2% as being "Non Addicted". 7% of the claimants "Dropped Out" during the course of their diagnoses' whereas 19% were "No Show" at the Center. A conservative estimate of the sums saved by cancellation of benefits to the "Non Addicted" and to those who "Dropped Out" is estimated to be in the vicinity of N.I.S. 2,200,000.- per annum.

The function of the Center is not limited solely to diagnosis. The problem of drug addiction in Israel has been spreading and increasing; and as throughout the whole world, it has been focusing the attention of "Welfare Policy" decision makers and implementors. As it stands today, we largely lack the appropriate tools to deal with this situation. Although drug dealers and trafficants exacerbate the problem, an important role is also played by the tendencies of certain elements to use drugs and it is about these elements and their characteristics that we do not have sufficient information and data in order to provide preventative measures and detoxification. For this purpose , the Center was established not only as a Diagnostic Center, but also as an Orientation Center in addition to its function of diagnosing for addiction. Applicants were given medical examinations by a doctor and a nurse and were interviewed by "Intake" personnel as well as by a psychiatrist. The large quantity of data and personal detail acquired has permitted us to become acquainted at close range with a large number of persons belonging to a certain segment of the drug addicted population in Israel.

This segment of the population includes the "Under- Privileged" of whom one of the typical characteristics is the large proportion of young men of Sephardic origin [86% born to, or are sons of parents born in Africa or Asia]. They are the offspring of large families with many children in which most of the breadwinners lack any profession or regular employment. In the main, their level of education does not go beyond eight years of schooling and their knowledge of basic skills, such as Hebrew and Arithmetic is minimal. 37% of them were not enlisted at all into the army and 62% of those who were enlisted never terminated their military service. By and large, they lacked regular employment and only 30% of them had any professional training.

The interviews brought to light a wide range of characteristics accompanying the use of drugs. Two thirds of those referred to the Center were connected to the underworld and had experienced prison. It was also noted that 22% were rejected by their families whereas another 21% had families who were indifferent towards them. Given this background and these criteria, it is small wonder that many of the interviewed held themselves in low self-esteem, lacked motivation to attempt detoxification and lacked faith in their ability to succeed in these attempts. The use of drugs had adverse effects on body and soul as well as side effects when the users were deprived of drugs. There was also incidence of depression and attempted suicide.

The Center also assembled data from the interviewed on the use of drugs and methods of detoxification. Certain correlations to age, gender, educational level, family status, number of children, start age of usage, military service and attitude of families, were also found between motivation to attempt detoxification and belief in capability to succeed. Motivation to become "Clean" and belief in capability to succeed were typical of single young men [or those with few children] who had had approximately 10 years of schooling, served in the army and had support from their families; although the incidence of relapse after detoxification treatment, is high.

Since the doors of the Center remain open to this populace which retains the tie because of its desire to receive benefits from the Income Support Service, it creates an opening for the planning of new and untried methods of treatment and employment adaptation in order to help these people who live on the fringe to become integrated members of society.