

SUMMARY OF OCTOBER 1984 AIDS-RELATED SUPPLEMENTAL REQUEST, INCLUDING MAYOR'S FIGURES

10/24/84 p. 1

<u>ITEM</u>	<u>PROGRAM</u>	<u>ORIGINAL 84-85 TOTAL</u>	<u>DPH REQUEST</u>	<u>MAYOR'S APPROVED</u>	<u>DPH ANNUALIZED</u>	<u>MAYOR'S ANNUALIZED</u>	
1.	Shanti Project	440,143	266,111	239,500	266,111	266,111	
2.	SF AIDS Foundation	175,443	417,368	375,631	417,368	417,368	
3.	Capp Street Foundation	-0-	114,207	90,000	164,022	154,300	
4.	UCSF/ Psych (AHP)	270,618	66,473		88,746		
5.	Operation Concern (AHP)	34,579	15,731		15,731		
6.	AIDS Home Care	130,733	343,889	343,889	426,342	426,342	To Reserve: 34,389
7.	AIDS Activity Office	77,988	34,751	34,751	59,573	59,573	
8.	Bureau of Communicable Disease Control	448,447	207,134	180,516	281,621	227,948	To Reserve: 87,495
9.	Health Centers 1, 2 and City Clinic	-0-	4,000	4,000	4,000	4,000	
10.	Community Substance Abuse Services	-0-	102,268	51,818	147,247	108,995	
11.	Department of Social Services	-0-	170,999	136,800	170,999	136,800	

Staff
Ad.
6.50
2.50

SUMMARY OF OCTOBER 1984 AIDS-RELATED SUPPLEMENTAL REQUEST, INCLUDING MAYOR'S FIGURES

10/24/84 p. 2

<u>ITEM</u>	<u>PROGRAM</u>	<u>ORIGINAL 84-85 TOTAL</u>	<u>DPH REQUEST</u>	<u>MAYOR'S APPROVED</u>	<u>DPH ANNUALIZED</u>	<u>MAYOR'S ANNUALIZED</u>	
12.	SFGH/UCSF Staffing	492,444	279,059 ^a	230,204	478,389	435,851	
13.	SFGH/Permanent Staffing	N/D ^b	201,476	128,737	345,388	293,905	
14.	SFGH/Equipment	N/D	150,627	130,627	N/R ^c	N/R	
15.	SFGH/Materials - Supplies	N/D	27,402	27,402	46,975	46,975	
16.	SFGH/Renovations	N/D	414,000	414,000	N/R	N/R	To Reserve: 414,000
17.	Special Services	-0-	50,000 ^a	50,000	N/R	N/R	To Reserve: 15,000
	TOTALS	***	2,865,495 ^a	2,437,875	***	***	To Reserve: 550,884

^aAmended 10/23/84.

^bNot documented for AIDS specifically.

^cNon-recurring expense.

San Francisco General Hospital
Medical Center

Date: September 8, 1986

TO: Staff of Ward 5A and Ward 86

FROM: Yolanda Ronquillo
Alison Moed
Linda Maxey
Ann West
Rita Fahrner*Acceptance Pl
AETC
Ward 92
Haight Ashbury*

With the increase in numbers of people with AIDS/ARC who are also substance abusers, we have become aware of the necessity for a proactive and consistent approach by the health care team to their special treatment needs. With this in mind, we are planning an in-depth substance abuse course this fall for the staff of Ward 5A and Ward 86.

We have all experienced feeling of powerlessness in the face of substance abuse. These feelings stem from our own lack of knowledge and reflect as well the lack of control felt by the substance abusers themselves. We envision this course to be an intensive problem-solving experience utilizing didactic lectures, small group discussions, and role playing.

We will focus on our own feelings so that this course can be an experience that helps us to build bonds with our co-workers. The course will include education about the nature and treatment of substance abuse and identification of the problematic issues which can affect the care of substance abusers with AIDS/ARC. Our primary goal is to empower ourselves by developing an action plan for working with substance abusers in the inpatient and outpatient settings. We foresee that our work will have implications for the development of a city-wide approach.

Attached you will find a questionnaire which elicits your particular concerns regarding substance abuse. We are also interested in your preferences for the timing and frequency of the classes. We are anticipating that CE credits will be available for nurse participants.

RF/bgl

Attachment

The course will be given on Friday afternoons.
The initial session will take place on October 17,
and last from 1P - 5P. Subsequent classes will
be two hours long. Tentative dates are October 31,
November 7, and November 14. A total of four
sessions is anticipated.

Please indicate below your interest in participating:

I am _____ am not _____ interested in a substance
abuse course.

Name _____

Worksite _____

Position _____

PLEASE COMPLETE THIS QUESTIONNAIRE AND RETURN BY
OCTOBER 7, as follows:

Ward 5A Staff - to Alison Moëd

Ward 86 Staff - to Ann West

Shanti Staff - to Robin Rose

1.) PEOPLE ABUSE DRUGS BECAUSE...

2.) WORKING WITH SUBSTANCE ABUSING PATIENTS FOR ME
IS MOST DIFFICULT BECAUSE....

3.) WORKING WITH SUBSTANCE ABUSING PATIENTS FOR
ME IS MOST REWARDING BECAUSE...

4.) WHY BOTHER TREATING AIDS PATIENTS FOR
SUBSTANCE ABUSE?

5.) WHAT BARRIERS ARE THERE TO SUCCESSFUL
COMMUNICATION WITH CHEMICALLY DEPENDENT
PEOPLE?

6.) WHAT CONCERNS OR FEELINGS ARISE WHEN WORKING
WITH PEOPLE YOU MAY NOT LIKE?

EFFECTIVE INTERVENTION WITH SUBSTANCE ABUSE CLIENTS WITH HIV INFECTION

OBJECTIVES:

Participants will be able to:

1. To identify barriers to effective intervention with substance abuse clients with HIV infection
2. To verbalize feelings that arise when confronting a substance abusing client.
3. To be able to define substance abuse and to describe its progression as a disease
4. To verbalize one method of substance abuse assessment.
5. To identify factors that enhance effective intervention with substance abuse clients
6. To describe the process of effective substance abuse intervention
7. To verbalize strategies to use for persons in denial of their substance abuse
- 8.. To discuss particular needs of patient with the dual problems of substance abuse and HIV infection
9. To identify community resources to assist in the process of substance abuse prevention and education, assessment, and treatment

**EFFECTIVE INTERVENTION WITH SUBSTANCE ABUSE CLIENTS WITH HIV
INFECTION**

SESSION I: 4 HRS.

A. SCOPE OF THE PROBLEM: "Conociemento" (Getting to know us)

1. What is it like for you to deal with substance abusing patients?
2. What were your expectations in working with people with AIDS?
3. What is most rewarding about your work?
4. What is most distressing about your work?

B. Four Views of Substance Abuse:

1. Symptom of underlying emotional problems
2. Result of environmental stress
3. Result of "moral weakness"
4. Primary disease

*The way model
affects view.*

**C. Implications for treatment based upon model of Chemical
Dependency**

SESSION II: 2 HRS.

A. SUBSTANCE ABUSE ASSESSMENT:

1. What do you use or drink?

amount, frequency, how long used,
route, last use

2. Symptoms of use?

withdrawal, tolerance, blackouts, preoccupation, use
alone, protection of supply, rapid intake, loss of
control

3. Physical Consequences

4. Emotional and social consequences

5. Financial, vocational and legal consequences

6. "spiritual" or quality of life consequences

B. ROLE PLAYS AND DISCUSSION:

1. Rosa S.

2. Don W.

3. Ricky L.



SESSION III: 3 HRS.

- A. CODEPENDENCY: what it is and the course of its progression
 - 1. Definitions
 - 2. Family dynamics
 - 3. Progression in a family system
- B. Film: "Soft is the Heart of A Child"
- C. How it effects professionals
 - 1. Case Studies and role play
 - a. Jon A. (Agency splitting)
 - b. Michael E. (punitive reactions)
 - c. Derrick m. (staff burnout)
 - 2. What is helpful in confronting substance abusing patients
 - 3. What is counterproductive in interactions with substance abusing patients

SESSION: IV: 2 HRS - BURNOUT PREVENTION

A. USE OF RESOURCES

1. Alcoholism treatment agencies
2. Chemical Dependency Agencies
3. Alcoholics Anonymous/Narcotics Anonymous, etc.
4. Al Anon/ Nar Anon/ Adult Children of Alcoholics

B. Setting limits at work

C. Strategies in dealing with denial

D. What if they say "NO" to treatment.

E. Taking care of yourself elsewhere

F.. Role Play

1. Sally R. (Manipulative client)
2. Joe V. (Hostile lover)
3. Sylvia J. (Guilt inducing parent)

G. What next? (What do you need to meet your needs)

THE
**AIDS
HEALTH
PROJECT**

Administrative Offices.
Fourth Floor
333 Valencia Street
San Francisco, CA 94103
(415) 626-6637

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

November 1, 1985

Mr. Chauncey L. Veatch, III
Director
Dept. of Alcohol and Drug Programs
111 Capitol Mall
Sacramento, California 95814

Dear Mr. Veatch:

This is a follow-up to our recent fruitful discussion of the prevention of the spread of AIDS among IV drug and other substance abusers in California. A comprehensive prevention strategy that is implemented now will have a profound impact on the course of the AIDS epidemic here. Hopefully, we can profit from the experience of New York and New Jersey and act early.

In order to be effective, prevention efforts need to address the connection between AIDS and substance abuse in all of the following areas:

1. DIRECT TRANSMISSION: by the sharing of hypodermic needles and syringes used in "shooting-up" drugs.
2. IMMUNOSUPPRESSION: by the use of alcohol, marijuana, cocaine, amphetamines, and in particular, volatile nitrites ("poppers") - weakening the body's ability to fight the AIDS virus.
3. IMPAIRED JUDGEMENT: while under the influence of alcohol or drugs leading to increased sexual or drug risk behavior.
4. SEXUAL TRANSMISSION: to non-using partners of IV drug users.
5. NEONATAL TRANSMISSION: by mothers who are IV drug users or sexual partners of men in risk groups (IV drug users or bisexual men).

The Department of Drug and Alcohol Programs can have an instrumental leadership role in AIDS prevention in this state. The following is a feasible strategy that the AIDS and Substance Abuse Program of the UCSF AIDS Health Project recommends be initiated:

I. EDUCATION TO SERVICE PROVIDERS

A. Who?

1. Public and Private Drug and Alcohol treatment providers
2. Social Service agencies
3. Schools
4. Legal and forensic services
5. Youth service agencies
6. Health care agencies, physicians and other health care workers

B. HOW?

1. Identify within the Department or hire a Coordinator of AIDS Education to Professionals
2. Provide state-sponsored symposia to include the following:
 - a. basic AIDS information
 - b. the relationship between AIDS and substance abuse
 - c. cultural issues in AIDS and substance abuse
 - d. risk reduction strategies
 - e. counseling risk groups (e.g., worried well, antibody positive and antibody negative, people with ARC, people with AIDS)
3. Publication of manuals for service providers
4. Encouragement of local county-wide education programs

II. DIRECT OUTREACH TO RISK GROUPS

A. WHO?

Targeted Risk Groups

1. Needle users
2. Other substance abusers
3. Sexual partners of risk groups
4. Women of child-bearing age in risk groups above

B. HOW?

Multi-level Approach

1. Media, including billboards and posters on public transportation
2. Written materials
3. Street health workers
4. Health educators at clinics and treatment centers

III. INCREASED AVAILABILITY OF ALCOHOL AND DRUG TREATMENT TO RISK GROUPS

A. WHO?

Targeted Risk Groups

1. Needle users
2. Other substance abusers
3. Sexual partners of risk groups
4. Women of child-bearing age in risk groups above

B. HOW?

Increased funding to make treatment as a prevention measure available to risk groups

Enclosed are the pertinent research articles and educational material requested.

The AIDS and Substance Abuse Program of the UCSF AIDS Health Project is available for further consultation and for implementation of portions of this strategy on an ongoing basis. We look forward to a continuing relationship.

Sincerely,

Barbara G. Faltz

Barbara G. Faltz, RN, PHN

AIDS and Substance Abuse Program
San Francisco General Hospital
Ward 92
1001 Potrero Avenue
San Francisco, California 94110

Phone: (415) 821-8764

BF:jw

Enclosures

cc: Peter B. Goldblum
Gary Titus
Jeff Amory
Wayne Clark
Nancy Presson
Mark Young

City and County of San Francisco

Department of Public Health

Community Substance Abuse Services

Division of Alcohol Programs

Division of Drug Programs



July 8, 1985

James Dilley, M.D.
AIDS Health Project
54 Tenth Street
San Francisco, CA 94103

Reference: Provider Document # 5-13-85
CSAS Fiscal Date 0621851530
Date of Approval 7-1-85

Dear James:

This confirms our approval of the Internal Budget Revisions for the contract year 1984 - 85. Please file this letter with your official budget for subsequent audit purpose.

Sincerely,

Wally M. Caguyong
WALLY M. CAGUYONG
Fiscal Officer

cc: 1984-85 Central Contract File
Wayne Clark, Ph.D.
Nancy Presson, M.P.H.
Mark Young

RECEIVED

JUL 24 1985

CONCEPT PAPER
AIDS and Needle Users

86,800

1. STATEWIDE INFORMATION DISSEMINATION - A major goal of the project would be to prevent an AIDS epidemic in the needle using community; the potential of which has been evidenced in, for example, Newark, New Jersey. Robin Onishi of U.C. Medical Center - San Francisco has determined that approximately 10% of needle users in treatment in San Francisco are HTLV-III positive. Furthermore, specialists in AIDS and substance abuse in San Francisco have determined that dissemination of education and information is the best way to intervene with this high risk population.

We propose to develop an AIDS and substance abuse resource center in San Francisco to coordinate statewide prevention activities. The resource center would provide information, statewide, to the needle using communities, County Health Department, Drug Treatment Programs, AIDS treatment deliverers etc. With the help of individual localities, the information could also reach pornography shops, homeless shelters, tattoo parlors and other community agencies. The information could take the form of pamphlets, PSA's - radio and TV, billboards, signs in public transport vehicles, video tapes etc. Special attention would be said to those persons who do not read or who are Non-English speaking. A multi-cultural emphasis would be an integral aspect of the prevention campaign.

2. STATEWIDE TRAINING - The University of California administered AIDS/Substance Abuse Program began in February, 1985. The program is, to our knowledge, the only one of its kind in the State. Therefore, in San Francisco, we have essentially a successful demonstration project for providing STATEWIDE TRAINING regarding AIDS and substance abuse. The training and technical assistance would be primarily be provided to drug treatment programs. If possible, other agencies that serve the needle user and the client with AIDS or ARCS would also be targeted for training.

The training component of the project would also develop and provide specialized training and information for methadone maintenance and detoxification programs. San Francisco General Hospital's Mission Methadone Treatment Program has developed considerable expertise regarding the vast array of issues which emerge when treating AIDS patients and their families. Again, we propose to disseminate this acquired knowledge to methadone programs statewide.

3. SPECIALIZED INFORMATION & SERVICES FOR THE GAY NEEDLE USER - The Gay needle user is in double jeopardy for contracting AIDS. San Francisco has a large community of gay people who inject amphetamines and cocaine.

Therefore, the project proposes to develop a prevention campaign as described in item #1 especially targeting the Gay needle user. The information would be distributed statewide particularly to those areas which are known to have a large gay population.

We further propose to establish a residential and out-patient treatment program for gay needle users. Although a direct treatment modality, the prevention benefits of such a program are enormous. By helping gay people stop sharing needles and engaging in unsafe sex as a function of their drug abuse; we can help prevent the spread of AIDS. This program in San Francisco could serve as a model for other such services statewide.

4. RESIDENTIAL TREATMENT - The problems of therapeutic communities accepting AIDS patients is well known. It is clear that the _____ is not particularly appropriate for serving AIDS & ARCS clients who need residential drug treatment. We therefore recommend that the statewide residential treatment capacity be increased to include AIDS/ARCS therapeutic communities in Northern and Southern California.

We hope that this document clearly delineates some of the steps needed to intervene in this tragic epidemic. We look forward to working closely with DADP and Health Services to formulate a plan of action in this regard.

Sincerely,

Nancy Presson, M.P.H.
Director, Division of Drug Programs

Mark M. Young, M.A., M.F.C.C.
Health Program Coordinator

NP/MYY:cc

cc: Ken Brock, Dept. of Health Services

*Jeff Amory.
700,000*

*maximize medical
-AAO*

A) dev. schedule for training →

B) Roberti Bill -

C) Certified Drug Specialist

// Steve Lerner

D) Jim Foster →

E) Wenderger →

CSAS wants training for researchers
giving test results

Dev. curriculum module -

Focus Group → PR

NIDA Grant ~~40,000~~ 38,000

Mayors Conference 18,000

56,000

U.C.S.F. AIDS HEALTH PROJECT

REVISED BUDGET FOR FY '84-'85

(rev. made 1/08/85)

(2nd rev. made 1/29/85)

(3rd rev. made 2/19/85)

SALARIES	FTE	BASE	MOS.	1ST HALF	2ND HALF	FY TOTAL
Proj. Admin.						
EM	1.00	3165	1	3165		3165
JD	.55	4968	5	13662	16394	30056
Dep. Proj. Admin.	.25	2682		3082	4023	7105
Soc. Wkrs. II	4.00	2389	6	57336		57336
Soc. Wkrs. II	3.00	2389	6		43002	43002
Soc. Wkr. II (MQ)	.50	2389	6		7167	7167
Soc. Wkr. I (Wd. 86)	.50	2155	5	-	5388	5388
Admin. Asst.	1.00	1648	6	9888	9888	19776
				87133	85862	172995
FRINGE (x 25%)				20041	23182	43223
CONSULTANTS				4500	350	4850
OFFICE SPACE RENTAL				1500	2900	4400
OFFICE SUPPLIES				3000	1335	4335
PHOTOCOPIES				500	800	1300
TELEPHONE				950	800	1750
TRAVEL EXPENSES				700	853	1553
INSURANCE				200	0	200
MAINT. CONTRACT				400	0	400
PRINT. & ADVERT.				2000	6686	8686
PROJ. EVAL.				2500	1300	3800
Vacation Termination Pay (for Morales, not originally budgeted)				0	990	990
MISCELLANEOUS				745	250	995
SUBTOTAL				124169	125308	249477
UCSF INDIRECT (11.9%)				14776	14911	29687
TOTAL				138945	140219	279164

AIDS HEALTH PROJECT
U.C.S.F. Dept. of Psychiatry
Contract No. CT58266
Fiscal Year 1984-85

Prepared January 17, 1985
Revised 1/29/85
2nd Revision made 2/19/85

BUDGET TRANSLATION

University of California, San Francisco		City & County of San Francisco, Department of Public Health	
<u>Sub-Account No./Name</u>	<u>Amount Budgeted</u>	<u>Grouped Account</u>	<u>Amount Budgeted</u>
0 SALARIES-ACADEMIC (Proj. Administrator only)	\$ 30,056	SALARIES (includes P.A. salary of \$30,056, Morales' salary of \$3165, and Goldblum's \$7105 salary)	\$ 172,995
1 SALARIES-STAFF (does not incl. salary of \$3165 for Morales nor salary of \$7105 for Goldblum)	132,669		
2 GENERAL ASSISTANCE (consists of \$3800 for Proj. Eval.; \$4155 for Morales' salary, and vacation; and \$7105 for Goldblum's salary)	15,060	PROJECT EVALUATION Vacation Termination Pay (for Morales, not budgeted originally)	3,800 990
6 EMPLOYEE BENEFITS	43,223	BENEFITS	43,223
3 SUPPLIES/EXPENSES	22,066	ADMIN. OPER. EXP. (consists of: - Ofc. Rental 4400 - Ofc. Supplies 4335 - Photocopies 1300 - Telephone 1750 - Insurance 200 - Maint. Contr. 400 - Print./Adv. 8686 - Misc. 995)	22,066
C CONSULTANTS	4,850	CONSULTANTS	4,850
T TRAVEL EXPENSES	<u>1,553</u>	TRAVEL EXPENSES	<u>1,553</u>
SUBTOTAL	\$249,477	SUBTOTAL	\$249,477
Y OVERHEAD	<u>29,687</u>	UCSF INDIRECT	<u>29,687</u>
TOTAL	\$279,164	TOTAL	\$279,164

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
WEEKLY SURVEILLANCE REPORT - UNITED STATES

AIDS ACTIVITY
CENTER FOR INFECTIOUS DISEASES
CENTERS FOR DISEASE CONTROL
FEBRUARY 18, 1985

1. PRIMARY DISEASE*	CASES	PERCENT OF TOTAL	DEATHS	PERCENT DEAD
KS without PCP	1865	22.0	581	31.2
PCP without KS	4704	55.4	2392	50.9
Both KS and PCP	507	6.0	319	62.9
OI without KS or PCP	1419	16.7	785	55.3
More?				
Total	8495	100.0	4077	48.0

*KS = Kaposi's sarcoma

PCP = Pneumocystis carinii pneumonia

OI = Other opportunistic infections

2. AGE	CASES	PERCENT OF TOTAL	3. RACE/ETHNICITY	CASES	PERCENT OF TOTAL
Under 5	87	1.0	White, not Hispanic	4983	58.7
05 - 13	10	0.1	Black, not Hispanic	2152	25.3
13 - 19	44	0.5	Hispanic	1225	14.4
20 - 29	1806	21.3	Other	36	0.4
30 - 39	3990	47.0	Unknown	99	1.2
40 - 49	1787	21.0			
Over 49	770	9.1	Total	8495	100.0
Unknown	1	0.0			
Total	8495	100.0			

More?

4. PATIENT CHARACTERISTICS**	MALES		FEMALES		TOTAL	
	CASES	PERCENT OF MALES	CASES	PERCENT OF FEMALES	CASES	PERCENT OF TOTAL
Homosexual or Bisexual	6136	77.6	0	0.0	6136	72.2
Intravenous (IV) Drug User	1142	14.4	305	52.0	1447	17.0
Haitian	232	2.9	43	7.3	275	3.2
Hemophiliac	63	0.8	3	0.5	66	0.8
Heterosexual Contact	7	0.1	62	10.6	69	0.8
Transfusion	69	0.9	46	7.8	115	1.4
Parent at Risk	36	0.5	32	5.5	68	0.8
None Apparent/Unknown	222	2.8	96	16.4	319	3.8
Total	7907	100.0	587	100.0	8495	100.0

TOTAL column includes 1 cases of unknown sex.

**Patient characteristics are ordered hierarchically; cases with multiple

characteristics are tabulated only in the group listed first.

THE AIDS HEALTH PROJECT

M E M O

☐ **Administrative Offices:**

54 Tenth Street
San Francisco, CA 94103
(415) 626-6637

☐ **AIDS Mental Health Program:**

San Francisco General
Hospital, Ward 86
995 Potrero Avenue
San Francisco, CA 94110
(415) 821-8830

☐ **AIDS Prevention Program:**

☐ Health Center #1
3850 17th Street
San Francisco, CA 94114
(415) 558-2507

☐ Operation Concern
1853 Market Street
San Francisco, CA 94103
(415) 626-7000

☐ Haight-Ashbury
Medical Clinic
558 Clayton Street
San Francisco, CA 94117
(415) 626-6637

☐ **Youth & AIDS Prevention Program:**

Center for Special Problems
2107 Van Ness Avenue
San Francisco, CA 94109
(415) 558-4801

☐ **AIDS Health Professional Training Program:**

54 Tenth Street
San Francisco, CA 94103
(415) 626-6637

From: Tim Sally, Admin. Assist.
To: Flo Hurley
Date: March 12, 1985
Re: AIDS & Substance Abuse Contract & Budget
Acct/Fund #2-444949-20969. Establishment of Sub Accounts

At long last I think we have figures which should help us in establishing correct appropriations for each of the various subaccounts for this contract. The figures are based on input from various University sources in regard to items such as fringe, consultant fees, salaries, etc.

SUB	TITLE	AMOUNT
0	Salaries - Academic	\$ 1,500.00
1	Salaries - Staff	22,492.00
2	General Assistance	4,526.00
6	Fringe	9,856.00
3	Supplies/Expenses	5,086.00
C	Consultants	2,500.00
T	Travel	<u>347.00</u>
	Subtotal	\$ 46,307.00
Y	Indirect @ 11.9%	<u>5,511.00</u>
	TOTAL	\$ 51,818.00

City and County of San Francisco



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JAN 07 1985

Department of Public Health

Community Substance Abuse Services

Division of Alcohol Programs

Division of Drug Programs

Date: January 4, 1985

From: Mark M. Young
CSAS Liaison to AIDS/Substance Program

To: Jean Mariani, Budget Analyst

Subj: Budget Justification

\$4,000 to be spent via a CSAS internal budget modification due to January 15th (vs Jan. 1) start up:

- Social Worker I upgraded (advertised) to be Social Worker II - the difference over 5½ months

Salary - \$1,170

Fringe - \$ 294

- Start-up Costs

initial start-up expenditures for:

audio visual equipment- augmenting existing equipment at AIDS Health Proj.

projector	\$1,200
films on Substance Abuse	1,000
VCR Camera (shared expense with AIDS Foundation)	191
screen	145

TOTAL \$4,000

Line Item Budget Justifications

Repro./Printing

\$2,950

Cost of business cards, brochures (educational), large mail-outs, resource manual and treatment protocol. Advertising is also a large part of this line item expenditure.

Postage

\$1,000

Estimate based on experience of AIDS Health Project.

Photocopy

\$ 974

5.5 months x \$177.09

Line Item Budget Justifications (Cont'd.)

Telephone

\$1,100

Includes cost of additional line and installation cost of upgraded telephone system.

5.5 months x \$200.

Travel, Local

\$ 400

239 miles x 20.5¢ per mile = \$49/month tolls + parking - \$130/TOTAL

Supplies/Books

\$ 277

Start-up cost and replenishment of office supplies.

Data/Collection Analyst

\$1,000

Reflects cost of data analysis done by outside consultants as well as disks, paper and part of computer maintenance contract.

Consultant Fees

\$3,000

Physicians will be used primarily in early stages of project. Will provide medical consultation to clinical staff and participate in educational seminars.

(2) Physicians

160 (80 each) hours x \$18.75/hr. = \$3,000

MY:lv

cc: Nancy Presson, M.P.H.
Director, Division of Drug Programs

redi-letter

MCP®

19613

TRIP

TO

James Dilley, M.D.

FROM

Mark M. Young

SUBJECT

Billing & Staff hr. by objective log FORMS

DATE

12-17-84

MESSAGE

Enclosed are two forms due this office each 10th of the month: 1) billing form which apparently goes thru the U.C. accounting office. 2) time log for me to monitor activities/objectives. OK?

SIGNED

Thanks, Mark

REPLY

SIGNED

DATE

/ /

CONTRACTOR'S CLAIM TO COMMUNITY SUBSTANCE ABUSE SERVICES FOR DRUG SERVICES PROVIDED

Contractor's Name U.C. - S.F. Accounting Office
 Address 322 C.E.D. S.F. CA. 94143
 Facility Name AIDS HEALTH PROJECT
 Facility Address 54 Jenth St. S.F. CA. 94103
 Date of Claim February 10 For the Month of January, 1985
 Provider Number (s) _____ Contract Number/s _____

MODALITY	UNITS	RATE	SUB-TOTAL
<u>CEI & i</u>	<u>100</u>	<u>43.18</u>	<u>\$ 4,318.</u>

Total Gross Claim \$ 4,318.
 Less Advance Liquidation 0
 Total Net Claim \$ 4,318.

FUNDING	PAYMENTS TO DATE LAST MONTH	THIS PAYMENT	PAYMENTS TO DATE THIS MONTH	BUDGET	BALANCE
	<u>0</u>	<u>+ \$4,318.</u>	<u>= \$4,318.</u>	<u>- \$51,818.</u>	<u>= \$47,500.</u>

James Dilley, M.D. (or U.C. accounting office person)
 Authorized Signature

Community Substance Abuse Services Adjustment of Prior Month's Claim _____
 Adjusted Net Claim _____

Authorized to Sign Summary Billing _____ Reviewed by Management Assistant _____
 Date _____ Date _____

Hours to Date _____

AIDS HEALTH PROJECT

54 Tenth Street

San Francisco, CA 94103

(415) 626-6637

AIDS HEALTH PROJECT

'84-'85 Supplemental Budget
University of California, San Francisco
Department of Psychiatry

PERSONNEL

\$ 99,145

	<u>FTE</u>	<u>Salary</u>	<u>Fringe</u>	<u>Total</u>
Psychiatrist @ \$59,618 (annually)	.5	\$ 29,809	\$ 8,048	\$ 37,857
Social Worker I Level 2 @ \$22,765 (annually)	1	22,765	6,147	28,912
Social Worker II Level 2 @ \$25,493 (annually)	1	25,493	6,883	32,376
Subtotals		\$ 78,067	\$21,078	\$ 99,145

CONSULTANTS

32,000

Training consultants of Project staff to
develop materials for skills training
workshops:

68 days @ \$150/day \$ 10,200

Specialist consultants for highly specialized
services for organizational consultation,
medical treatment, and evaluation:

7 hours/month @ \$50/hour 4,200

Workshop and seminar speakers for professionals
working with target populations, mental health
professionals and medical care professionals.
Speakers include - sex therapists, nutritionists,
epidemiologists, immunologists and physicians:

Three all-day workshops (-\$400 allocated in Budget I) 2,000

Six 1-hour lecture series 600

A Project of the San Francisco Department of Public Health
concerned with
AIDS Prevention and Health Promotion

CONSULTANTS (continued)

Workshops and seminars for mental health and health care professionals, development and design:

36 days @ \$150/day \$ 5,400

Development and design of audio Stress Management program:

14 days @ \$150/day 2,100

Media and marketing/advertisement consultants for four programs (-\$200 allocated in Budget I) 4,300

Intervention consultants for direct services to therapists and physicians working with populations at risk for AIDS:

Four 8-week interventions
Two hours/week @ \$50/hour 3,200

ADMINISTRATIVE OPERATING EXPENSES

\$ 21,387

Office Supplies 4,100

Supplies \$ 1,400

Stationery, business cards,
and paper supplies 1,700

Postage (5,000 mailings/year) 1,000

Photocopying @ \$150/month 1,800

Telephone @ \$25/month 600

Travel Expenses @ \$150/month (-\$688 allocated in Budget I) 1,112

Maintenance Contract for Office Equipment 300

Petty Cash @ \$ 50/month 600

Audio Tapes 4,000

For Stress Reduction program
2,000 tapes @ \$2/tape

AIDS HEALTH PROGRAM

'84-'85 Supplemental Budget

Page 3

ADMINISTRATIVE OPERATING EXPENSES (continued)Miscellaneous \$ 1,175Temporary secretary for 2.5 weeks \$ 900
@ \$360/weekInsurance liability and other 275
miscellaneous expensesConvention Travel 5,000

For continuing AIDS education of staff

Youth Program 2,700Group activity supplies for client workshops
(visual and graphic arts, theater, writing,
and social programs)PRINTING AND ADVERTISEMENT

\$ 19,350

Project brochures for four programs \$ 6,750Design, typesetting of
multiple brochures \$ 2,250

Paper and printing 4,500

Project ads for newspapers 12,600

Design & typesetting of ads 2,350

Ad space in newspapers 10,250

PROJECT EVALUATION

10,530

Data Management Software System
"Advanced Database Master" 530Data Analysis U.C.S.F. Computer Center-SAS
(for large jobs the IBM-XT can't handle) 500Maintenance Estimate for IBM-XT @ \$50/month 600Evaluation Coordinator (Lydia Temoshok, Ph.D.) 4,000Data Analyst Services for data processing
and health profiles 4,300Data Entry Services 600

AIDS HEALTH PROGRAM

'84-'85 Supplemental Budget

Page 4

Subtotal Supplemental Operating Budget	\$182,412
U.C.S.F. Indirect Cost @ 11.9%	<u>21,708</u>
TOTAL SUPPLEMENTAL OPERATING BUDGET	\$204,120

AIDS HEALTH PROJECT

54 Tenth Street

San Francisco, CA 94103

(415) 626-6637

AIDS HEALTH PROJECT

'84 - '85 BUDGET - I

University of California, San Francisco

Department of Psychiatry

PERSONNEL

\$ 211,997

	<u>FTE</u>	<u>Salary</u>	<u>Fringe</u>	<u>Total</u>
Psychologist @ \$37,982 (annually)	1	\$ 37,982	\$10,255	\$ 48,237
Social Worker II Level 3 @ \$27,377 (annually)	4	109,508	29,567	139,075
Administrative Assistant II Level 2 @ \$19,437 (annually)	1	19,437	5,248	24,685
Subtotals		\$166,927	\$45,070	\$211,997

CONSULTANTS

\$ 6,600

Training consultants of Project staff to develop materials for skills training workshops:

Average of 3 trainers
@ 1 day/week @ \$150/day - 32 days in year \$ 4,800

Specialist consultants for highly specialized services for organizational consultation, medical treatment, and evaluation:

2 hours bi-monthly @ \$50/hour 600

Workshops and seminar speakers for professionals working with target populations, mental health professionals and medical care professionals. Speakers include - sex therapists, nutritionists, epidemiologists, immunologists, and physicians:

One all-day workshop 400
Three 4-hour seminars 600

A Project of the San Francisco Department of Public Health
concerned with

AIDS Prevention and Health Promotion

CONSULTANTS (continued)

Media and marketing/advertising consultants
for four programs \$ 200

ADMINISTRATIVE OPERATING EXPENSES

\$ 15,593

Rental \$ 4,980

Office space sublease at the
S.F. AIDS Foundation @ \$250/month \$ 3,000

Typewriter, IBM-85 Memory
typewriter @ \$165/month 1,980

Office Supplies 4,300

Supplies 1,000

Stationery, business cards,
and paper supplies 300

Postage (15,000 mailings/year) 3,000

Photocopying @ \$100/month 1,200

Telephone @ \$175/month 1,800

Travel Expenses @ \$100/month 688

Insurance @ \$200/year 200

Maintenance Contract 400

For office equipment @ \$400/year

Petty Cash @ \$ 50/month 600

Miscellaneous 1,425

Temporary secretary for 2.5 weeks
@ \$360/week 900

Insurance liability and other
miscellaneous expenses 525

AIDS HEALTH PROJECT

'84-'85 Budget

Page 3

PRINTING AND ADVERTISEMENT

\$ 2,650

Project brochures for four programs

\$ 750

Design, typesetting of
multiple brochures

\$ 250

Paper and printing

500

Project ads for newspapers

1,900

Design & typesetting of ads

150

Ad space in newspapers

1,750

PROJECT EVALUATION

\$ 5,000

Data entry for four programs

3,000

Computer services for data processing

2,000

TOTAL OPERATING BUDGET

\$241,840

U.C.S.F. INDIRECT COST @ 11.9%

28,778

TOTAL AIDS HEALTH PROJECT BUDGET

\$270,618

AIDS HEALTH PROJECT

54 Tenth Street

San Francisco, CA 94103

(415) 626-6637

AIDS HEALTH PROJECT

'84-'85 Supplemental Budget
University of California, San Francisco
Department of Psychiatry

PERSONNEL

\$ 99,145

	<u>FTE</u>	<u>Salary</u>	<u>Fringe</u>	<u>Total</u>
Psychiatrist @ \$59,618 (annually)	.5	\$ 29,809	\$ 8,048	\$ 37,857
Social Worker I Level 2 @ \$22,765 (annually)	1	22,765	6,147	28,912
Social Worker II Level 2 @ \$25,493 (annually)	1	25,493	6,883	32,376
Subtotals		\$ 78,067	\$21,078	\$ 99,145

CONSULTANTS

32,000

Training consultants of Project staff to
develop materials for skills training
workshops:

68 days @ \$150/day \$ 10,200

Specialist consultants for highly specialized
services for organizational consultation,
medical treatment, and evaluation:

7 hours/month @ \$50/hour 4,200

Workshop and seminar speakers for professionals
working with target populations, mental health
professionals and medical care professionals.
Speakers include - sex therapists, nutritionists,
epidemiologists, immunologists and physicians:

Three all-day workshops (-\$400 allocated in Budget I) 2,000

Six 1-hour lecture series 600

A Project of the San Francisco Department of Public Health
concerned with
AIDS Prevention and Health Promotion

CONSULTANTS (continued)

Workshops and seminars for mental health and health care professionals, development and design:

36 days @ \$150/day \$ 5,400

Development and design of audio Stress Management program:

14 days @ \$150/day 2,100

Media and marketing/advertisement consultants for four programs (-\$200 allocated in Budget I) 4,300

Intervention consultants for direct services to therapists and physicians working with populations at risk for AIDS:

Four 8-week interventions
Two hours/week @ \$50/hour 3,200

ADMINISTRATIVE OPERATING EXPENSES

\$ 21,387

Office Supplies 4,100

Supplies \$ 1,400

Stationery, business cards,
and paper supplies 1,700

Postage (5,000 mailings/year) 1,000

Photocopying @ \$150/month 1,800

Telephone @ \$25/month 600

Travel Expenses @ \$150/month (-\$688 allocated in Budget I) 1,112

Maintenance Contract for Office Equipment 300

Petty Cash @ \$ 50/month 600

Audio Tapes 4,000

For Stress Reduction program
2,000 tapes @ \$2/tape

AIDS HEALTH PROGRAM

'84-'85 Supplemental Budget

Page 3

ADMINISTRATIVE OPERATING EXPENSES (continued)

Miscellaneous \$ 1,175

Temporary secretary for 2.5 weeks \$ 900
@ \$360/week

Insurance liability and other 275
miscellaneous expenses

Convention Travel 5,000

For continuing AIDS education of staff

Youth Program 2,700

Group activity supplies for client workshops
(visual and graphic arts, theater, writing,
and social programs)

PRINTING AND ADVERTISEMENT

\$ 19,350

Project brochures for four programs \$ 6,750

Design, typesetting of
multiple brochures \$ 2,250

Paper and printing 4,500

Project ads for newspapers 12,600

Design & typesetting of ads 2,350

Ad space in newspapers 10,250

PROJECT EVALUATION

10,530

Data Management Software System
"Advanced Database Master"

530

Data Analysis U.C.S.F. Computer Center-SAS
(for large jobs the IBM-XT can't handle) 500

Maintenance Estimate for IBM-XT @ \$50/month 600

Evaluation Coordinator (Lydia Temoshok, Ph.D.) 4,000

Data Analyst Services for data processing
and health profiles 4,300

Data Entry Services 600

AIDS HEALTH PROGRAM

'84-'85 Supplemental Budget

Page 4

Subtotal Supplemental Operating Budget	\$182,412
U.C.S.F. Indirect Cost @ 11.9%	<u>21,708</u>
TOTAL SUPPLEMENTAL OPERATING BUDGET	\$204,120

AIDS HEALTH PROJECT

54 Tench Street

San Francisco, CA 94103

(415) 626-6637

AIDS HEALTH PROJECT

'84 - '85 BUDGET - II
(Budget I, Plus Supplemental)
University of California, San Francisco
Department of Psychiatry

RECEIVED
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PERSONNEL

\$259,517

	<u>FTE</u>	<u>Salary</u>	<u>Fringe</u>	<u>Total</u>
Psychiatrist @ \$59,618 (annually)	.2	11,924	3,220	15,144
Psychologist @ \$37,982 (annually)	1	37,982	10,255	48,237
Social Worker II Level 3 @ \$27,377 (annually)	4	109,508	29,567	139,075
Administrative Assistant II Level 2 @ \$19,437 (annually)	1	19,437	5,248	24,685
Social Worker II Level 2 @ \$25,493 (annually)	1	25,493	6,883	32,376
<u>Subtotals</u>		<u>\$204,344</u>	<u>\$55,173</u>	<u>\$259,517</u>

CONSULTANTS

\$ 38,600

Training consultants of Project staff to
develop materials for skills training
workshops:

100 days @ \$150/day \$ 15,000

Specialist consultants for highly specialized
services for organizational consultation, evaluation,
youth specialists, and medical aspects:

8 hours/month @ \$50/hour 4,800

A Project of the San Francisco Department of Public Health
concerned with
AIDS Prevention and Health Promotion

CONSULTANTS (continued)

Workshop and seminar speakers for professionals working with target populations, mental health professionals and medical care professionals. Speakers include - sex therapists, nutritionists, epidemiologists, immunologists and physicians:

Three all-day workshops (\$100 honorarium, 8 presentors each event)	\$ 2,400
--	----------

Six 4-hour seminars (\$100 honorarium each event)	600
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Six 1-hour lecture series (\$100 honorarium each event)	600
--	-----

Workshops and seminars for mental health and health care professionals, development and design:

36 days @ \$150/day	5,400
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Development and design of audio Stress Reduction program:

14 days @ \$150/day	2,100
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Media and marketing/advertising consultants for four programs:

30 days @ \$150/day	4,500
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Intervention consultants for direct services to therapists and physicians working with populations at risk for AIDS:

Four 8-week interventions Two hours/week @ \$50/hour	3,200
---	-------

ADMINISTRATIVE OPERATING EXPENSES

\$ 32,980

Rentals

\$ 4,980

Office space sublease at the
S.F. AIDS Foundation @ \$250/month

\$ 3,000

Typewriter, IBM-85 Memory
typewriter @ \$165/month

1,980

Office Supplies

8,400

Supplies

2,400

Stationery, business cards,
and paper supplies

2,000

Postage (20,000 mailings/year)

4,000

Photocopying @ \$250/month

3,000

Telephone @ \$200/month

2,400

Travel Expenses @ \$150/month

1,800

Insurance @ \$200/year

200

Maintenance Contract

For office equipment @ \$700/year

700

Petty Cash @ \$100/month

1,200

Audio TapesMiscellaneous

2,600

Temporary secretary for five weeks
@ \$360/week

1,800

Insurance liability and other
miscellaneous expenses

800

Convention Travel

5,000

For continuing AIDS education of staff

Youth Program

2,700

Group activity supplies for workshops
(visual and graphic arts, theater, writing,
and social programs)

PRINTING AND ADVERTISEMENT

\$ 17,500

Project brochures for four programs

\$ 4,000

Design, typesetting of
multiple brochures

\$ 1,000

Paper and printing

\$ 3,000

Project ads for newspapers

\$ 13,500

Design and typesetting of ads
for all programs

\$ 1,500

Ad space in newspapers, buses, etc.

12,000

PROJECT EVALUATION AND SERVICES

15,530

Data Management Software System
"Advanced Database Master"

530

Data Analysis U.C.S.F. Computer Center - SAS
(for large jobs that can't be handled by IBM-XT)

500

Maintenance Estimate for IBM-XT @ \$50/month

600

Evaluation Coordinator
(Lydia Temoshok, Ph.D.)

4,000

Data Analyst Services

6,300

Data Entry Services

3,600

Subtotal Operating Budget

\$ 364,127

U.C.S.F. Indirect Cost @ 11.9%

\$ 43,332

TOTAL AIDS HEALTH PROJECT BUDGET

\$ 407,459

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AIDS HEALTH PROJECT

54 Tenth Street

San Francisco, CA 94103

(415) 626-6637

AIDS HEALTH PROJECT

'84 - '85 BUDGET - II

(Budget I, Plus Supplemental)

University of California, San Francisco

Department of Psychiatry

PERSONNEL

	<u>FTE</u>	<u>Salary</u>	<u>Fringe</u>	<u>Total</u>	2	3	\$311,142
Psychiatrist @ \$59,618 (annually)	.5	\$ 28,809 11,924	\$ 8,048 3220	\$ 37,857 15,144	(8)	- out	
Psychologist @ \$37,982 (annually)	1	37,982	10,255	48,237			
Social Worker II Level 3 @ \$27,377 (annually)	4	109,508	29,567	139,075			
Social Worker I Level 2 @ \$22,765 (annually)	1	22,765	6,147	28,912	28,912		
Administrative Assistant II Level 2 @ \$19,437 (annually)	1	19,437	5,248	24,685			
Social Worker II Level 2 @ \$25,483 (annually)	1	25,493	6,883	32,376	32,376		
Subtotals		\$244,994	\$66,148	\$311,142			

-51,626

259,517
227,141
\$ 38,600
-5300
33,300

CONSULTANTS

Training consultants of Project staff to develop materials for skills training workshops:

100 days @ \$150/day

\$ 15,000

Specialist consultants for highly specialized services for organizational consultation, evaluation, youth specialists, and medical aspects:

8 hours/month @ \$50/hour

4,800

A Project of the San Francisco Department of Public Health
concerned with

AIDS Prevention and Health Promotion

CONSULTANTS (continued)

Workshop and seminar speakers for professionals working with target populations, mental health professionals and medical care professionals. Speakers include - sex therapists, nutritionists, epidemiologists, immunologists and physicians:

Three all-day workshops \$ 2,400
(\$100 honorarium, 8 presentors each event)

Six 4-hour seminars 600
(\$100 honorarium each event)

Six 1-hour lecture series 600
(\$100 honorarium each event)

Workshops and seminars for mental health and health care professionals, development and design:

36 days @ \$150/day 5,400

Development and design of audio Stress Reduction program:

14 days @ \$150/day 2,100

Media and marketing/advertising consultants for four programs:

30 days @ \$150/day 4,500

Intervention consultants for direct services to therapists and physicians working with populations at risk for AIDS:

Four 8-week interventions 3,200
Two hours/week @ \$50/hour

AIDS HEALTH PROJECT

'84-'85 Budget II (Budget I plus supplemental)

Page 3

ADMINISTRATIVE OPERATING EXPENSES

\$ 36,980

Rentals

\$ 4,980

Office space sublease at the
S.F. AIDS Foundation @ \$250/month

\$ 3,000

Typewriter, IBM-85 Memory
typewriter @ \$165/month

1,980

Office Supplies

8,400

Supplies

2,400

Stationery, business cards,
and paper supplies

2,000

Postage (20,000 mailings/year)

4,000

Photocopying @ \$250/month

3,000

Telephone @ \$200/month

2,400

Travel Expenses @ \$150/month

1,800

Insurance @ \$200/year

200

Maintenance Contract

For office equipment @ \$700/year

700

Petty Cash @ \$100/month

1,200

Audio TapesFor Stress Reduction program
2,000 tapes @ \$2/tape~~4,000~~Miscellaneous

2,600

Temporary secretary for five weeks
@ \$360/week

1,800

Insurance liability and other
miscellaneous expenses

800

Convention Travel

5,000

For continuing AIDS education of staff

Youth Program

2,700

Group activity supplies for workshops
(visual and graphic arts, theater, writing,
and social programs)
$$\begin{array}{r} \$ 36,980 \\ - 4, \\ \hline 32,980 \end{array}$$

AIDS HEALTH PROJECT

'84-'85 Budget II (Budget I plus supplemental)

Page 4

PRINTING AND ADVERTISEMENT

Project brochures for four programs

\$ 7,500

\$ 22,000

17,500

Design, typesetting of
multiple brochures

\$ 2,500

Paper and printing

5,000 3,000

Project ads for newspapers

14,500 13,500

Design and typesetting of ads
for all programs

2,500

Ad space in newspapers, buses, etc.

12,000

PROJECT EVALUATION AND SERVICES

15,530

Data Management Software System
"Advanced Database Master"

530

Data Analysis U.C.S.F. Computer Center - SAS
(for large jobs that can't be handled by IBM-XT)

500

Maintenance Estimate for IBM-XT @ \$50/month

600

Evaluation Coordinator
(Lydia Temoshok, Ph.D.)

4,000

Data Analyst Services

6,300

Data Entry Services

3,600

Subtotal Operating Budget

326,451

\$424,252

U.C.S.F. Indirect Cost @ 11.9%

38,848

50,486

TOTAL AIDS HEALTH PROJECT BUDGET

365,299

\$474,738

- 51,626

372,626

44,343

416,969

364,126

43,332

407,458

AIDS HEALTH PROJECT

54 Tenth Street

San Francisco, CA 94103

(415) 626-6637

AIDS HEALTH PROJECT

'84 - '85 BUDGET - I

University of California, San Francisco

Department of Psychiatry

PERSONNEL

\$ 211,997

	<u>FTE</u>	<u>Salary</u>	<u>Fringe</u>	<u>Total</u>
Psychologist @ \$37,982 (annually)	1	\$ 37,982	\$10,255	\$ 48,237
Social Worker II Level 3 @ \$27,377 (annually)	4	109,508	29,567	139,075
Administrative Assistant II Level 2 @ \$19,437 (annually)	1	19,437	5,248	24,685
Subtotals		\$166,927	\$45,070	\$211,997

CONSULTANTS

\$ 6,600

Training consultants of Project staff to develop materials for skills training workshops:

Average of 3 trainers
@ 1 day/week @ \$150/day - 32 days in year \$ 4,800

Specialist consultants for highly specialized services for organizational consultation, medical treatment, and evaluation:

2 hours bi-monthly @ \$50/hour 600

Workshops and seminar speakers for professionals working with target populations, mental health professionals and medical care professionals. Speakers include - sex therapists, nutritionists, epidemiologists, immunologists, and physicians:

One all-day workshops 400
Three 4-hour seminars 600

A Project of the San Francisco Department of Public Health
concerned with

AIDS Prevention and Health Promotion

CONSULTANTS (continued)

Media and marketing/advertising consultants
for four programs \$ 200

ADMINISTRATIVE OPERATING EXPENSES

\$ 15,593

Rental \$ 4,980

Office space sublease at the
S.F. AIDS Foundation @ \$250/month \$ 3,000

Typewriter, IBM-85 Memory
typewriter @ \$165/month 1,980

Office Supplies 4,300

Supplies 1,000

Stationery, business cards,
and paper supplies 300

Postage (15,000 mailings/year) 3,000

Photocopying @ \$100/month 1,200

Telephone @ \$175/month 1,800

Travel Expenses @ \$100/month 688

Insurance @ \$200/year 200

Maintenance Contract 400

For office equipment @ \$400/year

Petty Cash @ \$ 50/month 600

Miscellaneous 1,425

Temporary secretary for 2.5 weeks
@ \$360/week 900

Insurance liability and other
miscellaneous expenses 525

• AIDS HEALTH PROJECT

'84-'85 Budget

Page 3

PRINTING AND ADVERTISEMENT

\$ 2,650

Project brochures for four programs

\$ 750

Design, typesetting of
multiple brochures

\$ 250

Paper and printing

500

Project ads for newspapers

1,900

Design & typesetting of ads

150

Ad space in newspapers

1,750

PROJECT EVALUATION

\$ 5,000

Data entry for four programs

3,000

Computer services for data processing

2,000

TOTAL OPERATING BUDGET

\$241,840

U.C.S.F. INDIRECT COST @ 11.9%

28,778

TOTAL AIDS HEALTH PROJECT BUDGET

\$270,618

AIDS HEALTH PROJECT

54 Tenth Street

San Francisco, CA 94103

(415) 626-6637

AIDS HEALTH PROJECT

'84 - '85 BUDGET - II
(Budget I, Plus Supplemental)
University of California, San Francisco
Department of Psychiatry

PERSONNEL

\$311,142

	<u>FTE</u>	<u>Salary</u>	<u>Fringe</u>	<u>Total</u>
Psychiatrist @ \$59,618 (annually)	.5	\$ 28,809	\$ 8,048	\$ 37,857
Psychologist @ \$37,982 (annually)	1	37,982	10,255	48,237
Social Worker II Level 3 @ \$27,377 (annually)	4	109,508	29,567	139,075
Social Worker I Level 2 @ \$22,765 (annually)	1	22,765	6,147	28,912
Administrative Assistant II Level 2 @ \$19,437 (annually)	1	19,437	5,248	24,685
Social Worker II Level 2 @ \$25,483 (annually)	1	25,493	6,883	32,376
Subtotals		\$244,994	\$66,148	\$311,142

CONSULTANTS

\$ 34,100

Training consultants of Project staff to
develop materials for skills training
workshops:

70 days @ \$150/day \$ 10,500

Specialist consultants for highly specialized
services for organizational consultation, evaluation,
youth specialists, and medical aspects:

8 hours/month @ \$50/hour 4,800

A Project of the San Francisco Department of Public Health
concerned with
AIDS Prevention and Health Promotion

AIDS HEALTH PROJECT

'84-'85 Budget II (Budget I plus supplemental)

Page 2

CONSULTANTS (continued)

Workshop and seminar speakers for professionals working with target populations, mental health professionals and medical care professionals. Speakers include - sex therapists, nutritionists, epidemiologists, immunologists and physicians:

Three all-day workshops (\$100 honorarium, 8 presentors each event)	\$ 2,400
--	----------

Six 4-hour seminars (\$100 honorarium each event)	600
--	-----

Six 1-hour lecture series (\$100 honorarium each event)	600
--	-----

Workshops and seminars for mental health and health care professionals, development and design:

36 days @ \$150/day	5,400
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Development and design of audio Stress Reduction program:

14 days @ \$150/day	2,100
---------------------	-------

Media and marketing/advertising consultants for four programs:

30 days @ \$150/day	4,500
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Intervention consultants for direct services to therapists and physicians working with populations at risk for AIDS:

Four 8-week interventions Two hours/week @ \$50/hour	3,200
---	-------

AIDS HEALTH PROJECT

'84-'85 Budget II (Budget I plus supplemental)

Page 3

ADMINISTRATIVE OPERATING EXPENSES

\$ 36,080

Rentals

\$ 4,980

Office space sublease at the
S.F. AIDS Foundation @ \$250/month \$ 3,000

Typewriter, IBM-85 Memory
typewriter @ \$165/month 1,980

Office Supplies

8,400

Supplies 2,400

Stationery, business cards,
and paper supplies 2,000

Postage (20,000 mailings/year) 4,000

Photocopying @ \$200/month 2,400

Telephone @ \$200/month 2,400

Travel Expenses @ \$150/month 1,800

Insurance @ \$200/year 200

Maintenance Contract

For office equipment @ \$400/year 400

Petty Cash @ \$100/month 1,200

Audio Tapes

For Stress Reduction program
2,000 tapes @ \$2/tape 4,000

Miscellaneous 2,600

Temporary secretary for five weeks
@ \$360/week 1,800

Insurance liability and other
miscellaneous expenses 800

Convention Travel 5,000

For continuing AIDS education of staff

Youth Program 2,700

Group activity supplies for workshops
(visual and graphic arts, theater, writing,
and social programs)

AIDS HEALTH PROJECT

'84-'85 Budget II (Budget I plus supplemental)

Page 4

PRINTING AND ADVERTISEMENT

\$ 18,000

Project brochures for four programs

\$ 4,500

Design, typesetting of
multiple brochures

\$ 1,500

Paper and printing

3,000

Project ads for newspapers

13,500

Design and typesetting of ads
for all programs

1,500

Ad space in newspapers, buses, etc.

12,000

PROJECT EVALUATION AND SERVICES

15,530

Data Management Software System
"Advanced Database Master"

530

Data Analysis U.C.S.F. Computer Center - SAS
(for large jobs that can't be handled by IBM-XT)

500

Maintenance Estimate for IBM-XT @ \$50/month

600

Evaluation Coordinator
(Lydia Temoshok, Ph.D.)

4,000

Data Analyst Services

6,300

Data Entry Services

3,600

Subtotal Operating Budget

\$414,852

U.C.S.F. Indirect Cost @ 11.9%

49,367

TOTAL AIDS HEALTH PROJECT BUDGET

\$464,219

AIDS HEALTH PROJECT

54 Tenth Street

San Francisco, CA 94103

(415) 626-6637

AIDS HEALTH PROJECT

'84-'85 Supplemental Budget
University of California, San Francisco
Department of Psychiatry

PERSONNEL

\$ 99,145

	<u>FTE</u>	<u>Salary</u>	<u>Fringe</u>	<u>Total</u>
Psychiatrist @ \$59,618 (annually)	.5	\$ 29,809	\$ 8,048	\$ 37,857
Social Worker I Level 2 @ \$22,765 (annually)	1	22,765	6,147	28,912
Social Worker II Level 2 @ \$25,493 (annually)	1	25,493	6,883	32,376
Subtotals		\$ 78,067	\$21,078	\$ 99,145

CONSULTANTS

27,000

Training consultants of Project staff to
develop materials for skills training
workshops:

38 days @ \$150/day \$ 5,700

Specialist consultants for highly specialized
services for organizational consultation,
medical treatment, and evaluation:

7 hours/month @ \$50/hour 4,200

Workshop and seminar speakers for professionals
working with target populations, mental health
professionals and medical care professionals.
Speakers include - sex therapists, nutritionists,
epidemiologists, immunologists and physicians:

Three all-day workshops (-\$400 allocated in Budget I)	1,200
Six 4-hour seminars (-\$600 allocated in Budget I)	1,800
Six 1-hour lecture series	600

A Project of the San Francisco Department of Public Health
concerned with
AIDS Prevention and Health Promotion

CONSULTANTS (continued)

Workshops and seminars for mental health and health care professionals, development and design:

36 days @ \$150/day \$ 5,400

Development and design of audio Stress Management program:

14 days @ \$150/day 2,100

Media and marketing/advertisement consultants for four programs (-\$200 allocated in Budget I) 2,800

Intervention consultants for direct services to therapists and physicians working with populations at risk for AIDS:

Four 8-week interventions
Two hours/week @ \$50/hour 3,200

ADMINISTRATIVE OPERATING EXPENSES

\$ 20,487

Office Supplies 4,100

Supplies \$ 1,400

Stationery, business cards,
and paper supplies 1,700

Postage (5,000 mailings/year) 1,000

Photocopying @ \$100/month 1,200

Telephone @ \$25/month 600

Travel Expenses @ \$150/month (-\$688 allocated
in Budget I) 1,112

Petty Cash @ \$ 50/month 600

Audio Tapes 4,000

For Stress Reduction program
2,000 tapes @ \$2/tape

AIDS HEALTH PROGRAM

'84-'85 Supplemental Budget

Page 3

ADMINISTRATIVE OPERATING EXPENSES (continued)

Miscellaneous \$ 1,175

Temporary secretary for 2.5 weeks \$ 900
@ \$360/week

Insurance liability and other 275
miscellaneous expenses

Convention Travel 5,000

For continuing AIDS education of staff

Youth Program 2,700

Group activity supplies for client workshops
(visual and graphic arts, theater, writing,
and social programs)

PRINTING AND ADVERTISEMENT

\$ 15,350

Project brochures for four programs \$ 3,750

Design, typesetting of multiple brochures \$ 1,250

Paper and printing 2,500

Project ads for newspapers 11,600

Design & typesetting of ads 1,350

Ad space in newspapers 10,250

PROJECT EVALUATION

10,530

Data entry for four programs 600

Computer services for data processing 4,300

Evaluation report and analysis 4,000

Data Management Software System
"Advanced Database Master" 530

U.C.S.F. Computer Center-SAS
(for large jobs the IBM-XT can't handle) 500

Maintenance Estimate for IBM-XT @ \$50/month 600

AIDS HEALTH PROGRAM
'84-'85 Supplemental Budget
Page 4

Subtotal Supplemental Operating Budget

\$172,512

U.C.S.F. Indirect Cost @ 11.9%

20,529

TOTAL SUPPLEMENTAL OPERATING BUDGET

\$193,041

270
463,041

Drug Problems For 20% Of Gays/Lesbians

New data on the substance abuse patterns among San Francisco's gay and lesbian population was released last week and revealed an overall problematic drug use of 20.2 percent within the community.

The study, compiled by Edward Morales and Michael Graves and funded by the City's Division of Drug Programs/Community Substance Abuse Services, involved more than 3,000 questionnaires distributed to the gay/lesbian community.

Significant findings include:

- Alcohol was the most popular substance used by over 70 percent of the subjects.
- Marijuana and hashish were the drugs of primary choice, second to alcohol.
- An overall level of problematic drug use among gay men and lesbians of 20.2 percent was established. This is 5 percent higher than the problem

drug use level of the general population used by state authorities in allocating funds to San Francisco.

- Lesbians had a higher level of problematic drug use than gay men.

- Under 50 percent of those surveyed were aware of the various existing community resources that might be appropriate to lesbian and gay clients.

- Of all gay men sampled, 9 percent reported intravenous use of methamphetamine, which is an at-risk behavior for AIDS.

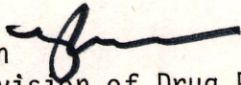
Morales and Graves also surveyed 98 drug and alcohol service providers finding gaps in experience with gay-identified clients and 10 percent of the providers having homophobic attitudes.

For more information or copies of the report, contact Rama Barnwell at the Prevention Resource Center, 431-1703.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
COMMUNITY SUBSTANCE ABUSE SERVICES
INTER-OFFICE MEMORANDUM

Date: 1/3/83

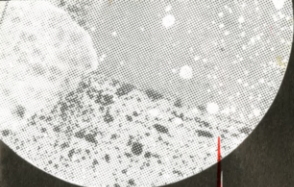
Subject: AIDS Public Health Information
re: IV Drug Users

From: Nancy Presson 
Director, Division of Drug Programs

To: Gary Titus
AIDS Office, 101 Grove

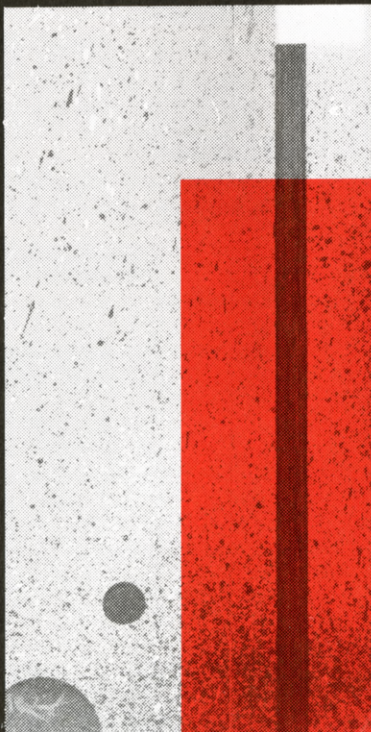
Attached is a packet of information on AIDS and intravenous drug users that we would like to see distributed widely. We can discuss at our meeting today.

cc: Larry Meredith



**SHOOTING
UP**

**AND
YOUR
HEALTH**



S**HOOTING UP DRUGS** can be hazardous to your health. This leaflet gives basic information about these health hazards, what you can do to reduce your risk, and where you can go for medical help.

THE MAIN HEALTH RISKS ARE:

► **TRANSMITTING DISEASE BY SHARING NEEDLES.**

AIDS, hepatitis-B and endocarditis are the most serious disease risks. They are described further in this leaflet.

► **DRUG OVERDOSE.**

Every injection of "street" drugs has a risk of a sudden bad reaction, because you do not know how much of the drug you are taking, the amount of impurities, or the "allergic reaction" of the user.

► **EMBOLISM.**

If particles or air bubbles are injected, they can become lodged and block blood flow.

► **ABSCESSSES.**

These are local bacterial infections at the injection sites.

► **TETANUS.**

This disease caused by bacterial infection can result from skin-popping drugs.

REDUCING YOUR RISK

There are always health risks associated with any use of drugs by injection. The only way to avoid these risks is not to use needles. If you continue to inject drugs, the following measures will reduce your risk:

► **DON'T SHARE NEEDLES!**

Sharing drugs can share diseases, too. Obtain your own "works" and don't let anyone else use them.

► **CLEAN YOUR WORKS.**

Wash them with alcohol after each use, then leave them to soak in alcohol until the next use.

► **CLEAN YOUR SKIN.**

With alcohol, before injecting.

► **KEEP HEALTHY.**

If you are in a weakened state, you are more likely to get a disease. Eat a balanced diet, get enough rest and exercise, and get medical care when you need it.

AIDS

AIDS stands for "Acquired Immune Deficiency Syndrome." It is a life-threatening disease that damages the ability of the blood in healthy people to wipe out invading germs, viruses or other infections.

SYMPTOMS (any combination)

- ▶ *Unexplained increasing and persistent fatigue.*
- ▶ *Persistent fever, 101°-102°, and night sweats unexplained for several weeks.*
- ▶ *Swollen lymph nodes, in addition to those in the groin area swollen from sexually transmitted diseases.*
- ▶ *Creamy-white patches on the tongue and/or mouth.*
- ▶ *Pink or purple flat or raised blotches that don't go away and do not pale when pressed.*
- ▶ *Diarrhea or bloody stools.*
- ▶ *Dry cough.*

The above symptoms can appear with other diseases which may not be AIDS. However, if these symptoms or combination of symptoms appear, seek medical help immediately.

HEPATITIS-B

Hepatitis-B is a viral infection of the liver.

SYMPTOMS

- ▶ General weakness.
- ▶ Abdominal pain.
- ▶ Nausea.
- ▶ Appetite loss.
- ▶ Jaundice (yellow eyes or skin).
- ▶ Tea-colored urine.
- ▶ Light-colored stools.

ENDOCARDITIS

Endocarditis is an infection of the heart, usually caused by bacteria rather than by viruses.

SYMPTOMS

- ▶ Fever.
- ▶ Chest pain.
- ▶ Shortness of breath.
- ▶ Fainting spells.

▶ **DON'T SHARE
NEEDLES!**

WHERE TO GET HELP IN SAN FRANCISCO:

- ▶ BAY AREA ADDICTION RESEARCH & TREATMENT
Methadone Maintenance
1040 Geary, 928-7800
75 Townsend, 543-2656
- ▶ BAYVIEW HUNTERS POINT DRUG TREATMENT
Methadone Maintenance
6025 Third St., 822-8200
- ▶ CENTER FOR EDUCATION AND MENTAL HEALTH, INC.
IRIS PROJECT
264 Valencia, 864-2364
(864-CEMH)
- ▶ HAIGHT-ASHBURY FREE MEDICAL CLINIC
529 Clayton, 621-2014
- ▶ SUBSTANCE ABUSE SERVICES
SF GENERAL HOSPITAL
Methadone Maintenance
1001 Potrero, 861-8616
- ▶ WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.
Methadone Treatment Program
1301 Pierce, 563-8200
Inner City Outpatient Services
324 Leavenworth, 474-4445
- ▶ AIDS/KAPOSI SARCOMA FOUNDATION
PO Box 3360
520 Castro, 864-4376
9:00 AM to 8:00 PM

These clinics will provide diagnosis and treatment which is:

- ▶ Inexpensive or free.
- ▶ Confidential.
- ▶ Sympathetic to your needs.

PREPARED BY THE HAIGHT-ASHBURY FREE MEDICAL CLINIC

DESIGN & ILLUSTRATION: ART MAINAR



Information on AIDS Disease for
Persons who Inject Drugs by Needle

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. Everyone has an immune system, which helps defend the body against infection or disease. Persons with AIDS experience a weakening or failure of the immune system, which leaves them vulnerable to infections and other illnesses which rarely affect the healthy person.

The illnesses that most often affect people with AIDS are pneumocystis carinii pneumonia ("PCP", an uncommon infection of the lungs) and Kaposi's Sarcoma (a rare form of cancer affecting mostly the skin.)

update
* As of August, 1983, more than 2000 cases of AIDS have been reported. Two groups have been hit hardest: intravenous drugs users (about 500 cases) and gay men (about 1400 cases). The disease is probably more common than the statistics indicate. Medical evidence suggests that AIDS has an "incubation period" of 7 to 24 months. This means that many people may have already contracted AIDS but don't yet show symptoms. These people may be spreading AIDS to others without their knowledge.

* The death rate from AIDS is more than 80% two years after diagnosis.

James Curran of the Centers for Disease Control calls AIDS "a relentless epidemic... (it is) the most important new public health problem in the United States and will inevitably become epidemic throughout the nation."

How is AIDS contagious?

Most researchers believe that AIDS is caused by an infectious agent, probably a virus, and that it is transmitted by intimate contact which involves the direct exchange of bodily fluids (especially blood or semen).

Most of the heterosexual people with AIDS are intravenous drug users. For these drug users, the only intimate contact that seems likely to have given them AIDS was the sharing of hypodermic needles with other users. Somehow, the sharing of needles allows the infection of one person to be transmitted to a healthy person. Probably this happens because a tiny amount of blood of the infected person remains in or on the needle when the healthy person uses it.

The body's natural barriers (skin, mucous membranes of the nose and throat, healthy cells of the lungs, stomach acid, etc.) seem to be adequate protection against the AIDS agent. People who work with AIDS patients-- doctors, nurses, family, friends, and so forth-- do not contract the disease. Thus, there is no evidence to suggest that AIDS can be spread by casual contact (such as shaking hands) or by airborne exchange (such as sneezing).

However, puncturing the skin with a hypodermic needle does break through the body's natural barriers-- and that seems to be the way that intravenous-user AIDS patients have caught the disease.

Why Are Intravenous Users at Risk of AIDS?

There are several reasons why people who use hypodermic needles to shoot up drugs are at risk of AIDS:

Most of them at least occasionally share needles with other users. Sharing needles "feels like a good thing to do" because it is widely accepted, it saves the trouble of having one's own 'works', and it helps form a friendship bond between users. But in this sharing, the users expose themselves to a wide variety of communicable diseases, the worst of which are AIDS and type-B hepatitis.

Certain needle-using practices, such as "booting" (drawing

one's own blood into the syringe during shooting up) and "sharing cottons" are especially like to spread disease.

Many drug users are in a poor state of health because of long-time drug abuse. These same users also often have poor dietary and hygienic habits. This makes them more susceptible to diseases such as AIDS.

Intravenous drug users are concentrated in the inner areas of the big cities. That's just where a lot of AIDS cases are found, among the drug users and gay males who concentrate in those areas.

How Can I Reduce My Risk of Getting AIDS?

The main thing to remember is to keep your body's protective barriers intact, so as to block the spread of germs in blood or other bodily secretions. For people who are intravenous drug users, the following measures will reduce their risk:

- (1) DON'T SHARE NEEDLES!! Sharing drugs can share diseases, too. Obtain your own "works" and don't let anyone else use them.
- (2) CLEAN YOUR WORKS. Wash them with alcohol after each use, then leave them to soak in alcohol until the next use.
- (3) CLEAN YOUR SKIN-- with alcohol, before injecting.
- (4) KEEP HEALTHY. If you are in a weakened state, you are more likely to get a disease. Eat a balanced diet, get adequate rest and exercise, and get medical care when you need it.
- (5) REDUCE YOUR USE OF TOXIC SUBSTANCES. Many drugs, especially including alcohol, are known to weaken the immune system. Try to cut down on heavy use as much as you can-- replace "quantity use" with "quality use".

What Can I Do If I Think I Already Have AIDS?

Many symptoms associated with AIDS may appear in illnesses that are not caused by AIDS, such as colds or stomach flu. However, persistence of one or more of these symptoms should be discussed with a doctor who is familiar with AIDS. The symptoms associated with AIDS are these:

- Unexplained increasing and persistent fatigue
- Unexplained fever and night sweats, persisting on and off for several weeks
- Weight loss that is unexplained and greater than 10 lbs. in less than two months.
- Otherwise unexplained swollen glands (especially lymph nodes in the neck, armpits, or groin) lasting more than two weeks
- Pink to purple flat or raised blotches, occurring on or under the skin, inside the mouth, nose, eyelids, or rectum. Initially they may look like bruises that do not go away and they usually are harder than the skin around them.
- Persistent white spots or unusual blemishes in the mouth
- Persistent dry cough that is not from smoking
- Persistent diarrhea

(Where to go for screening here)

(What treatment is available if the diagnosis is positive)

DEPARTMENT OF PUBLIC HEALTH

LETTERHEAD

Health Officer
Chief, Department of Public Health
City, State

Dear Health Officer:

Enclosed are materials the San Francisco Department of Public Health have developed to educate the community and the substance abuse provider community to the risk of AIDs among intravenous drug users.

These materials are:

- (1) "Shooting Up and Your Health," a brochure designed to inform intravenous drug users of risk reduction methods. This pamphlet was developed by John Newmeyer of the Haight-Ashbury Free Medical Clinic and presents material in a non-judgmental and attractive manner for maximum acceptability by intravenous drug users.
- (2) "Information ~~of~~ AIDs Disease for Persons Who Inject Drugs by Needle." This provides a more detailed description of AIDs as it relates to the intravenous drug user. Copies are distributed to clients of drug treatment programs.
- (3) "AIDs Guidelines for Staff of Drug Treatment Programs." This is the basic information pamphlet for drug treatment programs and related agencies. The goal of this pamphlet is to inform all concerned persons of the nature of the AIDs epidemic as it relates to their clientele. Copies ~~for~~ distributed to all substance abuse treatment agencies.

(4) "Preliminary Medical Screening for AIDs at Drug Treatment Programs." This protocol outlines preliminary screening for clinics which have medical staff. We have developed a referral arrangement between the drug treatment clinics and the AIDs clinic at San Francisco General Hospital so that screening at drug treatment centers is the start of a coordinated effort in diagnosis and treatment of AIDs.

(5) "Summary of Why Needle Users are at Risk of AIDs." This is a brief explanation of the nature of the intravenous users as an at-risk population.

We hope that this information will be useful to you in planning your own response to the AIDs epidemic. If you are interested in obtaining copies of the brochure Shooting Up and Your Health with a resource list more appropriate to your community, contact the Haight Ashbury Free Medical Clinic at (415) 431-4250.

Please contact us if you need clarification of the material at (415) 558-2356.

Sincerely,

NP;jd

GUIDELINES FOR STAFF OF DRUG TREATMENT
AND PREVENTION PROGRAMS FOR AIDS

AIDS (Acquired Immune Deficiency Syndrome) is a current serious health crisis impacting many areas of the health care system including drug treatment and prevention agencies. Intravenous drug use is identified as a high risk factor. Twenty-eight percent (28%) of the cases reported involve persons who have identified as needle users (eleven percent of these cases also were homosexual men, the largest risk category). Clients, their counselors and other health care providers, their friends, families and acquaintances are all becoming increasingly concerned about AIDS and ways to reduce the risk of contacting AIDS.

WHAT IS AIDS?

AIDS is a disease which causes a breakdown in the body's normal self defense mechanism against infection and development of malignant tumors. The cause is not yet known; it is possibly a new virus or a new form of some previously known infection. Whatever the agent, the breakdown of this normal immune protection leaves the body vulnerable to attack from organisms which normally cause no disease in healthy persons, or only mild temporary illness. In the present epidemic, the disease is virulent and the mortality is high; approximately 80% of cases have expired within two years after appearance of symptoms.

WHERE DOES IT OCCUR?

Cases of AIDS are mainly occurring in New York City (50% of cases), San Francisco (20%), Los Angeles, Newark, and to a lesser extent in other U.S. cities. AIDS is also found in several other areas of the world

WHY SHOULD DRUG PROGRAMS BE CONCERNED?

- Drug users who use needles are in a high risk group for AIDS;
- Gay and bisexual men, another high risk group for AIDS, are also at high risk for drug abuse problems;
- Drug abusers can have symptoms that are similar to AIDS symptoms (i.e. drug abusers occasionally develop lymphadenopathy and splenomegaly);
- Drug Abuse can lower one's resistance to infections;
- Drug abuse can interfere with one's judgement in relationship to sexuality and self care matters;
- Individuals with AIDS are already being served in drug agencies. The incubation time for AIDS is estimated to be seven months to two or more years. If this incubation time is accurate, that drug treatment and prevention programs are already treating prediagnosed AIDS clients. Several diagnosed individuals with AIDS have received alcohol and drug abuse treatment in the recent past, possibly during the incubation period of their illness.

WHO ARE THE HIGH RISK GROUPS?

- Gay and bisexual men (72% of total - 11% of these cases also report needle use)
- Drug Users who Use Needles (17%)
- Haitians (5%)
- Hemophiliacs
- Infants of intravenous drug users - there are reported cases of infants born to intravenous drug users or to Haitian immigrants who developed unexplained immunodeficiency and opportunistic infections. It is possible that these infants had AIDS. In some cases, the father was the needle user, not the mother

HOW IS IT TRANSMITTED?

All information developed by AIDS research groups to date support the theory that an infectious agent, whatever its nature, must get under the skin and penetrate into the blood system of the victim. AIDS is thought to be transmitted from person to person by:

- Direct, probably repeated, sexual contact with an infected person (who may or may not show symptoms at the time)
- Injection of blood from an infected person, as in sharing illegal intravenous drugs with an unsterile hypodermic needle
- Transmission of blood through blood transfusions or injection of clotting agents used by hemophiliac patients

SHOULD DRUG PROGRAM STAFF BE CONCERNED FOR THEIR OWN HEALTH?

Description of the AIDS outbreak in public media has produced considerable anxiety among both homosexual and heterosexual persons. This level of anxiety is not warranted for the general population. Only 6% of all cases are reported in persons who either do not have the risk factors listed above, or for whom risk information is not completely known.

Among the many medical workers who directly treated or cared for the early patients without using infection control precautions, when infection was not yet seriously considered as a cause of AIDS, there have been no cases of AIDS except in those few who also had risk factors similar to other AIDS patients.

Researchers hold firm that---in the present state of knowledge about AIDS---no person can expect to develop AIDS from merely casual contact; that is, touching objects handled by AIDS patients, spending time in the same house or room with a patient or the same work-place, riding a bus or being near a patient in a public place or eating in a restaurant frequented by possible patients.

In most drug treatment and prevention programs, AIDS prevention should not present any new or unusual procedures, but rather increased diligence in ongoing infectious disease control procedures. For a long time, drug program staff have known that drug abusers are at higher risk for Hepatitis B and have developed standards of infection control, such as keeping toilets, sinks and food areas clean.

WHAT ARE THE FIRST STEPS IN DEALING WITH AIDS?

1. REEMPHASIZE INFECTIOUS DISEASE CONTROL PROCEDURES. Remember AIDS is felt to be spread in much the same way as Hepatitis B. In hospital settings, guidelines should be consistent with the Federal Center for Disease Control guidelines and the infectious disease control AIDS guidelines for the specific hospital. IN ALL SETTINGS:

- Careful handwashing after urination and defecation
- Use of tissue for coughing, sneezing, blowing nose, crying with disposal of tissue so that others will not be contact with secretions
- Awareness of and covering of any open sores; careful disposal of any dressings, bandaids, or tissues which have come in contact with blood or other secretions such as serum from oozing lesions of the skin
- Staff should wear rubber gloves when administering I.M. or I.V. medication
- Take great care to avoid needle sticks or other sharp object inflicted skin traumas. Needle boxes should be available in the immediate area of where needles are used. Hypodermic needles should not be recapped due to the high incidence of accidental needle punctures.
- Careful handling of laboratory specimens (blood, urine, etc.) In collection of urine specimens, staff should either wear rubber gloves or develop a protocol which does not require direct contact of staff with urine specimen container.

IN RESIDENTIAL SETTINGS, ALSO CONSIDER:

- Give particular care to facility cleanliness. Household bleach is recommended as a disinfectant for bathrooms, lavatories, kitchens and bedrooms. Some residential programs elect to rinse all dishes in a bleach solution prior to final rinse. Even though toilets do not need to be thoroughly cleansed and disinfected between use, daily thorough cleaning and disinfection is recommended. Toilets should be disinfected after each use if the individual has diarrhea. Each resident of the program should then take responsibility to clean lavatories with soap and water after each use.
- Food and other waste should be placed in covered containers and disposed of carefully and frequently
- Personal care for all staff and clients is important. Clients should bathe daily, and wash hands before and after using the toilet or eating meals. Fingernails should be clean. Clients should not share personal items such as razor blades, toothbrushes, towels, linens or eating utensils.
- Liquid soap dispensers are preferable to bar soap. Towels and linens should be washed in hot water with a detergent, soap or bleach.
- Clients with signs of acute illness (especially diarrhea, coughing, shortness of breath, fever, malaise) should be medically evaluated. Clients with cough, diarrhea, fever and open skin lesions should take extra precautions not to spread secretions or excretions.
- Sexual active clients should be aware of AIDS and Sexually transmitted disease prevention guidelines.

IN PROGRAMS WITH CHILD CARE, ALSO CONSIDER:

- Essentially the guidelines are the same as for adults. Children born to mothers and/or fathers who are needle users should be monitored for a possibility of contracting AIDS in utero.
- 2. Each agency or groups of agencies should designate a PRIMARY CONTACT concerning AIDS who would:
 - Maintain resource and referral information
 - Keep updated on new developments and review the agency protocols to incorporate new information
 - Plan for on-going staff training on the signs and symptoms of AIDS and counseling issues surrounding AIDS assuring that all staff have some familiarity with the issue.
- 3. Each agency should determine its own capability for preliminary AIDS screening and develop a PROTOCL for screening and referral for diagnosis and treatment.
- 4. Consider being a RESOURCE FOR COUNSELING AIDS PATIENTS WITH DRUG ABUSE Issues. In some cases AIDS patients may cope by using drugs and may request drug counseling. This is an area where health care providers concerned with AIDS may call upon drug treatment programs for assistance, either in the form of training or direct counseling services.

COUNSELING ACUTELY ILL AIDS PATIENTS:

- The drug counselor should contact the patient's physician about particular precautions. Special precautions (e.g. gowns, masks, gloves) may be needed in infectious disease isolation hospital rooms or in some instances in AIDS clinics.

COUNSELING CONVEALESCING AIDS PATIENTS:

- To date no AIDS patients have recovered (the impaired immune system has not returned to normal functioning). Many AIDS victims do survive the acute phase of their illness. Convalescing AIDS patients usually return to their homes and sometimes to their employment. These convalescing patients are not believed to be highly contagious unless they have a return of acute illness (e.g. coughing, shortness of breath, fever). Convalescing AIDS patients are felt to be at a greater risk of contracting various illnesses from others since their immunity is compromised than in communicating their illness to others. Drug staff should assure that the AIDS patient reports any symptoms to their physician for review of communicability of disease.
5. Review PERSONNEL PRACTICES:
- Drug Program Staff with AIDS (convalescing). These staff should obtain a medical statement of non-contagion from their physician prior to returning to work. (there is precedent for this in other diseases such as Hepatitis B)

Review PERSONNEL PRACTICES: (cont.)

- Drug Program Staff who are in AIDS high risk categories - there is no evidence to indicate that these staff should be limited in performing their full duties.
- Pregnant staff should avoid direct client contact with secretions from high risk clients (i.e. through urine specimen collection)

WHERE TO GET ADDITIONAL INFORMATION AND MATERIALS

- AIDS Hotline (800) 342-AIDS
- Center for Disease Control, Atlanta, Georgia (404) 329-3162
- AIDS KS Foundation (415) 864-4376

PRELIMINARY MEDICAL SCREENING FOR AIDS AT DRUG TREATMENT PROGRAMS

PURPOSE: To provide guidelines to drug treatment programs with medical screening capability to pre-screen all new clients and high-risk continuing clients for AIDS.

GOALS :

- Detect potential symptomatology of AIDS in intravenous drug users and channel those clients with symptoms into the more complete diagnostic
- Disseminate information regarding AIDS to counselors and medical personnel working with a high-risk population
- Prevent an increased incidence of AIDS among the intravenous drug user population

PROCEDURE:

- During the initial medical history interview with the client, discuss the association between AIDS and intravenous drug use.
- Ask the client if he/she has any symptoms of AIDS or physical complaints - don't offer examples at first
- If the client does not respond or is confused by the question regarding symptoms, ask specifically about AIDS related symptoms (See Section I. PATIENTS WHO SHOULD BE SCREENED FOR AIDS)
- Use the AIDS SCREENING PROCEDURE when indicated (See Section II.)
- Develop a system for referral for further diagnostic screening if the clinician feels it is warranted. There should be a formal agreement between the drug treatment program and the local AIDS diagnostic center so that information obtained during the medical screening at the drug center is presented to the AIDS diagnostic center

(I. PATIENTS WHO SHOULD BE SCREENED FOR AIDS:

The following signs and symptoms should alert the practitioner to the possibility of a cellular immunodeficiency. If the patient has one or more of the following, do screening tests for AIDS (see section III).

- A. Dark blue to reddish-purple macules, plaques, or nodules anywhere on skin or mucous membranes, but especially on legs and feet. Also, any lesion that has been enlarging, changing color, appearing along superficial veins, or in other ways suggestive of KS.
- B. Generalized lymphadenopathy or two or more enlarged nontender lymph nodes (especially to cervical, inguinal, axilla) that are persistent and not linked to an infection of known origin. Please note that in the literature up to 80% of active and former heroin addicts have generalized lymphadenopathy. Therefore, lymphadenopathy, in and of itself may not indicate AIDS. This sign should therefore be interpreted in the total context (history and physical findings) of the client.
- C. Extreme fatigue and/or malaise in association with other symptoms.
- D. Weight loss of greater than 10 lbs. over 6 weeks unexplained by diet or other definite illness.
- E. Unexplained, low grade, persistent fever with night sweats and/or non-productive cough of over 2 weeks duration.
- F. Unexplained hepato- or splenomegaly.
- G. Fever, tachypnea, dyspnea with non-productive cough (with or without auscultatory findings) rapidly progressive or unexplained by known infection.
- H. Oral or rectal candidiasis unexplained by antecent antibiotics.
- I. Chronic perianal herpes or herpes zoster of greater than 1 month duration.

If an individual has symptoms referable to a specific organ system (GI, GU, respiratory), the usual evaluation for such complaints should be carried out prior to referral to the AIDS clinic. This can be done at a primary care clinic or a subspecialty clinic (e.g., ID Clinic for a gay male with a bowel disorder or persistent diarrhea, Neuro Clinic for headache evaluation, etc.).

- J. Persistent diarrhea may be an AIDS symptom. Patients presenting with diarrhea without other suspicious symptomatology should be referred to a primary care or GI clinic first.

For information about infant AIDS screening, call Dr. David Kaplan at the FACET Clinic, Tel. 928-7800.

II. AIDS SCREENING PROCEDURE

A. Physical Examination

The physical exam is of paramount importance in screening for AIDS. Particular attention should be paid to skin and mucous membrane, lymph nodes (especially cervical, axillary, and inguinal) and CNS function. Please refer to page 3 of the SFGH screening form for exact examination protocol.

B. Laboratory

1. CBC with Differential

Pay particular attention to evidence of lymphopenia (< than 25% lymphs), neutropenia, thrombocytopenia, anemia, pancytopenia. A caveat here is that many former and current chronic heroin users or heroin addicts have a lymphocytosis (> 20%) or upper normal lymphocyte counts which persist even after 3 years or more of chronic methadone or drug-free treatment. A significant decrease in lymphocyte count may turn out to be important, even if the absolute count remains high. A lower than normal lymphocyte count should be viewed with great suspicion in this group.

2. ESR

Normals: in males 0-10 mm, in females 0-20 mm
Sed. rate is normal in lymph nodes syndrome.

It should be noted that ESR rates are characteristically slightly elevated (20% of patients studied) both in active heroin addicts and in methadone patients in treatment for 3 years or more with no continued parenteral drug abuse. Therefore, this lab finding must again be taken into the whole clinical picture of the individual.

3. Platelet Count

Normals: 150,000 - 350,000/mm³

Low values may represent auto immune thrombocytopenia purpura.

4. Chemistry Panel (or SMA 20)

Good check on general state of health. Pay particular attention to globulin level (↑ or ↓) and LFT abnormalities. Results of the SMA 20 can be very misleading. Many of these individuals have elevations of SGOT, SGPT, and globulin. As with the ESR and CBC, abnormal results should not in and of themselves be the deciding factor in appropriate AIDS screening.

5. CXR (PA & lateral)

May be helpful to evaluate alveolar and/or interstitial infiltrates. If the clinician feels a CXR is necessary, please contact Gayling Gee or the charge nurse at SFGH AIDS clinic at 821-8830.

Note: Lab values highly suspicious for AIDS are an unexplained anemia (< 32), lymphopenia (< 1000 total), or thrombocytopenia (< 100,000).

see attached sample physical form.

**SAN FRANCISCO GENERAL HOSPITAL
MEDICAL CENTER
OUTPATIENT PROGRESS RECORD**

PATIENT I.D.

PAGE 1

Referred By Dr. _____ of PHHC ☐ SMHC ☐ SEHC ☐ Other _____

Residence Potrero Hill ☐ Mission ☐ Bayview/Hunters Point ☐ South of Market ☐ Other _____

Ht _____ Wt _____ B/P _____ P _____ T _____ U/A obt. ☐ Liab. _____

DATE TIME	PROBLEM NUMBER	FORMAT: PROBLEM NUMBER AND TITLE	S — SUBJECTIVE A — ANALYSIS	O — OBJECTIVE P — PLANS
		AIDS CLINIC - NURSE SCREENING VISIT		
	CC:			
(H.P.I.)	FEVER/CHILLS:			
	SWEATS:			
	FATIGUE:			
	WT. LOSS:			
	LYMPH NODES:			
	SUSPICIOUS SKIN SITES:			
	HEADACHE:			
	ORAL LESIONS:			
	COUGH:			
	S.O.B./D.O.E.:			
	DIARRHEA:			
	GENITAL/RECTAL SX:			
	OTHER:			
(P.M.H.)	HERPES SIMPLEX (WHERE/WHEN):			
	HERPES ZOSTER:			
	ORAL CANDIDA:			

**SAN FRANCISCO GENERAL HOSPITAL
MEDICAL CENTER
OUTPATIENT PROGRESS RECORD**

PATIENT I.D.

PAGE 2

Referred By Dr. _____ of PHHC ☐ SMHC ☐ SEHC ☐ Other _____
 Residence Potrero Hill ☐ Mission ☐ Bayview/Hunters Point ☐ South of Market ☐ Other _____
 Wt _____ B/P _____ P _____ T _____ U/A obt. ☐ Liab. _____

DATE TIME	PROBLEM NUMBER	FORMAT: PROBLEM NUMBER AND TITLE	S — SUBJECTIVE A — ANALYSIS	O — OBJECTIVE P — PLANS
	HEPATITIS (TYPE/WHEN):			
	GC (WHERE/WHEN):			
	SYPHILIS:			
	SKIN INFECTIONS:			
	BOWEL INFECTIONS:			
	OTHER:			
	KNOWN EXPOSURE TO AIDS:			
	SOCIAL/SEXUAL HX:			
HABITS:	ETOH:			
	TOBACCO:			
	DRUGS:			
ASSESSMENT:				
PLAN:	____ CBC/DIFF./PLTS.		____ CXR, PA/LAT	
	____ ESR		____ PULM. FUNC. TESTS	
	____ SMAC PANEL		____ STOOL FOR O&P/CULTURE	
	____ SKIN TESTS: PPD/MUMPS/CANDIDA			
	____ OTHER (SPECIFY):		Please reply to: M.D. Name & Signature AGENCY	
	REFERRED TO:			
	RETURN TO AIDS CLINIC ON: _____			

**SAN FRANCISCO GENERAL HOSPITAL
MEDICAL CENTER
OUTPATIENT PROGRESS RECORD**

PATIENT I.D.

PAGE 3

Referred By Dr. _____ of PHHC ☐ SMHC ☐ SEHC ☐ Other _____
 Residence Potrero Hill ☐ Mission ☐ Bayview/Hunters Point ☐ South of Market ☐ Other _____
 Wt _____ B/P _____ P _____ T _____ U/A obt. ☐ Liab. _____

DATE TIME	PROBLEM NUMBER	FORMAT: PROBLEM NUMBER AND TITLE	S — SUBJECTIVE A — ANALYSIS	O — OBJECTIVE P — PLANS
		AIDS CLINIC: PHYSICAL EXAM		
NODES:	CERVICAL:			
	AXILLARY:			
	EPITROCHLEAR:			
	INGUINAL/FEDRAL:			
	OTHER:			
SKIN:	SUSPICIOUS N.S.:			
	OTHER:			
HEENT:	EYES:			
	FUNDI:			
	MOUTH:			
LUNGS:				
HEART:				
ABDOMEN:				
GENITALIA:				
RECTAL:				
NEUROLOGICAL:				

Summary of Why Needle Users Are at Risk of AIDS

Some 1,000,000 to 1,500,000 Americans will inject illicit drugs by hypodermic needle during 1983. That population will be about evenly divided between consumers of opiates (mostly heroin) and of stimulants (mostly methamphetamine, but also other amphetamines and cocaine). These citizens are at risk of AIDS, for several reasons:

Most of them at least occasionally share needles with other users. Sharing needles is deeply ingrained in user culture: it is widely accepted, it helps form cooperative social bonds between users, and it is reinforced by the pleasurable drug-effect which generally follows the act of sharing.

In this sharing, the users expose themselves to a wide variety of communicable diseases, particularly those which are blood-borne.

Certain needle-using practices, such as that of "booting" (drawing one's own blood into the syringe during the injection process) and "sharing cottons" (attempting to extract the small amount of drug from the cotton wad which the previous user had used as a strainer) are especially conducive to the spread of disease.

Many users are in a poor state of health as a consequence of long periods of drug abuse. This is often coupled with poor habits of hygiene, diet, and exercise.

Needle users are concentrated in the inner areas of the larger American cities. This locale is shared with similar concentrations of the other groups thought to be at high risk for AIDS: gay males and Haitians. Further, travellers from San Francisco or New York City (which have had major AIDS epidemics) frequently visit the inner-city areas of other metropolises.

Hence, the needle user is at high risk for AIDS. S/he appears thus in light of either of the two major theories of AIDS transmission: first, if AIDS is transmitted by a virus, the needle user has ample exposure because of needle-sharing. And second, if AIDS is caused by immunosuppression resulting from many bouts of disease combined with a generally poor state of health, the health histories of needle users show them to be prime candidates. In actuality, a major outbreak of AIDS among heterosexual needle users has occurred in New York City, where _____ cases have been identified as of late July 1983, and in New Jersey, where _____ cases were noted as of that date.

In cities where there has been an outbreak in the gay male community but not yet in the needle using population, it may

well be that gay male "speed" users will be the link.

"Shooting galleries" are a special problem, in the large East Coast metropolises where they are common. The problem is that these "galleries" hire their space and their syringe-and-needle "works" out to users, and do not employ proper hygienic practices with these "works". In fact, a number of "hygiene myths" are bruted about the user community, myths which may cause the user to believe s/he has taken adequate precautions when in fact the measures are totally inappropriate.

If AIDS is contracted by a needle user, the course of the disease is likely to be painful, expensive, and highly stressful. Heterosexual AIDS patients have a much higher frequency of pneumocystis carinii pneumonia (PCP) than their gay male counterparts, and this particular pneumonia is especially fatal and requires costly inpatient treatment. Further, the needle-using community does not have nearly the breadth of support systems enjoyed by the gay community. Thus, as far as the needle user is concerned, prevention is the only recourse practical at present.

A.I.D.S. AND SUBSTANCE ABUSEA PLAN FOR PREVENTION, EDUCATION, EVALUATION, TREATMENT, AND FUNDING

Laurie Hauer, R.N., Tom Smith, M.D., and the AIDS/Substance Abuse Task Force

STATEMENT OF THE PROBLEM

The abuse of alcohol, street and prescription drugs, and other substances by persons with AIDS and persons at risk of developing AIDS has surfaced as a major area of concern in the Bay Area in recent months. High levels of alcoholism and drug dependency in gay and lesbian communities have been documented; gay men make up the vast majority of AIDS cases in the Bay Area. Fear of, diagnosis of, and ongoing physical and emotional stresses of a life-threatening illness such as AIDS can intensify existing patterns of substance abuse. Furthermore, the use or abuse of alcohol and drugs can interfere with the person with AIDS' ability to physically and emotionally cope with the disease. Finally, those at risk for the development of AIDS or those with "pre-AIDS" or "AIDS-related" symptoms may be increasing their risk through the continued use or abuse of alcohol and/or drugs.

A task force has been convened comprised of health workers caring for people with AIDS, substance abuse workers, people with AIDS, members of community groups providing services to AIDS and at-risk individuals (AIDS/KS Foundation, Shanti Project, Pacific Center), and other interested individuals. The group has identified the following priorities:

EDUCATION AND TRAINING FOR A.I.D.S. SERVICE PROVIDERS

- I. Target Groups for Training: Those in a position to identify, evaluate, and treat substance abuse problems in people with AIDS or at risk for AIDS.
 - A. AIDS medical screening staff (District Health Centers, SFGH, City Clinic, private M.D.s, other hospitals and clinics).
 - B. Ongoing medical treatment staff (includes those listed above, plus home health workers and others involved in ongoing care).
 - C. Non-medical and community staff/workers (Shanti, AIDS Foundation, Hospice, hospital social workers, others).
 - D. Substance abuse services staff.
- II. Content of Education and Training: Will vary according to type of provider.
 - A. How to identify substance abuse problems (accurate history-taking, physical and other signs/symptoms of alcoholism/drug abuse).
 - B. Psychological aspects of above, particular emphasis on dealing with denial, anger, other factors.
 - C. Recommendations for ongoing management of individuals with substance abuse problems in terms of AIDS, mechanisms for feedback to referring person.
 - D. Protocols re: prescription drug use and AIDS, use of alcohol/drugs when on specific treatment regimens, other protocols.
 - E. Accurate and current information on the effects of alcohol and drugs on the immune system.
 - F. Non-chemical stress management and alternatives for alteration of consciousness.
 - G. Other.

County Conference

continued

GENERAL COMMUNITY EDUCATION

- I. Target Groups
 - A. People with AIDS or AIDS-related conditions.
 - B. High-risk individuals, e.g. gay/bisexual men, I.V. drug users.
 - C. General public as part of existing and ongoing education/training programs.
- II. Content of Education Programs: Will vary according to target group.
 - A. Effects of alcohol and drugs on the immune system.
 - B. Identification of alcohol/drug problems.
 - C. Psychological aspects, use of substances as coping mechanisms, resistance to getting help.
 - D. Non-chemical stress management and alternatives for alteration of consciousness.
 - E. Drugs and sex.
 - F. Other.

DEVELOPMENT OF WRITTEN INFORMATION AND POLICIES

- I. General pamphlet on Substance Abuse and the Immune System (in progress).
- II. Section in People With AIDS handbook on substance abuse.
- III. Specific protocols or policy statements, e.g. "Use of alcohol while on interferon treatment", "Use of psychotropic medications in people with AIDS".
- IV. Inclusion of information about substance use/abuse in existing and future AIDS risk-reduction guidelines.
- V. Media outreach re: AIDS and substance use/abuse, specific articles for various publications.

RESOURCES FOR THOSE IN NEED OF REFERRALS OR SERVICES

- I. Support groups/recovery groups
 - A. Alcoholics Anonymous group for people with AIDS (meets weekly)
 - B. Non-AA group for people with AIDS and substance problems (in planning stages).
- II. Alcohol/drug treatment services
 - A. See "Resources--AIDS and Drugs" referral list of alcohol/drug abuse treatment services for people with AIDS.

FUNDING

- I. The Substance Abuse and the Immune System pamphlet will probably be printed and distributed by the S.F. AIDS/KS Foundation.
- II. The Task Force is considering seeking funding from various agencies and groups to provide ongoing training programs, referrals, and other services; as yet no funding has been applied for.



MEDICATION ISSUES IN RECOVERING SUBSTANCE ABUSERS:

FOCUS ON AIDS

Tom Smith, M.D.
Laurie Hauer, R.N.

February 1984

ABSTRACT

A number of medication issues arise in the treatment of people with AIDS (PWA) who have concurrent or past substance abuse problems. This paper focuses on medication issues affecting those PWA who identify themselves as "recovering alcoholics" or "recovering drug abusers". Approaches and strategies discussed are derived from treatment experiences at inpatient and outpatient alcohol and drug treatment facilities, an AIDS outpatient clinic, and an AIDS residential facility. A directed history-taking of PWA and "high risk for AIDS" individuals will identify those who are "recovering substance abusers". Prior to prescribing psychoactive medicines for these individuals, the clinician must explore the patient's attitudes about medication and assess the patient's abuse potential. Symptom management of patients with high abuse potential includes using medications with few CNS side effects and low abuse potential, non-chemical methods of symptom reduction, frequent monitoring, utilizing a brief treatment course, and prescribing small quantities per prescription, and discussing with the patient any concerns about potential abuse of medication.


MEDICATION ISSUES IN RECOVERING SUBSTANCE ABUSERS:
FOCUS ON AIDS

 Tom Smith, M.D.
 Laurie Hauer, R.N.

February 1984

A number of medication issues arise in the treatment of people with AIDS (PWA) who additionally have substance abuse problems. These include medication abuse potentials, complications due to concomitant drug withdrawal and tolerance, cross tolerance, medication compliance, and other psychosocial factors. Secondary diagnoses of I.V. drug abuse (currently occurring in over 25% of AIDS cases) and non-I.V. drugs and alcohol abuse are significant findings in AIDS patients, requiring specific attention for appropriate medical management. This paper focuses on medication issues within a subset of the AIDS/substance abuse groups, namely, those PWA that identify themselves as "recovering alcoholics" or "recovering drug abusers".

Self defined "recovering substance abusers" are a diverse group spanning a range of individuals from those continuing to seek escape through drugs and medication to those individuals strongly opposing any medical intervention with psychoactive medicines. Many "recovering" individuals have developed a dual nature in regards to substance abuse, manifest by a verbal and seemingly rigid stance against psychoactive drug usage simultaneous with an often indirect plea for medication. For example the patient may describe insomnia as a problem and vehemently state that he/she does not want to take sedatives. Yet he/she will be intolerant of suggestions to try non chemical methods of sleep induction and will remind the health provider that only sedatives are effective. This ambivalence is a frequently encountered symptom in substance abusers, one which requires exploration of and treatment strategies for both sides of the ambiguity; i.e., the patient's great concern about medication versus direct and indirect manipulation for medication (see Recommendations section below).

The recovering person's distrust of psychotropic medication is a function of a variety of factors: 1) a movement in the field of substance abuse away from the medical model and towards a peer oriented social support model of therapy, 2) frequent misdiagnosis by the medical community of substance abusers as mentally ill (instead of a primary diagnosis of substance abuse with secondary mental symptoms), 3) inappropriate treatment of substance abusers with psychotropic medications that subsequently leads to dependency on medication (e.g., low dose Valium dependency), 4) evolution of the substance abuser's role from a passive recipient of treatment services to an active and responsible participant in therapeutic decisions and regimes, 5) increasing emphasis on spiritual/existential healing factors within the important folklore aspects of substance abuse treatment that can be misinterpreted as antithetical to medical intervention, 6) incomplete knowledge about pharmacological actions of medication by many substance abusers and incomplete knowledge about psychosocial aspects of medication by medical providers, and 7) a belief in a lifestyle called the "addictive personality" (traits characterized by a propensity to develop addictions to any psychoactive substance or habit forming activity).

The cases of thousands of Valium dependent alcoholics illustrate the interplay between the above mentioned factors. These alcoholics were treated with Valium for symptoms of chronic tension and alcohol withdrawal. They were informed that Valium is a safe, non addicting medication. Frequently these individual's alcoholism and subsequent Valium dependencies went unnoticed by the prescribing provider. In alcoholism treatment and self help programs (A.A.), these alcoholics learned that Valium is a drug of dependency, shares several pharmacological properties with alcohol, and frequently had precipitated alcoholism relapses in alcoholics. Since substance abuse recovery is usually a long term (years) and difficult process often fraught with relapses, recovering substance abusers may take an active, protective, and vocal role in regards to their medical management (even in conditions other than substance abuse).

APPROACHES AND STRATEGIES

The following list of approaches and strategies are derived from treatment experiences at various San Francisco agencies: a medically oriented alcoholism hospital based facility, several social setting detoxification, residential and outpatient agencies, an AIDS outpatient unit, and an AIDS residential facility. Even though these strategies are applicable to recovering substance abusers under consideration for medication for various other medical and psychological conditions, the primary focus will be on people with AIDS.

ASSESSMENT

HISTORY TAKING: Due to the high incidence of substance abuse in PWA and most individuals at high risk for contracting AIDS, a comprehensive drug and alcohol history (including caffeine, nicotine and minor tranquilizers), previous substance abuse treatment history and family history of substance abuse or mental illness is strongly recommended for every PWA and for most "high risk for AIDS" individuals. Self administered substance abuse questionnaires (e.g., M.A.S.T., drug abuse questionnaire) are highly recommended.

ATTITUDES ABOUT MEDICATION AND MEDICATION ABUSE POTENTIAL: In addition to the routine workup of the recovering substance abuser with AIDS or the "high risk for AIDS" individual, prior to prescribing psychoactive medicines the clinician must explore 1) the patient's attitudes about medication and 2) the medication abuse potential. Although many recovering substance abusers are relatively unconcerned about medication and are not manipulating for, and subsequently will not abuse psychotropic medicines, all recovering substance abusers should initially be assessed about both issues and frequently monitored during the course of medication intervention.

- I. ATTITUDES: Assessment of attitudes about medication usually occurs when the subject of a proposed medication is first broached with the patient. Assessment could include questions about ideologies about medical management, personal history of abuse of proposed or pharmacologically similar medications and specific objections to proposed medication. These objections could include fears of developing a dependency on the medicine, fears of initiating an alcohol/drug relapse, fears of entering an altered state of consciousness, and/or a need to remain in personal control of mood states and therefore in control of the treatment as a whole.

Frequently these objections can be separated from a more generalized resistance to any and all medical interventions. Anger, guilt, pain, agitation and denial associated with the despair and physical debilitation of having AIDS coupled with the perceived role or personality of the physician could be the root of the underlying concern about the medication. Each of these fears, objections and resistances require attention.

Recovering substance abusers who are vocal about their medications are expressing a desire to be active participants in their treatment. A strong directive or authoritarian approach with these patients will only increase their resistance. Likewise, the use of excessive rationalizations, especially in arguing these patients down, are doomed to blocked communication. Joining the patient in an ongoing process of dialogue, shared decision making and reconsideration of appropriate medicines as symptoms change will optimize compliance and the important placebo effect.

Patient education about pharmacological properties is often helpful. For example, many substance abusers learn that tranquilizer use may lead to drug dependency, however they may know little about the different categories of tranquilizers; e.g., Thorazine is equated with Librium. Some substance abusers view all medicines as suspect, including vitamins. Clear explanations about the rationale for use of proposed medicines and their effects on physical and mental states will be more helpful than trying to convince the patient that his/her attitudes and beliefs are wrong.

- II. ABUSE POTENTIAL: A high medication abuse potential is occasionally difficult to assess. Many substance abusers have become sophisticated and subtle in manipulating for medicines. As mentioned above, some patients are ambivalent (or express ambivalence) about taking medication. Beneath their outward stance against medication management, these individuals may be indirectly asking for medication. A high abuse potential correlates positively with: 1) a verbal preoccupation with psychoactive drugs, 2) a history of medication abuse, 3) bragging about previously duping health providers, 4) excessive dramatization of symptoms that are often treated with psychoactive medication (insomnia, anxiety, pain, etc.), 5) excessive rationalizations about why the patient must have psychoactive medication, and 6) utilization of "yes, but" replies by the patient in response to suggestions to try non-chemical alternatives for symptom relief or alternative medicines with fewer CNS effects or side effects. A primary premise is that a high index of suspicion for medication abuse should be maintained for all substance abusers, while keeping in mind the fact that not all recovering substance abusers will relapse.

A strong plea for psychoactive medications by a PWA with a substance abuse history may be related to despair, fear and/or overwhelming physical illness. Some PWA (and AIDS health care providers) adopt an attitude regarding the abuse potential as minor or meaningless in face of this life threatening disease. However, the quality of the patient's life and consciousness as related to the depression, agitation and irritability side effects of these medications must be considered in the overall decision concerning symptom

management. The patient should be made aware that many psychoactive medicines have side effects that may foster social isolation, pessimism, anxiety, insomnia, impotence, dissociation and blunting of emotions. Thus, short term positive aspects of the medicine might retard physical recovery, socialization and mentation.

SYMPTOM MANAGEMENT

The management of patients with high abuse potential includes: 1) utilization of medications that have fewer CNS side effects and a lower abuse potential (e.g., Caladril Lotion vs. Benadryl P.O., non-steroidal anti-inflammatory drugs vs. narcotics), 2) utilization of non-chemical methods of symptom reduction, 3) frequent monitoring of psychoactive medication, 4) prescribing small quantities per prescription, 5) utilization of a brief, acute symptom oriented treatment course if medicines with high abuse potential are given, and 6) a discussion with the patient outlining the importance of an ongoing concern and mindfulness about abuse potential and the temporary and situational use of the medication.

Recent drug treatment recommendations by the American College of Physicians support regular oral narcotics to ease terminal patient's pain. Numerous authorities agree that "addiction is not an issue in terminal patients". If the patient's fear of pain is relieved by regular administration of oral narcotics, then these patients do not develop drug seeking behavior. However, in the treatment of terminally ill chronic substance abusers, psychological, social and attitudinal aspects of psychotropic drug effects must be kept in mind.

If a decision is made to prescribe psychotropic medication to a substance abuser (and especially to a substance abuser expressing great fear of such medicines), the patient can be counselled to seek the advice and support of a peer or professional consultant. In a hospital setting (if substance abuse counselors are not available), this consultant could be a staff member that is either a recovering substance abuser or a clinician that is knowledgeable and sensitive about these issues. Many recovering substance abusers have "A.A. sponsors" and friends that can assist the patient in determining appropriate levels of medication for symptom relief throughout the course of treatment.

Therapy of chronic substance abusers with psychotropic medication requires a highly individualized approach. Several theories abound as to why alcoholics and narcotic abusers display a high degree of idiosyncratic and paradoxical reactions to psychotropic medication. Hepatic microsomal systems altered by alcoholism could account for either increased or decreased therapeutic dose levels. Commonly accepted beliefs by substance abusers (e.g., "alcoholics and addicts require greater amounts of analgesics and anesthetics") may function as self-fulfilling prophecies. Another hypothesis asserts that higher doses of sedatives and analgesics are required in substance abusers as a result of diminished endorphine and neurotransmitter production due to chronic abuse.

Non-chemical symptom relief techniques are available for a variety of symptoms associated with AIDS (insomnia, pain, pruritis, anxiety, depression, headache,

dissociation phenomena, nausea). Successful use of these methods relies in large part on the motivation, activity and belief systems of the patient. The individual must not only want to try these techniques but also must have the ability to expend considerable effort in practice to obtain favorable results and must have a relatively clear sensorium to comprehend and maintain a focus on these efforts. To maximize the use of these methods, instructions need to be individualized and given at the patient's pace. This often requires repeated personalized sessions for instruction and reinforcement. Offering the patient a variety of techniques to alleviate a target symptom (e.g., progressive relaxation exercises, sleep induction tapes, deep breathing exercises, self-massage, music tapes, etc., for insomnia) will enhance choice making based on personal preference. Most of the techniques (e.g., relaxation, distraction, focusing, meditation, breathing exercises, cognitive treatment of depression) are facilitated by the use of standard hypnotic induction and motivation techniques. Since these techniques are highly time consuming, referral to a clinician adept in these alternative therapies is recommended. Increased supportive socialization is a highly effective treatment strategy which may augment both pharmacologic and non-chemical symptom relief methods.

AIDS and SUBSTANCE ABUSE PROPOSAL

SUBSTANCE ABUSE SERVICES FOR CLIENTS WITH AIDS OR AT RISK FOR AIDS

A Joint Proposal of Community Substance Abuse Services and the AIDS Health Project

A need for substance abuse services for people with AIDS (PWA's) or people with AIDS related conditions (ARC's) and substance abusers at highest risk for AIDS has been identified by the AIDS and Substance Abuse Task Force and by others engaged in work with these groups. The need requires additional services in the amount of \$51,818 for the Fiscal Year 84-85 January through June.

STATEMENT OF THE PROBLEM

The abuse of alcohol, street and prescription drugs and other substances by persons with AIDS and persons at risk of developing AIDS has surfaced as a major area of concern. High levels of alcoholism and drug dependency in gay and lesbian communities have been documented; gay men make up the vast majority of AIDS cases in San Francisco. Fear of or diagnosis of AIDS can intensify existing patterns of substance abuse. Furthermore, the use or abuse of alcohol and drugs can interfere with the PWA's ability physically and emotionally to cope with the disease. Finally, those at risk for the development of AIDS or those with "pre-AIDS" or "AIDS related" symptoms may be increasing their risk through the continued use or abuse of alcohol and/or drugs. Drug and alcohol abuse lowers resistance to AIDS and interferes with sound judgment regarding risky sexual practices.

Service providers have historically found it difficult to work with substance abuse clients. Drug abusers and alcoholics are the subject of many stereotypes, and health professionals often feel at a loss in dealing with the substance abuse problem. Resources to deal with clients with AIDS who have substance abuse problems are limited since there is a general lack of capacity in drug and alcohol specific programs. Waiting lists are commonplace and unacceptable in terms of AIDS clients. Also there is a need for home and/or hospital visits in some instances beyond the scope of current treatment providers. This project utilizes existing resources and offers adjunct consultation, training, assessment and information by experts in substance abuse.

TARGET POPULATION

- Consultation and training to Service Providers who work with people with AIDS or ARC's.
- Assessment and referral for People with AIDS or ARC's with substance abuse problems.
- Prevention/Education to People at risk for AIDS, primarily substance abusing gay/bisexual men; and their significant others.

SERVICES TO BE PROVIDED

- Outreach and education to service agencies who serve AIDS or potential AIDS clients.
- Consultation on cases to service agencies serving AIDS or potential AIDS clients including hospitalized, convalescing, isolated and ambulatory clients.
- Development and implementation of peer support groups for AIDS or ARC's clients with substance abuse problems, for example A.A., N.A.
- An AIDS specialist/liaison at each substance abuse program who is designated by that program will network with AIDS service providers. The AIDS Substance Abuse Program will provide the focal point for networking and information flow.
- AIDS prevention services to substance abusers at highest risk for AIDS.

COORDINATION WITH EXISTING SERVICES

Administrative overhead will be kept minimal if this program can be located at an existing agency. By structuring this program within the existing framework of the AIDS Health Project, unnecessary duplication of administrative personnel, clerical staff and overhead will be avoided. The use of existing space at CSAS and AHP programs will reduce operating costs and maximize clinical efforts for dollars expended. Tom Smith, M.D., of Alcohol Evaluation and Treatment Center, SFGH and Steven Batki, M.D., of Substance Abuse Service, SFGH have expressed interest in providing active consultation and medical expertise to program staff. Jim Dilley, M.D., Acting Project Administrator (8/1/84) of the AIDS Health Project has agreed to work to coordinate this program with existing Project activities and staff. This project has been developed by the AIDS and Substance Abuse Task Force and reflects needs identified by that group which includes representatives from the Division of Drug Programs, CSAS; AETC, Division of Alcohol Programs, CSAS; Shanti; AIDS Unit SFGH; AIDS Health Project; Haight-Ashbury Clinic; Eighteenth Street Services; ACDA (Community Drug Advisory Board) and CAAB (Citizen's Alcohol Advisory Board). This proposal represents a project which will operate in coordination with these organizations.

SERVICE OBJECTIVES -- 1200 hours

Four weeks will be allocated at start-up to hire staff, train them, orient them to existing community and hospital services and integrate them with existing project staff.

Consultation/Training on Substance Abuse and AIDS - 400 hr., 6 mo. period

1. • Consultation and training to drug and alcohol program staff, including coordination of AIDS specialist and material, in drug/alcohol programs.
- Consultation and training to inpatient AIDS wards at SFGH.
- Consultation and training to other AIDS service providers.

2. Assure coordination with AIDS programs by: 70 hr., 6 mo. period

- Attending regular meeting of the AIDS Coordinating Committee, the AIDS and Substance Abuse Task Force.
- Oversight by U.C. Advisory Group with addition of substance abuse expert.
- Regular meetings with directors of AIDS Health Project, Shanti Project, and Director of Ward 86 and 58.
- Develop training plan with input from all groups providing training about AIDS and substance abuse to assure efficient utilization of limited resources. Coordinate training with other activities of AIDS Health Project.

3. Assessment Services for People with AIDS - 430 hr., 6 mo. period

- Interview and assess people with AIDS on the outpatient wards regarding drug and alcohol use practices and substance abuse potential; triage treatment as needed.
- Provide assessment and consultation at the Shanti residences. Triage treatment as needed for detoxification.

4. Provide Prevention/Early Intervention Services to Substance Abusers - 300 hr., 6 mo. period

- Develop materials on safe needle practices and substance abuse/AIDS for use in training substance abuse clients; packets on substance abuse treatment and distribute.
- Implement prevention groups to high risk clients at drug and alcohol providers sites.

This project will reach 130 PWA/ARCS and 45 agencies; 450 staff during this 6 month period.



STATEMENT OF COMPLIANCE WITH CSAS
EVALUATION AND FISCAL REQUESTS

This statement certifies that we will participate in the evaluation and fiscal systems requested by the Division of Drug Programs, Community Substance Abuse Services. Evaluation systems include but are not limited to the following:

- A. CSAS Management Information Systems Data Entry
- B. Provider's Monthly Narrative Report
- C. Billing Information
- D. Short-Doyle/Medi-Cal Peer Review System (OMM programs only)
- E. Special Studies

Fiscal systems include but are not limited to the following:

- A. Monthly Billing for Services Provided
- B. Budget Modification - prior to non-budgeted expenditure
- C. Quarterly Financial Report
- D. Year End Cost Report
- E. Receipt of Annual Audit by CPA

James Dilling MD
(Contractor)

Project Administrator, AIDS Health
(Title) Project

COMMUNITY SUBSTANCE ABUSE SERVICES -- PROPOSAL SUMMARY

1. NAME/ADDRESS OF PARENT ORGANIZATION:

University of Calif.- Dept. of Psychiatry

SFGH 1001 Potrero Ave. 7th floor

San Francisco, CA. 94110

DIR: John Hopkin, M.D. TEL: 821-8426

BD. CHAIR: TEL:

2. NAME/ADDRESS OF SERVICE PROVIDER:

AIDS Health Project

54 Tenth Street

San Francisco, CA. 94103

DIR: James Dilley, M.D. TEL: 626-6637

3. SERVICES TO BE PROVIDED (CHECK WHERE APPROPRIATE):

ADMINISTRATION CONTRACT

CEII: PREVENTION/EDUCATION:

SCHOOL & GENL. PUBLIC

CEII: IDENTIFICATION/INFORMATION:

X INFORMATION & REFERRAL

RESOURCE DEVELOPMENT

OCCUPATIONAL & EMPLOYEE PROGRAMMING

X INFORMATION/EDUCATION

IDENTIFICATION/TRANSPORTATION

DIVERSION/COURT REFERRAL

DROP-IN SERVICES

SUPPLEMENTAL SECURITY INCOME (SSI)

RESIDENTIAL SERVICES:

DETOXIFICATION CENTER

THERAPEUTIC COMMUNITIES* & RECOVERY

HOMES - ADULT: SLOTS

THERAPEUTIC COMMUNITIES* & RECOVERY

HOMES - YOUTH: SLOTS

NON-RESIDENTIAL SERVICES:

INDIVIDUAL COUNSELING

FAMILY COUNSELING

GROUP COUNSELING

HOME COUNSELING VISITS

REHABILITATION ACTIVITIES

ENVIRONMENTAL SERVICES

NON-RESIDENTIAL DETOXIFICATION

OPIATE DETOXIFICATION

METHADONE TREATMENT: SLOTS

DAY CARE: SLOTS

DRUG-FREE COUNSELING: SLOTS

(FOR CSAS USE ONLY)

4. SOURCE OF CSAS FUNDS:	CURRENT	PROPOSE
MEDI-CAL (FEDERAL)		
SHORT-DOYLE SB714		
BLOCK GRANT		
ST. MIA PSYCH. SERV.		
AD VALOREM		51,818.
OTHER:		

5. STAFF REQUESTED (BY FTE's): .25 ADMINISTRATIVE; 1.5 PROGRAM: ADVANCED DEGREES/STATE LICENSED; PROGRAM: NON-ADVANCED DEGREES/COUNSELING; .5 OTHER; 2.25 TOTAL STAFF FTE

6. X NEW PROPOSAL; RENEWAL PROPOSAL (DATE OF ORIGINAL CONTRACT AWARD: INTERNAL BUDGET REVISION)

7. THIS DOCUMENT DATE: November 23, 1984 CONTRACT PERIOD: 1/1/85 THRU 6/30/85

8. BUDGET BY ELEMENT OF SERVICE (SEE ITEM 3 ABOVE): TOTAL NET REQUEST: \$ 51,818.

SERVICE	CEI&I				TOTAL
GROSS COST	51,818.				51,818.
REVENUE					
NET COST	51,818.				51,818.
PROJECTED SERVICE UNITS	1200*				1200*
GROSS COST PER UNIT	43.18				43.18
NO. OF UNDUPLICATED CLIENTS					

*NOTE: DRUG SERVICES MUST COMPLETE SLOT QUESTION WHERE APPROPRIATE

CSAS 44 (r11/

* units= staff hours

BUDGET FOR SERVICES
SUMMARY OF TOTAL AGENCY
REVENUES AND EXPENDITURES

DOCUMENT DATE
11/23/84

FISCAL PERIOD: 1/1/85 THROUGH 6/30/85, TOTALING 6 MONTHS
FACILITY NAME: AIDS Health Project FISCAL AGENCY University of California
CHAIR(S) OF BOARD DURING CONTRACT:

ADDRESS: _____ TEL: _____
ADDRESS: _____ TEL: _____

SERVICE MODALITIES: CEI&I

EXPENDITURE SUMMARY

	CURRENT BUDGET (<u> </u> Months)	PROPOSED BUDGET (<u> </u> 6 Months)
A. PERSONNEL	\$ _____	\$ <u>38,606.</u> ✓
B. OPER EXP	\$ _____	\$ <u>7,701.</u>
C. EQUIPMENT	\$ _____	\$ _____
D. SUBCONTRACTS	\$ _____	\$ _____
E. INDIRECT COSTS	\$ _____	\$ <u>5,511.</u> ✓

* CURRENT BUDGET IS THE LATEST BUDGET
APPROVED AND ON FILE WITH CSAS.

* PROPOSED BUDGET REFERS TO THE NEW
1984-85 BUDGET PRESENTED FOR APPROVAL.

REVENUE SUMMARY

	CURRENT BUDGET (<u> </u> Months)	PROPOSED BUDGET (<u> </u> 6 Months)
<u>NON-CSAS</u>		
F. CLIENT FEES	\$ _____	\$ _____
G. CLIENT INSURANCE	\$ _____	\$ _____
H. GRANTS & CONTRACTS	\$ _____	\$ _____
I. FUND RAISING	\$ _____	\$ _____
J. OTHER: _____	\$ _____	\$ _____
NON-CSAS SUBTOTAL	\$ _____	\$ _____
<u>CSAS-FUNDED (NET)</u>		
K. MEDI-CAL (FEDERAL)	\$ _____	\$ _____
L. OTHER CSAS	\$ _____	\$ <u>51,818.</u> ✓
CSAS TOTAL (NET CONTRACT):		
	\$ _____	\$ <u>51,818.</u>

GROSS EXPENDITURES \$ _____ \$ 51,818

GROSS REVENUES \$ _____ \$ 51,818.

FIRST-LINE FISCAL: Peter Goldblum, Ph.D.

TELEPHONE: 626-6637

ACCOUNTANT: Benson Lee

TELEPHONE: 821-8426

AUDIT FIRM & CONTACT PERSON: _____

TELEPHONE: _____

BUDGET FOR SERVICES

DOCUMENT DATE: 11/23/84

MODALITY: CEI&I

FY: '84-'85

A. PERSONNEL SERVICES

	CURRENT		PROPOSED			
JOB TITLE	FTE	SALARY	CSAS FUNDED	CHARGED TO OTHER SOURCES	FTE	TOTAL SALARY
(a) ADMINISTRATIVE		\$	\$	\$		\$
Clinical Administrator			4,023.		.25	4,023.
(b) SUPPORT						
Secretary II			4,176.		.5	4,176.
(c) TREATMENT						
Clinical Nurse III			14,864.		1.0	14,864.
Clinical Social Worker I (5 months)			5,388.		.5	5,388.
(1) Contract Salaries					2.25	\$28,451.

BUDGET FOR SERVICES

DOCUMENT DATE 11/23/

MODALITY: CFI&J FY: '84-'85(2) BENEFITS **

	CURRENT	PROPOSED		
	CURRENT TOTAL	CSAS FUNDED	CHARGED TO OTHER SOURCES	PROPOSED TOTAL
Social Security Rate _____	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Rate _____	_____	_____	_____	_____
Health Insurance Rate _____	_____	_____	_____	_____
Worker's Comp. Rate _____	_____	_____	_____	_____
Other (Specify) _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(2) Modality Benefits Subtotal	\$ _____	\$ 7,155. ✓	\$ _____	\$ 7,115. ✓
(3) <u>CONSULTANT FEES</u>				
Physician (2)	\$ _____	\$ 3,000.	\$ _____	\$ 3,000.
_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
(3) Modality Consultants Subtotal	\$ _____	3,000.	\$ _____	\$ 3,000.
(4) Modality Personnel (1+2+3)	\$ _____	38,606. ✓	\$ _____	\$ 38,606. ✓

** UCSF benefit package @ 25.15 % ✓

BUDGET FOR SERVICES

MODALITY: CEI&I FY: 1984-85

DOCUMENT DATE 11/23,

B. OPERATING EXPENSES

[illegible]

BUDGET FOR SERVICES

DOCUMENT DATE 11/23/84

C. EQUIPMENT DEPRECIATION SCHEDULE: CONTRACT SUMMARY

[illegible]

C. Equipment Depreciation Total

\$ 0

(Spread the above total to your modalities on CSAS 107)

BUDGET FOR SERVICES

CRDC MATRIX OF EXPENDITURES

DOCUMENT DATE 11/23/84FY 1984-85

SUMMARY OF MODALITIES

EXPENDITURES	MODALITY	MODALITY	MODALITY	MODALITY	MODALITY	MODALITY	TOTAL
	CEI&I						
Adm./Mgt. Sal. (1a)	4,023.00						4,023.00
Support Sal. (1b)	4,176.00						4,176.00
Tx. Sal. (1c)	20,252.00						20,252.00
Benefits (2)	7,155.00 ✓						7,155.00 ✓
Consult. (3)	3,000.00						3,000.00
A. PERSONNEL	38,606.00 ✓						38,606.00 ✓
B. OPER. EXP.	7,701.00						7,701.00
C. EQPT. DECPREC.	0.00						0.00
D. INDIRECT	5,511.00 ✓						5,511.00 ✓
GRAND TOTALS	51,818.00						51,818.00

BUDGET FOR SERVICES

CRDC MATRIX OF REVENUE

FY 1984-85DOCUMENT DATE 11/23/84

SUMMARY OF MODALITIES

EVENUES	MODALITY	MODALITY	MODALITY	MODALITY	MODALITY	MODALITY	TOTAL
	CEI&I						
	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	
. CLIENTS FEES							
. INSURANCE							
. GRANTS/CONTS.							
. FUND RAISING							
. OTHER: _____							

NON-CSAS							
. M/C (FED)							
. S-D SB 714							
. BLOCK GRANT							
. ST. MIA PSYC.							
. AD VALOREM	51,818.00						51,818.00
. OTHER: _____							
CSAS							
GRAND TOTALS	51,818.00						51,818.00

BUDGET JUSTIFICATION/FOOTNOTES



Ed

Date: May 9, 1984

From: Nancy Presson, M.P.H. *[Signature]*
Director, Division of Drug Programs
The AIDS and Substance Abuse Task Force

Subject: Substance Abuse Services
for Clients with AIDS or
at Risk for AIDS

To: Gary Titus
AIDS Activity Office, DPH

Thru: Wayne Clark, Ph.D. *[Signature]*
Chief, Community Substance Abuse Services

A need for substance abuse services for people with AIDS (PWA's) or at-risk for AIDS has been identified by the AIDS and Substance Abuse Task Force. This need requires additional services in the amount of \$106,000 for the Fiscal Year 84-85.

STATEMENT OF THE PROBLEM

The abuse of alcohol, street and prescription drugs and other substances by persons with AIDS and persons at risk of developing AIDS has surfaced as a major area of concern. High levels of alcoholism and drug dependency in gay and lesbian communities have been documented; gay men make up the vast majority of AIDS cases in San Francisco. Fear of or diagnosis of AIDS can intensify existing patterns of substance abuse. Furthermore, the use or abuse of alcohol and drugs can interfere with the PWA's ability physically and emotionally to cope with the disease. Finally, those at risk for the development of AIDS or those with "pre-AIDS" or "AIDS related" symptoms may be increasing their risk through the continued use or abuse of alcohol and/or drugs. Drug and alcohol abuse lowers resistance to AIDS and interferes with sound judgment regarding risky sexual practices.

Service providers have historically found it difficult to work with substance abuse clients. Drug abusers and alcoholics are the subject of many stereotypes and health professionals often feel at a loss in dealing with the substance abuse problem. Resources to deal with clients with AIDS who have substance abuse problems are limited since there is a general lack of capacity in drug and alcohol specific programs. Waiting lists are commonplace and unacceptable in terms of AIDS clients. Also there is a need for home and/or hospital visits in some instances beyond the scope of current treatment providers.

TARGET POPULATION

1. Consultation and training to Service Providers who work with people with AIDS or at risk for AIDS.
2. Direct Services to People with AIDS.
3. Direct Services to People at risk for AIDS, primarily gay/bisexual men.

SERVICES TO BE PROVIDED

1. Outreach and education to service agencies who serve AIDS or potential AIDS clients.
2. Consultation on cases to service agencies serving AIDS or potential AIDS clients.
3. On-site substance abuse assessment of AIDS clients.
4. Group counseling and/or development of peer support groups for AIDS clients with substance abuse problems, for example A.A., N.A., or other groups.
5. An AIDS specialist/liaison at each substance abuse program who is designated by that program to network with AIDS service providers. This has already occurred. The AIDS Substance Abuse Program will provide the focal point for networking and information flow.
6. AIDS prevention services to substance abusers.

STAFFING

- 1 Full-Time Clinical Specialist/Program Coordinator who will consult with AIDS programs, network among substance abuse programs and provide assessment.
- 1 Full-Time Registered Nurse.
- 1 Full-Time Counselor to provide groups and on-site counseling to AIDS clients.
- ½ Educator to conduct prevention seminars regarding AIDS and substance abuse.
- ½ Clerical person.

BUDGET - \$106,000

1 FTE Clinical Specialist/Program Coordinator	\$ 24,000
1 FTE Registered Nurse	28,000
1 FTE Counselor	18,000
½ FTE Educator	9,000
½ FTE Clerical	7,000
Fringe	16,000
Operating Expenses	10,000
	<u>\$102,000</u>

Community Substance Abuse Services at San Francisco General Hospital including resources of Ward 92, 93 and AETC (Ward 84) will be available to the project. Supervision will be provided by these current providers. Tom Smith, M.D. at AETC has expressed interest in coordinating the project.

THIRD WORLD DEMOGRAPHIC INFORMATION FOR FISCAL YEAR 1984-85

Total number of clients that were formally encountered by the Worried Well/ARC and PWA programs was 682. Information of ethnic origin was complete for 666 clients. 84.8% of clients seen were White, 2.6% were Black, 5.7% were Latino and 1.5% were Asian.

TABLE SUMMARY OF DEMOGRAPHIC INFORMATION

Total Number of Clients (Formally Encountered) = 682*

Ethnic Origin:		<u>% of Total</u>
	18 Black	2.64%
	10 Asian	1.47
	39 Latino	5.72
	10 North American	1.47
	578 Caucasian	84.75
	11 Other	1.61

86.8% Non-minority, 13.2% Minority

*Not all information is complete for all clients

AIDS AND SUBSTANCE ABUSE PROGRAM

The need for substance abuse services for people with AIDS, AIDS-Related Conditions, and substance abusers at highest risk for AIDS has been identified by the AIDS and Substance Abuse Task Force and by others engaged in work with these groups.

To meet this need, the AIDS and Substance Abuse Program, a joint program of the UCSF AIDS Health Project and Community Substance Abuse Services, was funded by the City and County of San Francisco on February 1, 1985.

Target Populations and Services

People with AIDS: Assessment and referral for people with AIDS or AIDS-Related Conditions (ARCs) with substance abuse problems

People at risk for AIDS: Substance abuse education to people at risk for AIDS, primarily substance abusing gay and bisexual men, their significant others, and IV drug users

Service Providers: Consultation and training to service providers who work with people with AIDS or AIDS-Related Conditions and substance abuse providers who need education and support related to the AIDS issue

Coordination with Existing Services

The AIDS and Substance Abuse Program is funded to augment existing services currently provided. In order to do this effectively, the program will work closely with the AIDS and Substance Abuse Task Force, as well as other community agencies. Technical support relevant to substance abuse is being provided to the program by Alcohol Evaluation and Treatment Center, SFGH; Substance Abuse Services, SFGH; and Haight-Ashbury Free Clinic.

Phased Development of Services

In its initial phase, the program will:

- ° Develop an instrument and procedures for assessing substance abuse among persons with AIDS and AIDS-Related Conditions
- ° Work with existing agencies to provide outpatient and inpatient substance abuse services for persons with AIDS and AIDS-Related Conditions
- ° Develop a schedule of inservices for service providers to educate providers and develop referral protocols

How to Contact Us

If you would like more information regarding referral of clients, inservice training and consultation, or to be placed on our referral list, please contact:

Barbara Faltz, R.N.
AIDS and Substance Abuse Program
San Francisco General Hospital, Ward 92
1001 Potrero Avenue
San Francisco, CA 94110
(415) 821-8764

CONDOMS

(Written by Clark Taylor, Ph.D., Ed.D.)
How To Choose Condoms

There are many kinds of condoms - latex, sheep gut, lubricated, unlubricated, long, short, wide, narrow, thick, thin, smooth, ribbed, ruffled, mushroom topped, receptacle tipped, round-ended, clear, opaque and brightly colored - they also have different tastes and smells.

The main thing to remember when choosing the right condom for you is to **EXPERIMENT**.

Try out lots of different kinds using safer sexual activities such as masturbation, and rubbing between the thighs. Be sure to **BREAK SOME** while you practice so you know how much stress you can reasonably put on rubbers and what it feels like when one breaks. If you are jacking hard with a rubber on or playing other fun latex games, change rubbers before going on to higher risk activities - *especially* if the end is becoming stretched like an old balloon!

Some users prefer condoms made from the appendix of sheep - often called "natural" condoms. Both rubber and sheep intestines are highly impermeable, but several studies state that the animal fiber condoms have walls of unequal thickness and leak or break more easily. A study by a Canadian consumers group showed that Forex leaked more than any of the latex condoms

tested. Natural condoms should be used by those rare individuals who are allergic to rubber, insist on using oil-based lubricants or those who have such an aversion to latex that it's sheep guts or nothing.

There is evidence lubricated condoms do not break as easily as unlubricated ones. Lubricated condoms also provide greater sensation to the wearer because they are a little more slippery.

Some condoms are lubricated with *nonoxynol-9*, an extremely mild soap which kills sperm, prevents common V.D. and kills the AIDS virus upon contact. Rubbers with nonoxynol-9 are advertised as containing a spermicidal lubricant. Nonoxynol-9 has an extremely enviable 35 year safety record for vaginal use but has not been tested for anal sex. The FDA has approved consumption of small quantities of nonoxynol-9 such as occurs in oral sex with women using spermicides.

Those wishing to use them for anal intercourse may wish to wipe off the outside of such condoms after putting them on so as to have added protection on the inside of the rubber without using it on anal tissue. Since spermicides occasionally cause mild skin irritation people should try out spermicidal condoms using their fingers or a dildo during masturbation to find out how their bodies react before having sex with another person. This avoids taking a chance on irritating the mucosa under risky conditions and actually creating a possible route for infection. Fortunately, if a spermicide causes irritation, most users find that the problem can be eliminated by simply changing brands.

When it comes to size, pick a condom that rolls all the way down to the base of your penis and is snug enough not to slip excessively. A point you may wish to consider is that rubbers which fit snugly (especially at the bottom) create a slight tourniquet effect on the superficial veins. This makes for a harder erection and increases the power of orgasm - much like a cock ring works. If you like this effect **GO FOT IT**. The researchers say it's *safe fun!*

REPRINTED BY...

THE AIDS HEALTH PROJECT

...from Sentinel USA (8/85)
 with permission.

Let's stay healthy...together!



PACKAGE FROM YOUR MOM. MUST BE
 YOUR MONTHLY SUPPLY OF RUBBERS.

Making Rubbers Sexier

How To Enjoy Condoms More

- Give yourself lots of permission to experiment and learn about rubbers. You don't have to like or not like them. Let yourself be inexperienced and clumsy if that's where you are; and let using condoms be easy and pleasurable for you if that's what happens. Everybody's different. Go *as* slowly as you want or need to. Don't sweat it if you start to put the rubber on inside out; just start over or open a new one if you've made a mess of the first one.
- You can't make wearing condoms feel the exact same way as not wearing them. However, you *can* explore the many pleasurable sensations of latex. Once you do this, you will likely find that rubbers are as sexy as jock straps and as much fun as other toys.
- Keep several types and sizes around so that you and

your partners will have a choice.

- Some people complain that putting a rubber on interrupts sex. This is true if you don't have any condoms handy and treat the act as a chore. However, a little planning and imagination can make putting on condoms a very erotic part of lovemaking.
- Many people make the mistake of thinking that once they've put a rubber on they have to cum or else. This is a sure way to fail. Use as many rubbers during sex as you like or need.
- Rubbers cut down slightly on friction and cause many people to last longer before they ejaculate. For guys who want to make sex last this feature of latex is wonderful, but for others it can be a problem. If you don't want to last longer and yet want to cum while having sex, use

other low risk options until you're close to shooting and then put on a rubber. In fact, you can do this as many times as you want.

- Use additional water soluble lubricant. The lubricant which comes on condoms helps but usually is not enough. You can heighten enjoyment by using a water soluble lubricant during foreplay, (wait until it begins to get sticky before putting on a condom so the rubber will have a good grip). At this point, you might wet the head of the penis or pour just a little bit of lubricant into the reservoir tip before putting the condom on. The lubricant helps keep air out of the tip and then seeps around the glans greatly increasing sensation. It takes a little practice to get the right amount down, but is well worth the effort! □

How To Use Condoms

Do's

- Wear Condoms **EVERY** time you have sex.
- Open package carefully & remove condom.
- Press air out of condom tip.
- Pull foreskin back - unroll condom to cover entire erect penis.
- Put extra water soluble lubricant on condom & partner.
- After sex, hold condom around base & withdraw.
- Throw used condom away & wash.

Don't's

- NEVER test condoms by inflating or stretching them.
- NEVER use oil based lubricants on condoms!
- NEVER go from one person to another without changing rubbers.



**Administrative Offices:
Fourth Floor**

333 Valencia Street
San Francisco, CA 94103
(415) 626-6637

NOTE NEW ADDRESS

U.C.S.F. AIDS Health Project
Box 0884
San Francisco, CA. 94143-0884

INTRODUCTION TO GROUP

We are addicts and alcoholics in Recovery, sharing the medical problem of AIDS. We realize that isolation and despair threaten our health and our Recovery. We come together in support of our continuing growth. The principles of this group are:

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

1. We will support each other to remain clean and sober by being honest about ourselves and the way we experience each other.
2. We remember that change is often difficult and uncomfortable, and resolve that our survival and growth are worth any effort, embarrassment, fear or discomfort we may have to experience as we exchange old habits and attitudes for more positive ways.
3. We are willing to experiment with new ways of doing things, try out new kinds of behavior and different ways of relating to others.
4. We are willing to be aware of our feelings and reactions and learn how to talk about them.
5. We are willing to accept responsibility for ourselves, learn how to deal with our difficulties and profit from our mistakes, instead of blaming our troubles on family, friends, society, or some defect in our make-up.
6. We should talk about the "here and now," not dwelling on the past or the future as ways of avoiding coping with today.
7. We take a very personal interest in each of the other members of our group. In order for the group to work in a positive and productive way, we have to help each other. Everyone occasionally needs help from others. This means paying attention to what goes on in the group, watching, listening, noticing reactions, making comments and suggestions. We will tell the group how we feel about what's going on or not going on.
8. We will participate actively in the group. We all have a unique set of experiences and views to offer. The more we put into it, the more we will get out of it.
9. We will keep what is said in group in STRICT CONFIDENCE to provide a safe and caring environment.
10. Our focus is on our personal concern around our medical condition and our Recovery.



NOTE NEW ADDRESS

U.C.S.F. AIDS Health Project
Box 0684
San Francisco, CA. 94143-0684

Administrative Offices:

Fourth Floor
333 Valencia Street
San Francisco, CA 94103
(415) 626-6637

AIDS AND SUBSTANCE ABUSE PROGRAM (ASAP)

SUBSTANCE ABUSE GROUP FOR PEOPLE WITH AIDS

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

Purpose: A group for people who have been diagnosed with AIDS and who have a desire to eliminate the use of drugs and alcohol in their lives.

Group criteria:

A diagnosis of AIDS

A commitment to abstinence from drugs and/or alcohol

A desire for a support group for continuing recovery.

Format: On-going weekly support group

Start Date: Friday, May 10

Time: 10:00 - 11:30 am

Cost: **FREE**

Location: St. Francis Lutheran Church
152 Church Street (near Market)

Facilitators: Scott Madover, MFCC, AIDS Health Project
Skip Rose, Shanti Project

FOR FURTHER INFORMATION AND INITIAL INTERVIEW, CONTACT:

SCOTT MADOVER

821-8764

SERVICE	PRINCIPAL UNIT OF SERVICE ²	No. projected for year	No. projected for period	No. provided this period	Year-to-Date (since 7/1)
¹ MENTAL HEALTH SUPPORT SERVICES FOR PERSONS WITH AIDS	Contact/ Conference Hours ²				
SUPPORT SERVICES FOR THE WORRIED WELL AND PERSONS WITH ARC	Contact/ Conference Hours ²				
¹ SUPPORT SERVICES FOR YOUTH AT RISK	Contact/ Conference Hours ²				
¹ SUPPORT SERVICES FOR PERSONS WITH AIDS & SUBSTANCE ABUSE PROBLEMS	Contact/ Conference Hours ²				
EDUCATION SERVICES TO MENTAL HEALTH PROFESSIONALS	Contact/ Training Hours				
¹ EDUCATION SERVICES TO SUBSTANCE ABUSE SERVICE PROFESSIONALS	Contact/ Training Hours				
T O T A L S					

¹ These categories do not apply to Operation Concern

² This unit is defined more explicitly in Exhibit A of the relevant contract

I certify that the information summarized above is, to the best of my knowledge, complete and accurate. Full justification and backup for these claims are on file in our offices. A breakdown of these and other units of interest are attached.

Signature
 rev. 1/23/86

Title

Date

FROM: _____

PHONE: _____

PROPOSED BUDGET REVISIONS

GROUPED ACCOUNT 1	DETAIL ACCOUNT 2	APPROVED BUDGET 3	PROPOSED INCREASE 4	PROPOSED DECREASE 4	REVISED DETAIL	REVISED GROUP
////	////	TOTALS			////	////

Date signed

This form should be attached to a letter which explains why the increases/decreases are needed.

INSTRUCTIONS FOR USE OF THIS FORM

General

- This form is to be used ONLY in situations where the contractor proposes to rearrange line-item amounts without changing the total dollar amount associated with the contract.
- The contractor MUST attach a cover letter in which the proposed changes displayed on this chart are explained fully.

Specific

1. List ONLY those grouped accounts affected by the proposed changes, NOT all.
2. List ALL detail accounts within each group cited.
3. "Approved budget" figures should be for the detail accounts. They should reflect previously approved amendments to the original budget.
4. Net increases and decreases MUST cancel each other out.

AIDS HEALTH PROJECT

54 Tenth Street

San Francisco, CA 94103

(415) 626-6637

Change
address
before using
again

A Project of the San Francisco Department of Public Health
concerned with

AIDS Prevention and Health Promotion

FROM: _____

PROGRAM TITLE: _____ (1)

	DIRECT COSTS TO CITY				OTHER COSTS	
UCSF CATEGORY	TOTAL BUDGET (2)	CHGS. FOR THIS PER.	YEAR TO DATE (3)	ACCOUNT BALANCE (4)	THIS PERIOD	YEAR TO DATE (3)
SUBTOTAL/DIRECT						

TOTAL REIMBURSEMENT REQUESTED: =

Date _____

**EDUCATIONAL SUPPORT GROUPS FOR GAY MEN
WITH AIDS RELATED CONDITIONS**

Administrative Offices:

Fourth Floor
333 Valencia Street
San Francisco, CA 94103
(415) 626-6637

OVERVIEW:

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

Over the past six months, The AIDS Health Project has provided supportive group services to approximately sixty gay men who self-identify with a variety of AIDS related conditions. While at present there is no uniform medical definition of ARCs, we have defined this complex of symptoms as: persistent and recurrent infections indicative of a suppressed immune system presenting in a full range of viral, fungal, bacterial, and protozoan infections ranging from mild to severe.

For screening purposes, we have established two classes of medical symptoms for two types of groups: (1) an evening group for men with mild to moderate symptoms, and (2) a morning group for men with severe symptoms to the point that they are disabled and or unable to work.

PROGRAM MODEL:

Within the "grey zone" of ARCs, our philosophic approach emphasizes the importance of self-definition of illness and wellness, the multi-dimensionality of health (bio-psycho-social model), and the development of coping skills within an educational, supportive format.

Our experience indicates that the men who have participated in our groups have tremendously high psychological needs in dealing with the uncertainty of ARCs, and tremendous need for a support group of others dealing similarly with the psychosocial aspects of their illness.

OBJECTIVES:

- (1) To provide education regarding the bio-psycho-social aspects of ARCs.
- (2) To teach stress management and coping skills.
- (3) To develop and provide a support system for dealing with ARCs issues.

GROUP FORMAT:

While our groups are both focused and structured, we remain flexible in meeting the needs of the group.

Sessions focus on the following major themes:

- | | |
|------------------------|---------------------|
| - uncertainty | - self-blame, guilt |
| - anger and depression | - fatigue |

THE
**AIDS
HEALTH
PROJECT**

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- stress
- death and death fears
- limit setting
- sexual issues
- relationship issues
- social support, resources

STRUCTURE:

- 8 session educational support groups
- meets once a week for two hours
- 8 to 10 participants
- co-facilitated by gay identified therapists
- services are free to disabled
- others are assessed a fee of up to \$5 per session
- no one is refused services due to inability to pay

PROCEDURE FOR REFERRAL:

All persons interested in services provided by The AIDS Health Project will be given an appointment with one of our staff for a one hour consultation where a mutual decision will be made about what type of group would best meet their needs. For an appointment call:

626-6637

PSYCHOLOGICAL CRITERIA FOR REFERRAL:

While many of our clients in the ARC groups have suicidal thoughts, persons currently assessed as suicidal will be excluded.

Persons currently diagnosed with a major psychiatric disorder will be excluded from our program.

Persons currently addicted to drugs or alcohol should be referred directly to The AIDS Health Project AIDS and Substance Abuse Program. (Contact: Barbara Faltz, 821-8764)

ADDITIONAL INFORMATION:

For additional information or professional consultation regarding the psychological care for persons with AIDS related conditions, you may contact:

John Acevedo, M.S.W.
Health Center #1
558-2507
(facilitator of the Mild to Moderate ARC Support Group)

or

William Vitiello, Ph.D.
Operation Concern
626-7000
(facilitator of the Severe ARC Group).

jw

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NOTE NEW ADDRESS

U.C.S.F. AIDS Health Project
Box 0884
San Francisco, CA. 94143-0884

*A project concerned
with AIDS Prevention
and Health Promotion
University of California
S.F. and Department of
Public Health*

AIDS RESEARCH BIBLIOGRAPHY - KEY WORD DEFINITIONS

1. **Africa** - medical reports, epidemiology, studies, transmission, co-factors, antibody, overview.
2. **AIDS Phobia** - homophobia, public reactions.
3. **Antibody** - specificity of test, overall accuracy, 3 levels of tests, brands of test, meanings: seropositivity and negativity, antigen studies.
4. **ARC** - medical, psych., definitions, personal concerns, services, health programs.
5. **Co-factors** - stress, nutrition, substance abuse, poppers, alcohol, genetics, other STDs.
6. **Economics** - cost of health care, cost effectiveness studies, economic impact of AIDS.
7. **Education** - for subgroups, media messages, programs for professionals, planning, outreach, prevention, design and implementation, effectiveness.
8. **Epidemiology** - populations at risk, reports from other cities, states, and countries; projections of future transmission, sexual activities.
9. **Ethnic** - minority communities, cultural response to death and dying, outreach, discrimination, educational programs.
10. **Gay Issues** - selected community concerns, issues, reactions, discrimination concerns.
11. **High Risk** - medical and psych. issues re: gay and bisexual men, IV drug users, hemophiliacs, blood transfusion recipients, sexual partners of the above.
12. **Institutions** - community mental health, outpatient/inpatient psychiatric services, prisons, service delivery systems.
13. **Interventions** - crisis intervention, psychiatric assessment, groups, family, couples, behavioral change, counseling.
14. **Legal/Ethical** - ethical issues, discrimination, ethics of treatment programs, termination of life, suits over transmission.
15. **Natural History** - different studies in the U.S. and other countries, lymphadenopathy studies, as relates to AIDS virus infection, among different population groups.
16. **Neurologic** - medical, psychiatric, assessment, treatment, differential diagnosis, management.
17. **OI/KS** - Kaposi's Sarcoma, PCP, other opportunistic infections.
18. **Overview** - journal editorials, review of research on natural history, epidemiology, treatments, groups at risk.
19. **Pediatrics** - infants with AIDS, at risk, medical issues, epidemiology, studies.
20. **Prostitutes** - antibody, transmission, studies, discrimination.
21. **Providers** - AIDS service providers, burnout, reactions, stress, countertransference, health and mental health service providers, reactions, AIDS phobia.
22. **Psych.** - psychology, psychiatry, medication, depression, anxiety, panic, stress response syndrome, liaison psychiatry.
23. **Public Policy** - public polls, legislation, quarantine, school policy, public funding, hysteria, blood supply, community care services, expense of care/education, politics of AIDS, insurance.
24. **Social Work** - roles of social workers, medical social work, accessing services, clinical social work.
25. **Substance** - studies of different substances, prevention/education programs, assessment, interventions, alcoholism, co-dependency, IV drug users, medication (prescription), drug treatment programs.
26. **Suicide** - general, gay, AIDS; statistics; assessment; interventions.
27. **Transmission** - studies of different bodily fluids, casual contact studies, spread by insects, needle use, heterosexual spread.
28. **Treatments** - anti-viral, immunomodulators, alternative, combination treatment, for specific diseases.
29. **Virology** - HTLV-III/LAV studies, vaccine studies, other factors affecting virus, viral cultures.
30. **Women** - studies: U.S. and International, partners of men/women at risk, mothers; transmission; antibody prevalence; psychosocial; legal.
31. **Worried Well** - AIDS anxiety, prevention, services, studies.
32. **Youth** - outreach, education, prevention, services, STDs.
33. **Miscellaneous** - new topic or subdivide existing topic for specific search (e.g. ribavirin, isoprinosine).

INPUT FORM FOR AIDS RESEARCH BIBLIOGRAPHY

FILE # _____ (to be filled in by data entry person)

AUTHOR(S): _____

TITLE: _____

PUBLICATION: _____

DATE: _____ VOLUME #: _____ PAGE(S) _____

KEY WORD(S): (circle number, see list below)

- | | | |
|-------------------|---------------------|--------------------|
| 1. Africa | 14. Legal/Ethical | 27. Transmission |
| 2. AIDS Phobia | 15. Natural History | 28. Treatments |
| 3. Antibody | 16. Neurologic | 29. Virology |
| 4. ARC | 17. OI/KS | 30. Women |
| 5. Co-factors | 18. Overview | 31. Worried Well |
| 6. Economics | 19. Pediatrics | 32. Youth |
| 7. Education | 20. Prostitutes | 33. Miscellaneous: |
| 8. Epidemiology | 21. Providers | _____ |
| 9. Ethnic | 22. Psych. | _____ |
| 10. Gay Issues | 23. Public Policy | _____ |
| 11. High Risk | 24. Social Work | _____ |
| 12. Institutions | 25. Substance | _____ |
| 13. Interventions | 26. Suicide | _____ |

ABSTRACT (brevity is encouraged) : _____

REVIEWER: _____

** ATTACH ONE COPY OF ARTICLE

** USE ABBREVIATIONS:

JAMA
MMWR
LANCET

N ENGL J MED
ANN INTERN MED
JRNL SUB ABUSE

ARCH INTERN MED
SCIENCE
PSYCHOSOMATIC MED

INT J OF PSY IN MED
AM J PSYCHIATRY

ALTERNATIVE TEST SITE PROGRAM
EVALUATION OF PRE-TEST EDUCATION

1. Counselor explains clinic procedure of antibody test.
2. Counselor explains the selective use of the test.
3. Counselor explains what a (+) and (-) test result means.
4. Counselor explains the concept of risk groups.
5. Counselor explains AIDS risk reduction guidelines, including safe sex guidelines and cleaning works.
6. Counselor explains concept of relative risk in relation to the accuracy of the test.
7. Counselor explains the 2 week - 6 month time frame for possible seroconversion after exposure to the AIDS virus.
8. Counselor explains that this testing program is completely voluntary and anonymous, and that a client is free to leave at any time.
9. Counselor raises that client examine how s/he handles (or has handled) stressful situations, such as a positive test result.
10. Check accuracy of information shared with clients.
11. Check counselor presentation--ability to relax clients, engage group in material.

AIDS HEALTH PROJECT
ALTERNATIVE TEST SITE PROGRAM
EVALUATION OF POST-TEST COUNSELING

1. Establishes rapport; follows client's lead
2. Maintains appropriate professional distance; overall counselor presentation
3. Validates client's feelings
4. Allows for questions
5. Test result delivery: allows client control over when test result received
6. Check accuracy and appropriateness of information shared
7. Assessment: Attempts to determine client's understanding of meaning of test
 - Attempts to determine client risk
 - Clarifies client's knowledge of transmission
 - Attempts to explore potential co-factors
 - Assesses client's support system
 - Assesses client's emotional response
8. Reinforces AIDS risk reduction behavior
9. Resources/referrals offered

AIDS / SUBSTANCE ABUSE : CHALLENGES AND SOLUTIONS

TOM M. SMITH, M.D.
ALCOHOLISM EVALUATION AND TREATMENT CENTER
SAN FRANCISCO GENERAL HOSPITAL

CHALLENGES AND SOLUTIONS: PEOPLE AND PROCESS

UNDERSTANDING

TREAT PEOPLE INSTEAD OF DISEASES
PEOPLE WITH AIDS WITH SUBSTANCE ABUSE ARE SUBSTANCE ABUSERS
PEOPLE WITH AIDS WITH SUBSTANCE ABUSE ARE DIFFERENT

GROSS STRESS REACTION: PROCESS AND TREATMENT STRATEGIES

I. <u>ANTICIPATORY PHASE:</u>	EXCESSIVE AWARENESS, PREPARATION, ILLUSIONS, FEARS, PHOBIAS, GUILT, SELF PUNISHMENT, "ESCAPE", DENIAL	INFORMATION, PREPARATION, EXPLORE FEELINGS
II. <u>IMPACT STAGE:</u>	COOL OR DISINTERGRATION, FOCUS ON IMMEDIATE PRESENT, "IN A FOG"-SHOCK, STRESS RESPONSE, AUTOMATIC BEHAV.	LEADERSHIP, MODEL CONTROL, CLEAR DIRECTIONS
III. <u>RECOIL PHASE:</u>	PARTIAL RETURN OF EMOTIONAL EXPRESSION AND SELF AWARENESS, PERSONALITY RE-ORGANIZES, DEFEAT LEADS TO LOW SELF ESTEEM, ADAPTIVE RESPONSES LEAD TO INCREASED SELF ESTEEM	DIRECTIVE LEADERSHIP, ESTAB. GOOD COMMUNICATION, IDENTIFY ADEQUATELY FUNCTIONING PARTS, ASSESS POTENTIAL OF MORE DANGER, GIVE SUPPORT, GROUP SUPPORT
IV. <u>POST TRAUMA PHASE:</u>	PERSONALITY REORGANIZATION, AWARENESS OF STRESS, EMOTIONAL CONTROL RETURNS, GROUP SUPPORT, "GUILT OF SURVIVING", UNSUCCESSFUL REACTION LEADS TO DEPRESSION, ANXIETY, GUILT, RAGE, FATIGUE	NON DIRECTIVE, SUPPORTIVE, PROMOTE UNDERSTANDING AND ASSIMILATION, GROUP SUPPORT

QUALITY OF LIFE: MORBIDITY VS. MORTALITY "CO"ING

- . Any situation in which one person does something for another that the person can do for themselves
- . Any situation in which one person does something that s/he does not want to do in relation to another
- . Any situation in which one person does something for another without that person asking for help
- . People not asking for what they want for themselves because they are afraid of the other person's reaction or they do not think they can get it
- . People not being honest and telling someone what is bothering them or what they would like for them to do differently
- . Any joint activity in which one person puts in more effort or more interest than the other

The "CO" assumes that the other person is in some way powerless, unable to take care of him/herself, or in some way one-down.

ADAPTABILITY

CHANGING PROCESS- THE ART OF COUNSELING
INCREASING MOTIVATION: "FUN PHASE"

EDUCATION
INTERVENTION / *confrontation*
UNITED FRONT
RAPPORT

MODIFYING TREATMENT AND PROGRAMMING
EXPANDING SERVICES TO SUBSTANCE ABUSERS

PROCESS OF GAINING A NEW IDENTITY

- | | |
|---|--|
| I. <u>PRE-ENCOUNTER (DISCOVERY) - IDENTITY CONFUSION:</u> | DENIAL, "NOT ME" |
| II. <u>ENCOUNTER (DISCOVERY) - IDENTITY COMPARISON:</u> | SHOCK, GUILT, FEAR, BARGAINING AND RATIONALIZING, EMOTIONAL VULNERABILITY, PANIC, DEFENSIVE, CONFUSION, WITHDRAWAL |
| III. <u>IMMERSION- IDENTITY TOLERANCE:</u> | OBSESSIVELY EXPLORE IDEAS AND PHENOMENA OF NEW IDENTITY, RAGE, ISOLATION, PINK CLOUD |
| IV. <u>EMERSION/INTERNALIZATION - IDENTITY ACCEPTANCE:</u> | ACCEPTANCE, GUILT, RAGE, GRIEF FOR PAST IDENTITY |
| V. <u>SYNTHESIS/COMMITMENT - IDENTITY PRIDE AND ACCEPTANCE:</u> | ADVOCATE FOR OTHERS |

CONCERNS: ASSESSMENT, INFORMATION ABOUT S.A./AIDS, MEDICATION, SERVICES
SERVICES FOR PEOPLE WITH AIDS AND SUBSTANCE ABUSE PROBLEMS

MOTIVATED/LOW MOTIV./NO MOTIV.	FINANCES/NO \$	ENERGETIC/LOW ENERGY/INFIRMED
* * B	* *	* * *
* * A	* D	* E F
* C	* D	* E F

A SHANTI+O.P., B HOSPITAL, C NEED INFO/EDUC, D NEED SLIDING SCALE, E NEED MOIFY PROG, F BEDSIDE

IV Drug Users - Research Findings

- Hierarchy - greater than 1790 (~2690) if include gay
- in SF 1/2 of 190 straight IV's
- 9-10 if include guys

~ 6,000 IV heroin users
4,000 cocaine/speed

> Drug Abuse in SF Bay Area

- is junkie/speed freak culture in SF. Myth: heroin addicts aren't afraid or are indiff. to death/disease
 - Motivation in Heroin addicts - unafraid of death but none afraid of dying. AIDS is painful
 - fear of being closed as GAY
-