Our House Addiction Recovery Centre Client Demographics

September 2014

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Executive Summary

The purpose of this report is to document the findings of the results of the demographics and statistics gathered from residents prior to and during their stay at the intensive treatment program at Our House Addiction Recovery Centre in Edmonton. Outcome evaluation data was gathered from April 1, 2004 to March 31, 2005 and between April 1, 2013 to March 31, 2014 for this report. Outcome evaluation questionnaires were completed at admission and discharge. Between April 1, 2004 to March 31, 2005 a total of ninety-nine clients (N=99) answered the evaluation questionnaire for Our House Addiction Recovery Centre. Betwenn April 1, 2013 and March 31, 2014 two hundred and three (N=203) evaluatio questionnaires for Our House Addiction Recovery Centre were answered.

A new longitudinal study will be available in September 2015.

Client Population Profile

- **Age**

The average age of men admitted to Our House Addiction Recovery Centre was 37.4 years. We have seen a demographic shift since the 2004 number where the majority of males were seventy two (72.2%) admitted to Our House Addiction Recovery Centre were between the ages of 26 to 44 years. In 2013 the numbers had shifted significantly to sixty (60.59%) in the same 26 to 44 age range with a more significant portion in the 45 to 54 age range. (2014)

- **Living Situation**

Thirteen (13%) of respondents were living in an independent living situation prior to entering treatment. (2006)

- **Education Level**

Almost one-half (48%) of the clients had less than a grade twelve education. (2006)

- **Referral Source**

Our House Addiction Recovery Centre accepts residents by professional referral only. The majority of referrals forty (40%) were through other treatment centre's, twenty six (26%) through detoxification facilities, the remaining thirty four (34%) were through a variety of sources including hospitals, family physicians, drug court and the prison system. (2014)

- **Marital Status**

The majority of clients were single at a rate of sixty seven (67%), separated seventeen (17%) or divorced seven (7%). (2014)

- **Legal History**

Ninety-nine (99%) of men admitted to Our House Addiction Recovery Centre indicated that they had been charged with one or more criminal offence in their lifetime. Impaired Driving was the most frequently reported criminal offence at eighteen (18%), assault was second at fourteen (14%), and theft under $5,000 was third at thirteen (13%). (2014)

- **Mental Health Disorder**

Forty five (45%) of men admitted to Our House Addiction Recovery Centre stated that they were currently experiencing symptoms related to a mental health disorder. Fifty six (56%) stated that they were prescribed a medication for a mental disorder. (2014)

- **Medical History**

Males entering treatment at Our House Addiction Recovery Centre reported a wide range of medical conditions. Depression was the most frequently reported condition at 23.7%, hepatitis C was second at 15.8%, and other was third at 5.3%. (2006)

- **Age of First Use for Primary Drug of Choice**

The average age of first use for primary drug of choice of alcohol is at nine (9.83) years of age. Opiates were sixteen (16) years of age. Cocaine and Crystal Methamphetamine at twenty four (24) years of age. (2014)

- **Age of First Use of Secondary Drug of Choice***

The average age of first use for secondary drug of choice of alcohol is thirteen (13.17), Cannabis fourteen (14.25), Hallucinogens at sixteen (16), Benzodiazepines at sixteen (16), Heroin at sixteen and a half (16.5), Crystal Methamphetamine at eighteen (18), Cocaine at eighteen (18.67), Ecstasy at the age of twenty (20). (2014)

Eighty five percent (85%) reported they began drinking between the ages of six to eighteen, with twenty (20%) beginning to drink prior to the age of eleven. Eighty-three percent (83%) of clients at Our House Addiction Recovery Centre report they began using drugs prior to the age of eighteen. These results reflect the long-term nature of the men's substance abuse histories. Of most significance are the developmental consequences that substance abuse has on a young person. The negative consequences of the developmental delay or missed opportunities result in long-term problems in the major areas of educational, employment, and social stability. (2006)

Forty-five percent (45%) of respondents reported alcohol abuse, thirty nine (39%) abused crack, (thirty six) 36% abused cannabis, thirty four (34%) abused cocaine, and fourteen (14%) abused opiates. Reflecting the persistent and extended nature of their alcohol and drug addiction, clients at Our House Addiction Recovery Centre reported a twenty-year average as the length of time they have had a substance dependency issue. (2006)

- **Abuse History**

Just over two thirds of men entering treatment at Our House Addiction Recovery Centre reported "memories of past violence or abuse affect their life today. Forty-five percent (45%) reported a history of past physical abuse, twenty nine (29%) reported past sexually abuse, fifty five (55%) reported past emotionally abused, and fifty six (56%) reported past verbally abuse. The research clearly demonstrates that past abuse and neglect has implication for treatment. (2006)

Outcome Evaluation Results

- **Alcohol and Drug Consumption**

At admission a wide range of drinking frequencies were reported, with thirty one (31**%)** of clients drinking daily, twenty eight (28**%**) drinking three to five times a week, fifteen (15%) drinking once a week and seventeen (17%) drinking once a month. (2006)

1.0 BACKGROUND

Mission

Our House is an Addiction Recovery Centre, whose sole purpose is provide an environment where individuals with addictions can embark on a recovery process towards a meaningful, productive lifestyle. We fulfill our mission through:

- A residential program for men eighteen years and over;
- Recovery – directed programs for men and women;
- Education initiatives in the community.
-

This report reflects the work completed by Our House Addiction Recovery Centre to develop and implement a program evaluation project that provides findings related to client demographics, and client satisfaction.

1.1 Overview of the Research Literature

Economic Benefits of Treatment

"Substance abuse in Canada was estimated by the Canadian Centre on Substance Abuse to have cost Canadians $18.45 billion in 1992 in terms of health care, social welfare, criminal justice and lost productivity" (Health Canada, 1999, Introduction and Methodology, para. 1). "There is good evidence that substance abuse treatment results in economic benefits for society as a whole, or at least for some sectors. Several studies indicate that the economic benefits resulting from some types of treatment exceed treatment costs" (Health Canada, 1999, Best Practice Guideline, para. 1).

Effective Treatment

"Substance abuse is a chronic and relapsing condition. It is often associated with problems in physical, psychological, emotional, spiritual, and social functioning" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2000, para. 1). "In general, treatment outcomes are improved when appropriate treatments are also provided for significant life problems (communication problems, lack of assertiveness, unemployment)" (Health Canada, 1999, The Effectiveness of Specific Treatment Approach, para. 1). Health Canada (1999) states the following treatment modalities as being effective forms of treatment:

- "The **Community reinforcement** approach has consistently been shown to be effective, particularly with clients having fewer social supports and more severe drinking problems. This approach combines several methods to focus on the social functioning of the client. The approach aims to change the drinker's environment to make abstinence more rewarding than drinking. It involves the use of social, recreational, familial and vocational [aids] to assist clients in the recovery process" (Best Practices Guideline number 2, para. 3).

- "**Social skill training** is strongly supported by research, particularly with problem drinkers" (Best Practices Guidelines number 5, para. 5). Monti et al. (1995) states social skills teaching involves showing clients how to form and maintain satisfying personal relationships; he then goes on to declare; often, the emphasis is on assertiveness as well as Social skill interpersonal and intrapersonal coping skills (as cited in Health Canada, 1999, Best Practice Guidelines number 4, para. 2.). Interpersonal coping strategies may include "refusal skills, giving positive feedback, giving and receiving criticism, listening and conversation skills, expressing feelings and assertiveness part of social skills training" (Monti et al., as cited in Health Canada, 1999, Best Practice Guidelines number 4, para. 2). Intrapersonal skills involve mood management managing thoughts about drinking, coping with craving, dealing with negative thoughts, coping with urges to drink and decision-making. This approach has been used effectively with a variety of substance abuse and psychiatric disorders" (Monti et al., as cited in Health Canada, 1999, Best Practice Guidelines number 4, para. 2).

- **Stress management** involves teaching clients how to reduce personal tension and stress. "The goal is to enable clients to gain control of their reactions to stress by; altering the perception of threat posed by the stressor; altering lifestyle to reduce the severity of external stressor; and developing coping strategies to inhibit or replace disabling responses to stressors" (Health Canada, 1999, Best Practices number 5, para. 2). "There is good support for stress management interventions as a component of treatment for alcohol problems" (Health Canada, 1999, Best Practices number 6, para. 1).

- **"Group treatment** has the advantage of economy, since a number of individuals seeking treatment can be accommodated at one time. They also have the benefit of facilitating identification with others having similar problems, thus overcoming feelings of isolation. Groups provide clients with an opportunity to learn from, and give support to, each other. They can instill hope, encourage information sharing and provide role models. The group allows participants to find new ways to express themselves or to review old conflicts in a supportive environment" (Health Canada, 1999, The Influence of Other Factors on Treatment Effectiveness, para. 1). "Two Canadian studies directly address the issue of group versus individual treatment for a behaviourally oriented treatment. The first was by Graham, Annis, Brett and Venesoen, 1996), which demonstrated that a structured relapse prevention treatment was equally effective when delivered in individual or group formants. The second study was by Sobell and colleagues (Sobell et al, 1995), which found that the group format was as effective as the individual format. However, the group format was also 40% cheaper" (Health Canada, 1999, The Influence of Other Factors on Treatment Effectiveness, para. 2).

- **"Duration and intensity of treatment** is for the most part controlled by clients as they are usually free to drop out at any time or otherwise fail to comply with the expectations of their therapists (e.g. keep appointments, take medication, practice skills). Dropout and non-compliance rates are typically quite high" (Baekeland & Lundwall, as cited in Health Canada, 1999, The Effect of Treatment Duration, para. 4).

- **Client factors;** have been found to be related to treatment outcomes. "Better outcomes have been associated with higher education and social class, higher social stability and social support, lower severity of drinking/drug problems, higher motivation, less psychopathology and a variety of psychological traits" (Health Canada, 1999, Client Factors, para. 1). "Landry (as cited in Health Canada, 1999) considers that of all client characteristics, psychiatric severity, employment, and legal problems have the greatest influence on treatment outcomes, while severity and duration of alcohol and drug use have the least influence" (Client Factors, para. 2).

- **Mandated Clients;** as defined by referral source does not necessarily result in clients experience coercion to enter treatment. "Referral source does not precisely correspond to psychological processes implicated by coerced treatment, such as motivation, interest, compliance and so forth. Wild, Newton-Taylor and Alletto (1998) argue that to truly understand the impact of coerced substance abuse treatment, referral source and client perceptions of coercion must be independently measured" (Health Canada, 1999, Mandated Treatment, para. 3). Wild et al. (as cited in Health Canada, 1999) establishes "that 37% of clients entering a substance abuse treatment program as 'self-referrals' reported being coerced and 35% of 'court referrals' reported no perceptions of coercion. "It would be improper to conclude that legally mandated clients are necessarily less suitable candidates for treatment than others (Mandated Treatment, para. 3).

History of Abuse and Neglect

A study by Felitti et al. (as cited in SAMHSA, 2000) found that adults with histories of childhood abuse have an increased risk for alcoholism, drug abuse, depression, and attempted suicide (para. 1) "Adults who were abused as children are more likely to use drugs or alcohol" (SAMHSA, 2000, The Need for Screening, para. 1); therefore, they are more likely to be in treatment for substance abuse.

Childhood abuse can have a considerable effect on a client's treatment. If a client has been subjected to abuse it can both increase a client's length as well as type of support they receive in treatment, this is exacerbated if the clients are in fact male (SAMHSA, 2000, The Need for Screening, para. 2). "The consequences of childhood abuse and neglect can also affect the psychosocial supports that such clients may need following treatment (Steinglass, as cited in SAMHSA, 2000, The Need for Screening, para. 2).

Concurrent Disorders

Meuser, Drake & Miles (as cited in Health Canada, 1999) state "Substance abuse problems among persons who are mentally ill are more likely to be associated with such issues as money management and stable housing, and less likely to be issues that show up on standard assessments for substance abuse" (Clients with Concurrent Mental Health Problems, para. 3). Addiction Research Foundation (as cited in Health Canada, 1999) declares that "substance abuse can influence the course of treatment for mental health problems, while co-occurring psychiatric problems can have an impact on addictions treatment" (Clients with Concurrent Mental Health Problems, para. 5). "Clients with mental health problems that remain unaddressed may also be more prone to dropping out of treatment. The available epidemiological data on service utilization suggest that those reporting co-occurring disorders are more likely to receive services from the general health care system, and from the social services and criminal justice systems, than form specialized addiction or mental health services"(Addiction Research Foundation, as cited in Mental Health, 1999, Clients with Concurrent Mental Health Problems, para. 5).

Clients who are assessed as having moderate to high mental health disorders, those with low social stability, those with a high need for structure and a high severity of dependency are best suited for in-patient treatment and sheltered living environment.

2.0 METHODOLOGY

Clients entering Our House Addiction Recovery Centre between April 1, 2004 and March 31, 2005 and April 1, 2013 and March 31, 2014 completed a series of forms including an intake form, an anonymous client questionnaire and the Alcohol Abstinence Self-Efficacy Scale (AASE)[14] . All 2014 study results are clearly marked as are all 2006 study results. Information collected in the intake form includes client demographics, referral source, addiction history, medical history, family and personal history, and legal history. Information collected through the anonymous Our House Questionnaire includes a series of questions and scales designed to measure the specific outcomes of the intensive treatment program. Counselors at Our House Addiction Recovery Centre used the HOMES database in 2004 and the FYI database in 2013. Both were utilized to compile client demographic data, to record client needs, goals and treatment progress.

2.1 OUR HOUSE CLIENT QUESTIONNAIRE

Given the extensive nature of the treatment program at Our House Addiction Recovery Centre, several consultations were held with the counseling staff to determine outcomes, indicators of success, questions and scales that best reflect the Our House Addiction Recovery Centre's intensive treatment program. In addition, detailed information about the histories and needs of the men entering treatment was gathered in the questionnaire. Focus testing of the client questionnaire was conducted with the counseling staff and clients at Our House Addiction Recovery Centre in 2004. After the initial program evaluation further changes were made and further information will be accessible in the 2015 longitudinal study.

2.2 Client Consent

At intake, all clients were asked, if they would consent to participating in the Our House Addiction Recovery Centre evaluation project. Clients who answered, "I do not agree to participate" were automatically excluded from the evaluation project. The pre to post-treatment anonymous questionnaire, and the confidential nature of their responses was explained in the 'Consent to Participate' form.

3.0 INFORMATION PROVIDED IN THIS REPORT

Information provided in this report includes a detailed description of the client population at Our House Addiction Recovery Centre; a detailed description of the survey respondents that participated in the outcome evaluation project including outcome evaluation measures and, client satisfaction results.

4.0 Program Description

4.1 Program History

Our House Addiction Recovery Centre began due to concerns from Parishioners at St. Stephen the Martyr, Anglican Church regarding the number of individuals with drug and alcohol addictions in the community. Members of the Parish and concerned citizens formed a voluntary Board of Directors. Our House Addiction Recovery Centre began operations in May of 1984 at 10826-98 Street, Edmonton. Initially Our House Addiction Recovery Centre provided drop-in services to teenagers, and was operated on a volunteer basis. The idea was to have "addicts helping addicts". The basement of this facility was renovated to add bedrooms that allowed for short stays for young male and female addicts. Our House hired its first Executive Director Ed Hawryluk.

In 1988, mortgage funds were obtained from Alberta Mortgage and Housing Corporation under the Special Housing Needs Program for purchasing a facility. The 35-year mortgage received an interest subsidy from Federal and Provincial funds.

In 1991, Lorraine Chaput was hired as Executive Director.

In 1993, a Program Manager was hired to develop a comprehensive and structured Recovery Program. Central to the program was the disease concept of addiction and the hosting Twelve Step meetings.

In 1995, a Fundraiser/Volunteer Coordinator was hired to develop both a fundraising plan and a volunteer program.

In 1998, a Life Management Skills course was added to the programming. This program teaches basic skills for everyday living such as communication, dealing with fears and peer feedback.

In 1999 an Anger Management Skills course was added. This course addresses the impact of anger and conflict in recovery. These two courses are available free of charge to men and women in the community who have an addiction.

In 1999, we purchased and opened the John Hilton House, which offers a supported living environment for ten males. John Hilton House is located two doors down from our main facility and provides an extension of our program.

In 2001, we renovated the garage located at the John Hilton House into meeting and office space.

In 2002, we introduced a half-time outreach worker to follow clients in the aftercare program.

In 2006, The Executive Director that successfully led Our House to such heights retired and a new Executive Director was recruited. Patricia Bencz was hired as the third Executive Director in Our House 22 year history.

In 2007, Our House won the Gold Laurel Award for Innovation and Creativity in the Non Profit sector.

In November 2007, successfully applied for and received a donation in the amount of $ 3.4 million to purchase newer enhanced facilities on the west end of Edmonton.
Sold current facility to Capital Region Housing Corporation and cleared the organizations $ 650,000 debt, and donated the remaining $ 350,000 proceeds to the Edmonton Housing Trust Fund to satisfy a funding agreement.

In March 2008, moved to the new location over a two day period, changed new location block zoning and altered the current bus route. Applied for a two year funding commitment from Edmonton Community Foundation and added a Mental Health Counselor to the counseling team.

In 2009, opened from a 34 bed capacity to a 42 bed capacity and increased our number of counselors by one. The Centre added a full time Admissions Supervisor to the staff team to handle to number of admissions and public inquiries.

In 2010, the organization increased its bed capacity from 42 to 52. The organization also implemented Mental Health First Aid for our residents and for members of the Community. As a result of its rapid growth was also required to Increase the number of counselors to handle the increasing case loads. The organization received Accreditation with Commendation Status from Accreditation Canada.

In 2011, the organization increased our bed capacity to 54. In partnership with Alberta Health Services, created 4 concurrent disorder treatment beds with Alberta Hospital. Initiated a partnership with the Edmonton Bereavement Centre offering twice annual Bereavement

Programs.

In 2012, increased our bed capacity to 56. A modular trailer was donated by ATB Financial for residents to utilize as a gym and a video game area. The Program Supervisor developed and implemented a twice annual Family Day weekend.

In 2013, the Centre increased its client capacity to 58.

In 2014, Our House Addiction Recovery Centre has reached its full capacity to 60 beds and currently has a wait list. This year the organization has added a customized 160 day grad refresher program for those that require additional work.

In 2015, Our House Addiction Recovery Centre will celebrate its 30 th anniversary.

4.2 Program Philosophy

4.2.1. Mission Statement:

Our House is an Addiction Recovery Centre, whose sole purpose is to provide an environment where individuals with addictions embark on a recovery process directed toward meaningful, productive lifestyles. This mission is fulfilled by providing:

- A residential program for men eighteen years and over;
- Recovery-directed Life Management Skills Programs for men and women; and,
- Education initiatives in the community.

Vision:

Our vision is a community where fewer people suffer from addictions.

4.2.2 Organizational Beliefs:

- People require a safe, healthy, and non-judgmental environment where they are respected, acknowledged, and recognized as unique individuals.
- Each person's recovery process is unique.
- With the necessary tools*, addicts can manage their recovery.
- Abstinence is essential for recovery.
- Healthy self-esteem is essential to recovery.
- Individuals should have the opportunity to develop their full potential.
- Teamwork is essential to a successful recovery program.
- Staff will demonstrate personal and professional integrity.
- Our House will strive to provide a recovery experience that promotes:
  Acceptance
  Accountability
  Responsibility
  Peer Support (Mutual Support)
  Realism
  Sharing
  Openness
  Honesty
  Risk-taking
  Fairness
  Faith

4.3 Program Outcomes

- Clients will develop and utilize recovery plans informed by the disease.
- model of addiction.
- Clients will effectively manage physical health issues.
- Clients will utilize leisure activities as part of their recovery plan.
- Clients will develop and utilize recovery plans that attend to psychological and emotional issues.
- Clients will develop and utilize recovery plans that attend to relationship issues.
- Clients will develop and utilize recovery plans that address the role of family in recovery.
- Clients will develop and use recovery plans that address the role of employment or education in recovery.
- Clients will develop and utilize recovery plans that attend to financial issues.
- Clients will develop and utilize recovery plans that address legal issues.

4.4 Criteria for Admission

The program accepts men who are:

- addicted to drugs or alcohol;
- able to participate in the cognitive requirements of the program;
- able to abstain from drugs and alcohol for 7 days prior to admission;

4.5 Response Rate

One hundred and twenty-two men were admitted to Our House from April 1, 2004 to March 31, 2005. All clients admitted in this time were asked to participate in the Our House Addiction Recovery Centre evaluation project. Between April 1, 2004 and March 31, 2005 a total ninety-two clients (N=99) were completed the Our House Addiction Recovery Centre Questionnaire. Between April 1, 2013 to March 31, 2014 two hundred and three (N=203) evaluation questionnaires were completed for Our House Addiction Recovery Centre.

5.0 OUR HOUSE CLIENT POPULATION PROFILE

This section provides a detailed description of the clients admitted to Our House Addiction Recovery Centre between April 1, 2004 and March 31, 2005 and April 1, 2013 and March 31, 2014. Client demographics were collected and entered into the HOMES database [15] in 2005 and the FYI database in 2014.

5.1 Age

The average age of men admitted to Our House Addiction Recovery Centre was 37.4 years. Ages [18-25] eighteen to twenty five (9.36%), [26-34] ages twenty six to thirty four (31.53%), [35-44] ages thirty five to forty four (29.06%), [45-54] ages forty five to fifty four (21.67%), [55-64] ages fifty five to sixty four (6.4%). (2014)

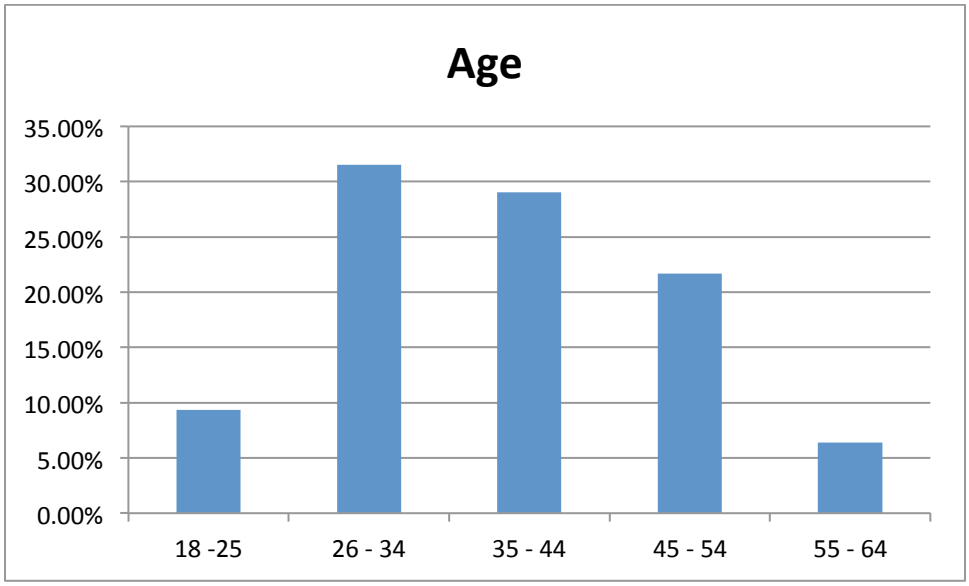

Chart 5.1

5.2 Substance Abuse History

On average, the men seeking treatment at Our House Addiction Recovery Centre had abused 3.7 different substances in the twelve months prior to treatment. Forty-five percent (45%) of respondents reported alcohol abuse, thirty seven (37%) abused crack, thirty six (36%) abused cannabis, thirty one (31%) abused cocaine, twenty one (21%) abused opiates, seventeen (17%) abused amphetamines, six (6%) abused tranquillizers, and (six) 6% abused hallucinogens. Almost (two) 2% had been on methadone, (two) 2% abused sedative hypnotics, and (one)1% abused ecstasy. (2006)

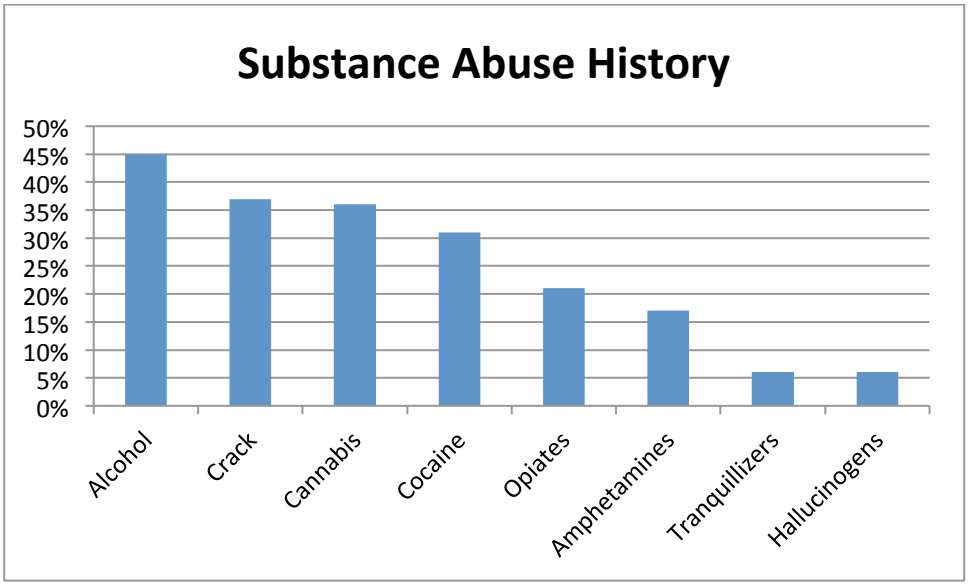

Chart 5.2

5.3 Referral Source

Our House Addiction Recovery Centre accepts residents by professional referral only. The majority of referrals forty (40%) were through other treatment centre's, twenty six (26%) through detoxification facilities, the remaining thirty four (34%) were through a variety of sources including hospitals, family physicians, drug court and the prison system. (2014)

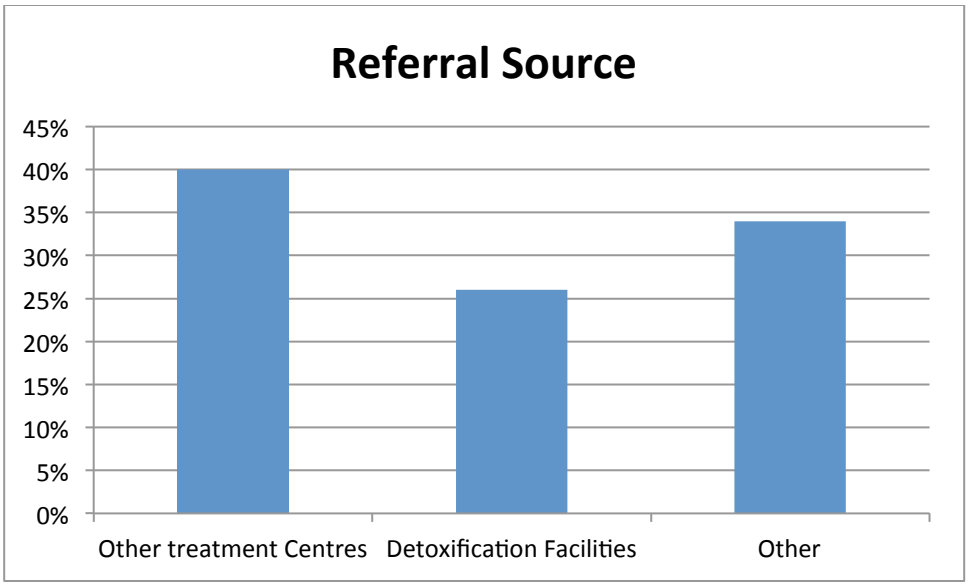

Chart 5.3

5.4 Marital Status

The majority of clients were single at a rate of sixty seven (67%), separated seventeen (17%) or divorced seven (7%). Four percent (4%) stated they were married, two percent (2%) common law and (2%) percent are widowers. (2014)

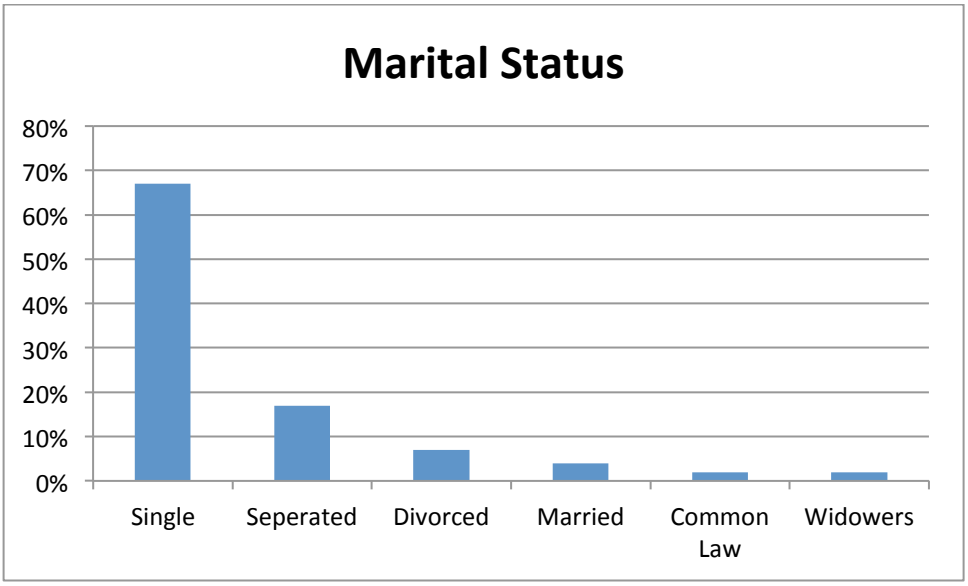

Chart 5.4

5.5 Education Level

There was a wide range of education levels among the client population at Our House Addiction Recovery Centre. Almost half (48%) of the men had less than a grade twelve education. Twenty-two percent (22%) had some high school, while twenty one (21%) had completed high school. Seventeen percent (17%) had less than high school, fifteen (15%) had completed technical training, with six (6%) having some technical training. Three percent (3%) completed university, three (3%) had not been to high school, and four (4%) having only been to grade school. (2006)

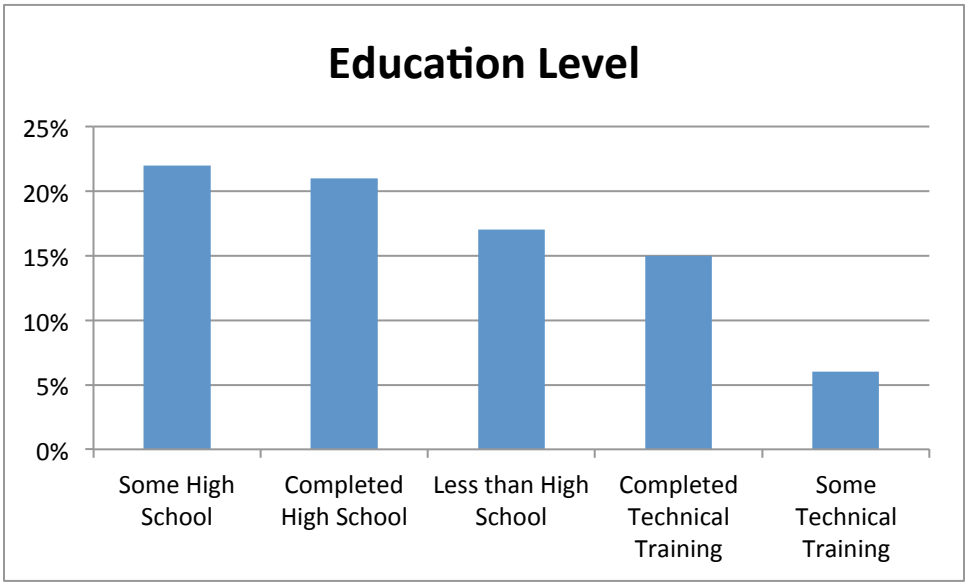

Chart 5.5

5.6 Living Situation

At admission, clients were asked to indicate where they had been living prior to coming to Our House Addiction Recovery Centre. Thirty-eight (38%) percent of the client did not answer this question. Twenty-six percent (26%) reported they had been living on the street, thirteen (13%) reported they had been in an independent living situation, eight (8%) were living with a friend, ten (10%) were living with a family member, which included fathers, mothers, siblings and other relatives, three (3%) identified other. (2006)

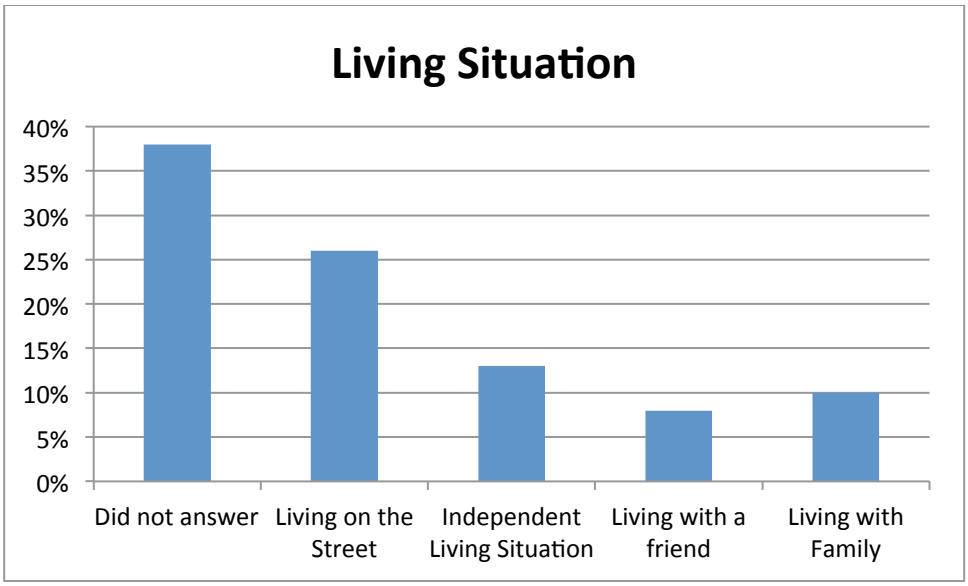

Chart 5.6

5.7 Medical History

A significant consequence of substance dependence and addiction severity are the medical conditions that result due to the progressive deterioration of health related to alcohol and drug addictions. Males entering treatment at Our House Addiction Recovery Centre reported a wide range of medical conditions. Depression was the most frequently reported condition at thirty (30%), hepatitis C was second at twenty (20%), other was third at seven (7%), back pain was fourth at five (5%), and arthritis was fifth at five (5%). (2006)

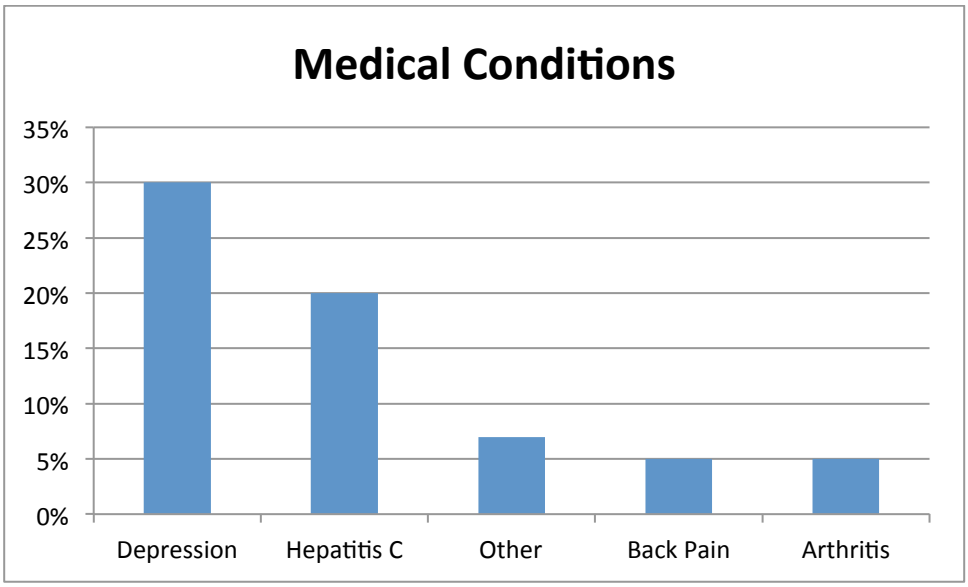

Chart 5.7

5.8 Legal History

Difficulties with the law are a significant consequence associated with alcohol and drug dependency. Of the 99 clients surveyed in the 2004 Our House Addiction Recovery only one client reported that he had not been convicted of a criminal offence.
At intake, clients were asked to list any criminal charges they had been convicted of in the past. Eighteen percent (18%) reported they had been charged with Impaired Driving, fourteen (14%) had been charged with Assault, thirteen (13%) had been charged with Theft under $5,000, five (5%) had been charged with Possession of a Narcotic, four (4%) had been charged with Mischief, and three (3%) had been charged with Break and Enter and Fraud. (2006)

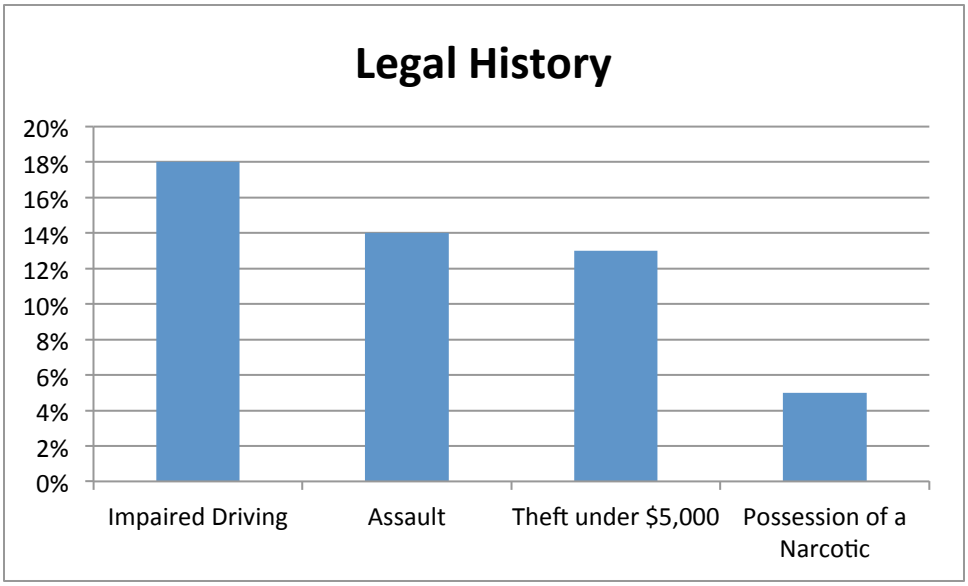

Chart 5.8

6.0 OUR HOUSE QUESTIONNAIRE RESULTS

Thirty eight (38%) completed at least 191 days of treatment; fourteen (14%) completed between 161 to 190 days of treatment; nine and a half (9.5%) completed between 141 to 160 days; twelve and half (12.5%) completed between 91 to 120 days of treatment; nine and half (9.5%) completed between 61 to 90 days of treatment; twenty four (24%) completed between 31-60 days of treatment; and five (5%) completed between 1 to 30 days of treatment. (2006)

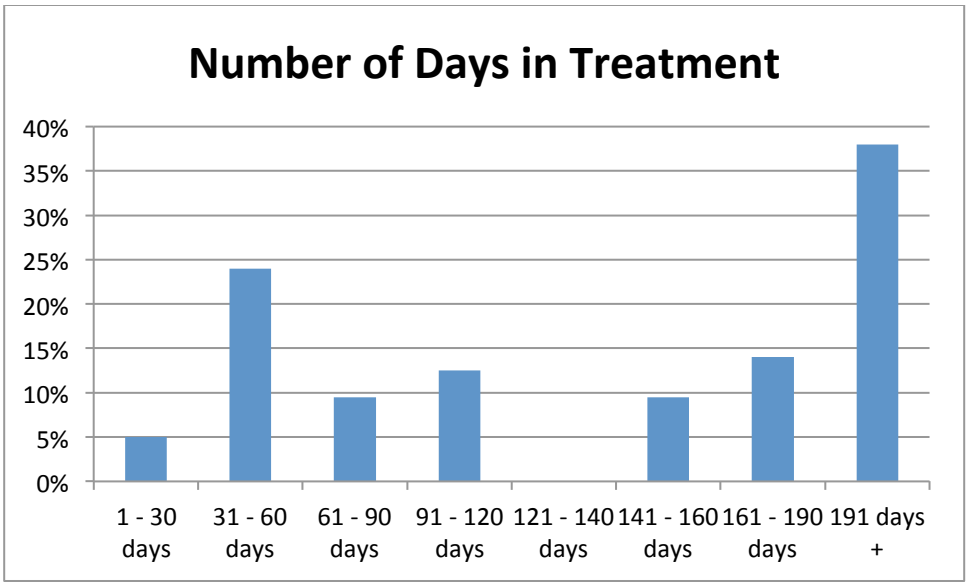

Chart 6.0

Part I

6.1 Addiction History

To further understand the addiction history of males participating in treatment at Our House Addiction Recovery Centre respondents were asked to identify their primary addiction, their age when they began to abuse alcohol and drugs, their age when they first believed they had an addiction, the number of times they had received treatment at the hospital and treatment services, and their rate of tobacco use.

6.1.1 Primary Addiction

Alcoholism was the most frequently reported addiction reported by forty seven (47%) of the evaluation participants, crack was second at twenty three (23%), and cocaine was third at sixteen (16%). (2006)

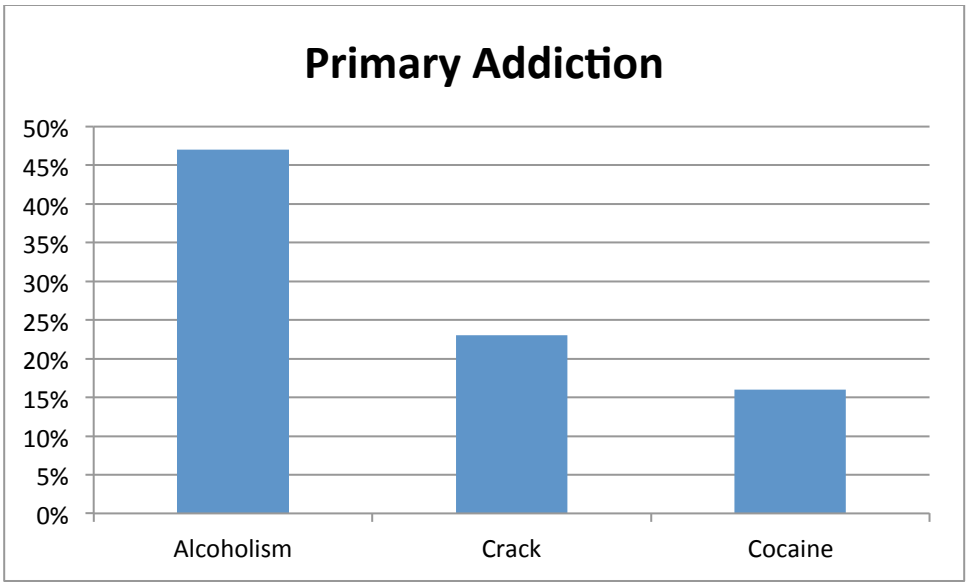

Chart 6.1.1

6.2.1 Onset of Drinking

Research has shown that the earlier on-set of substance use is associated with substance abuse and dependence later in life. The majority of males at Our House Addiction Recovery Centre began drinking prior to the age of eighteen. Twenty percent (20%) of the men reported they began drinking before the age of eleven, eighty seven (87%) began before age eighteen, and only six (6%) began drinking after the age of eighteen, in the 2004 Questionnaire. Figures in the 2014 Questionnaire reflect the average age of first use for primary drug of choice of alcohol is nine (9.83) years of age. (2006)

Eighty five (85%) reported they began drinking between the ages of six to eighteen, with twenty (20%) beginning to drink prior to the age of eleven. Eighty-three percent (83%) of males at Our House Addiction Recovery Centre report they began using drugs prior to the age of eighteen. These results reflect the long-term nature of the men's substance abuse histories. Of most significance are the developmental consequences that substance abuse has on a young person. The negative consequences of the developmental delay or missed opportunities result in long-term problems in the major areas of educational, employment, and social stability. (2006)

Forty-five percent (45%) of respondents reported alcohol abuse, thirty nine (39%) abused crack, thirty six (36%) abused cannabis, thirty four (34%) abused cocaine, and fourteen (14%) abused opiates. Reflecting the persistent and extensive nature of their alcohol and drug addiction, clients at Our House Addiction Recovery Centre report a twenty-year average as the length of time they have had a substance dependency issues. (2006)

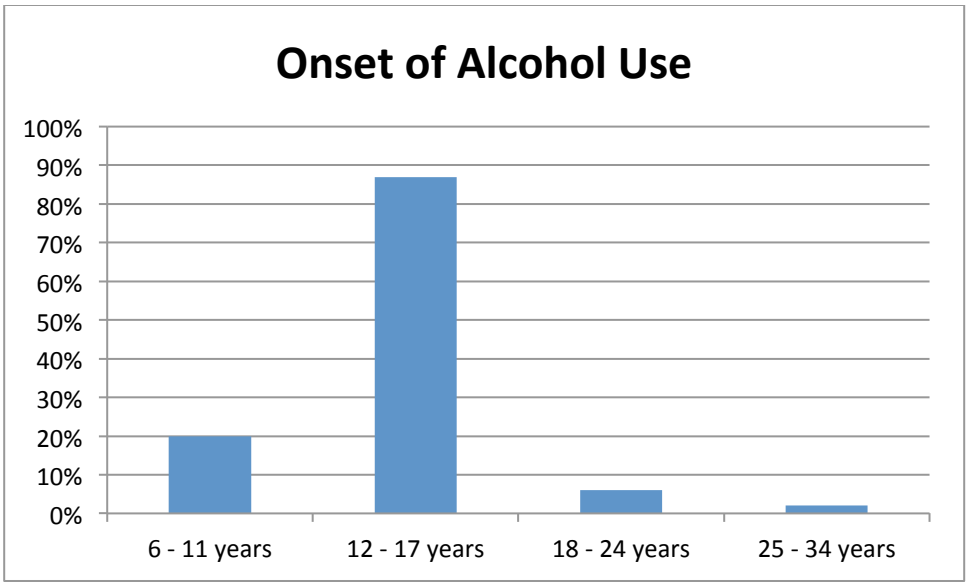

Chart 6.2.1

6.2.2 Onset of Drug Use

Eight percent (8%) of the males receiving treatment at Our House Addiction Recovery Centre report they began using drugs before the age of eleven, seventy five (75%) reported they began using drugs before the age of eighteen, and fifteen (15%) began using drugs between the ages of 18 – 50 eighteen to fifty. (2006)

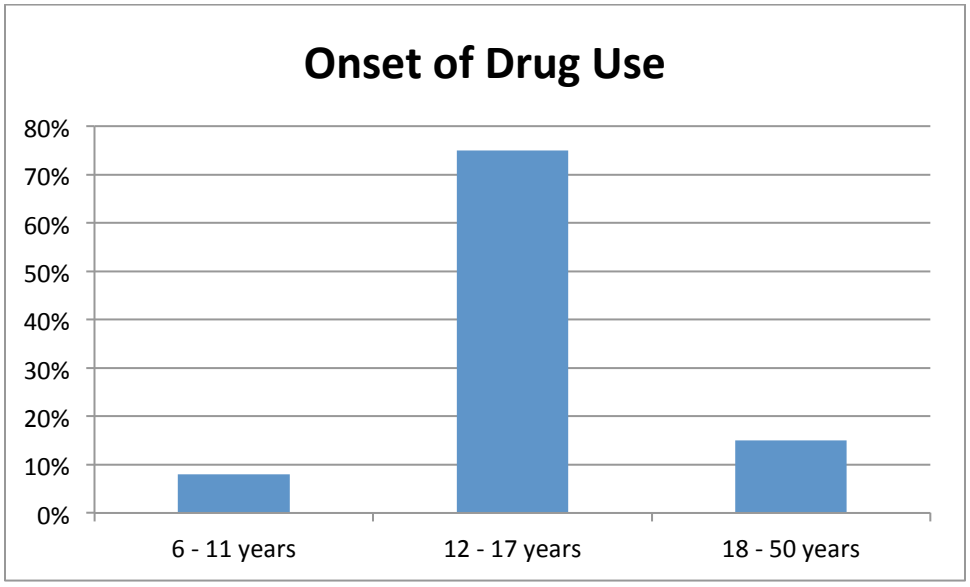

Chart 6.2.2

Age of First Use for Primary Drug of Choice
The average age of first use for primary drug of choice of alcohol is nine (9.83) years of age. Opiates were sixteen (16) years of age. Cocaine and Crystal Methamphetamine at twenty (24) years of age. (2014)

Age of First Use of Secondary Drug of Choice
The average age of first use for secondary drug of choice of alcohol is thirteen (13.17), Cannabis fourteen (14.25), Hallucinogens at sixteen (16), Benzodiazepines at sixteen (16), Heroine and sixteen and a half (16.5), Crystal Methamphetamine at eighteen (18), Cocaine at eighteen (18.67), Ecstasy at the age of twenty (20). (2014)

6.2.3 Identified an Addiction Problem

Forty-five percent of the clients at Our House Addiction Recovery Centre reported that they knew they had an addiction problem between the ages of 18 to 24, twenty six (26%) between the ages of 12 to 17, twenty one (21%) between the ages of 25 to 34, and six (6%) between 35 to 50 years of age. The vast majority of clients identified their problem prior to age twenty-five. (2006)

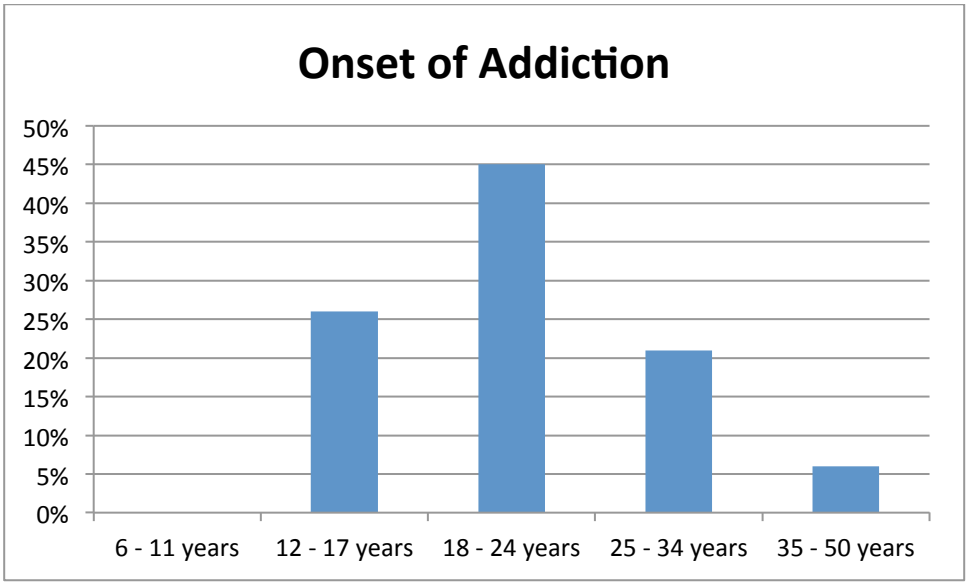

Chart 6.2.3

6.2.4 Hospitalization Due to Addiction

Fifty percent (50%) of the study sample indicated that they had been treated in a hospital due to their drinking or drug abuse. Of those treated in hospital sixty one (61%) had between treated 1 to 5 times, eighteen (18%) had been treated 6 to 10 times, twelve (12%) had been treated 11 to 20 times, and three (3%) had been treated over 31 times. (2006)

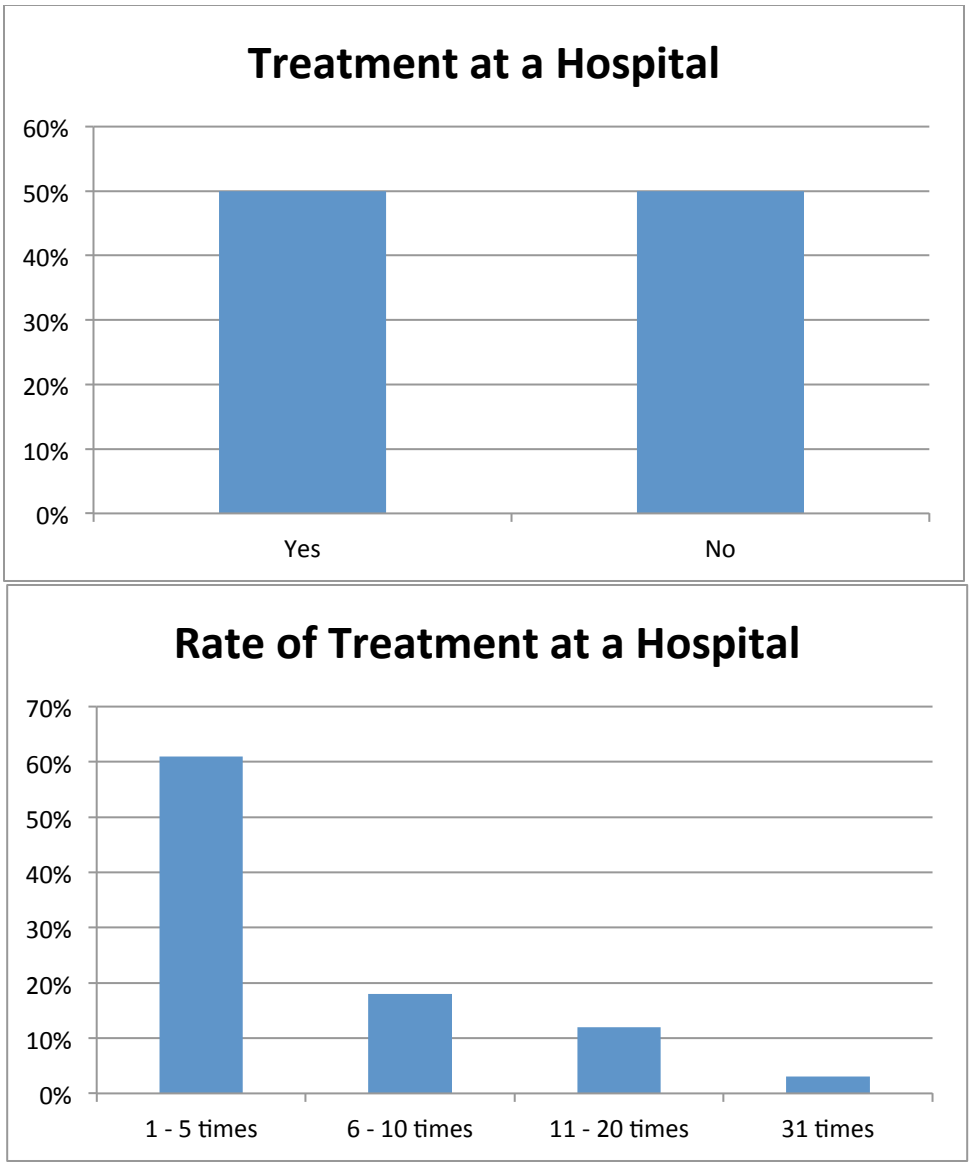

Chart 6.2.4

6.2.5 Tobacco Use

Eighty eight percent (88%) of the respondents reported that they smoke tobacco. (2006)

6.2.6 Social Stability

Developing or enhancing social stability is an important aspect of long-term recovery. Empowering clients to achieve social stability is a central feature of the Our House Addiction Recovery Centre's intensive treatment program. Indicators of social stability include stable living environments, supportive relationships, employment stability, mental health status, and legal history.

6.2.7 Living Situation

Clients were asked, to identify how many different places they had lived in the past 12 months. Fourteen percent (14%) had lived in one location, fourteen (14%) had lived at two locations, nineteen (19%) had lived at three different locations, twenty four (24%) had lived at four different locations, and twenty eight (28%) had lived at five or more different locations in the past twelve months. (2006)

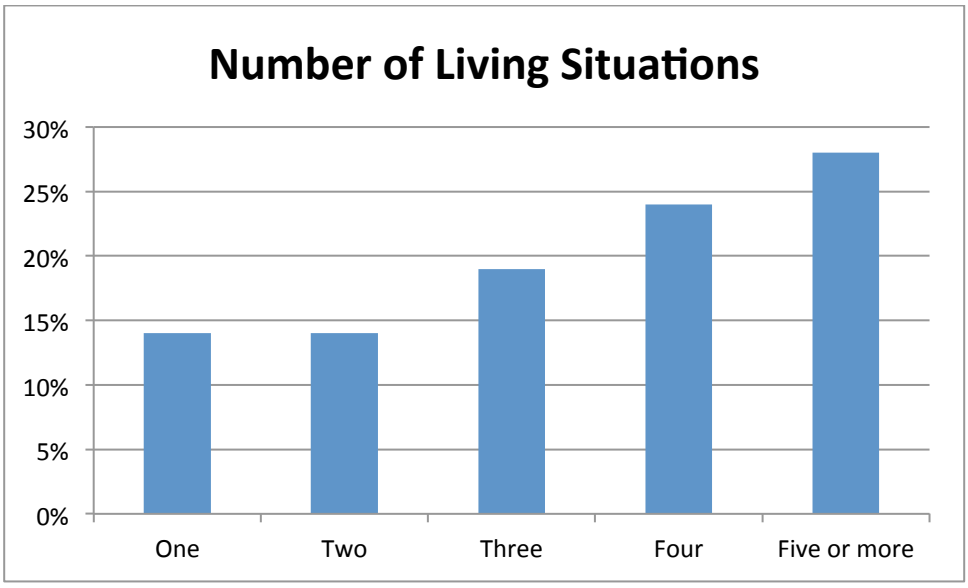

Chart 6.2.7

6.2.8 Mental Health Disorder

Forty five (45%) of men admitted to Our House Addiction Recovery Centre stated that they were currently experiencing symptoms related to a mental health disorder. Fifty six (56%) stated that they were prescribed a medication for a mental disorder. (2014)

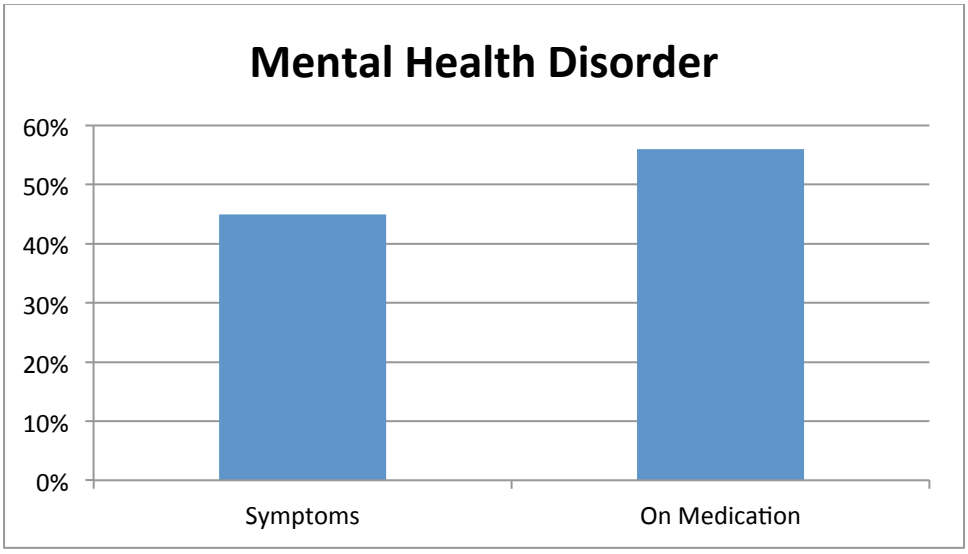

Chart 6.2.8

6.2.9 Legal History

Evaluation participants were asked to report the number days they had spent in jail in their lifetime. One third (33%) of the evaluation participants reported they had spent 31 – 90 days in jail, 33% had spent 366 – 1000 days in jail, and the remaining 33% had spent over 1000 days in jail. Participants were also asked to report the number of times they had committed a criminal offence for which they had not been charged. (2006)

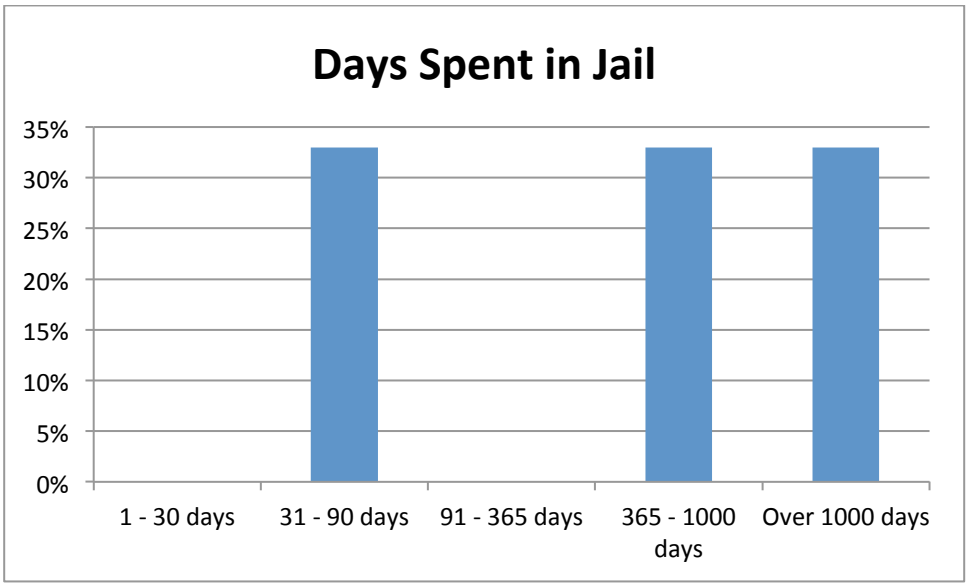

Chart 6.2.9

6.3 History of Abuse

Research has demonstrated that "adults with histories of childhood abuse have an increased risk for alcoholism, drug abuse, depression, and attempted suicide (Felitti et al, 1998)" SAMSA Just over two thirds of the men entering treatment at Our House Addiction Recovery Centre reported that "memories of past violence or abuse affect their life today. (Chart 6.4a) A more detailed analysis of clients' abuse history revealed that 45% report past physically abuse, 29% report past sexual abuse, 55% report past emotional abused, and 56% report past verbal abuse. Research illustrates that individuals with a history of childhood abuse are more likely to "abuse substances to deal with past memories and stress" and are at an increased risk for relapse. They also have issues related to trust, intimacy, setting limits with others," SAMHSA "The ability to trust is especially important; difficulties with trust can impede the client's ability to utilize treatment to its fullest." (2006)

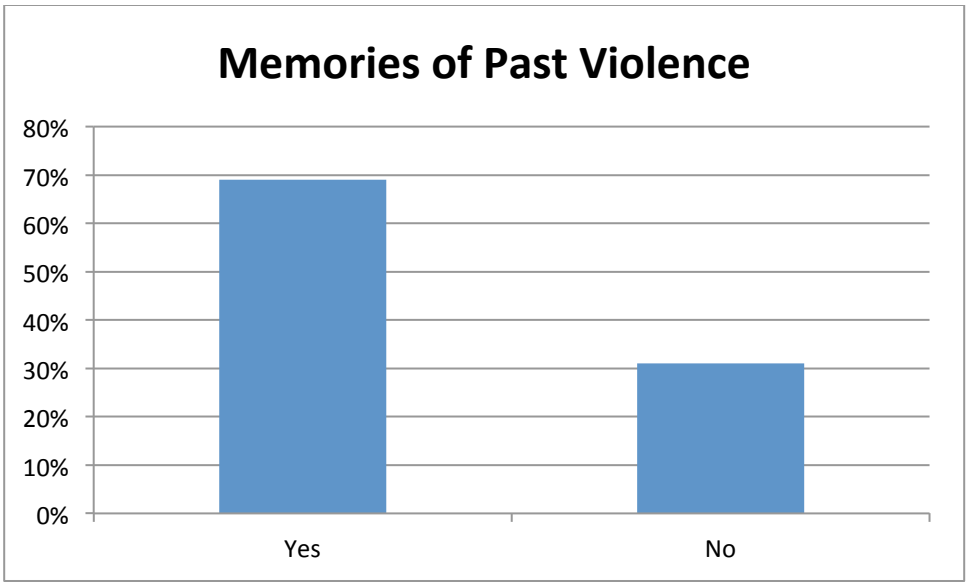

Chart 6.3a

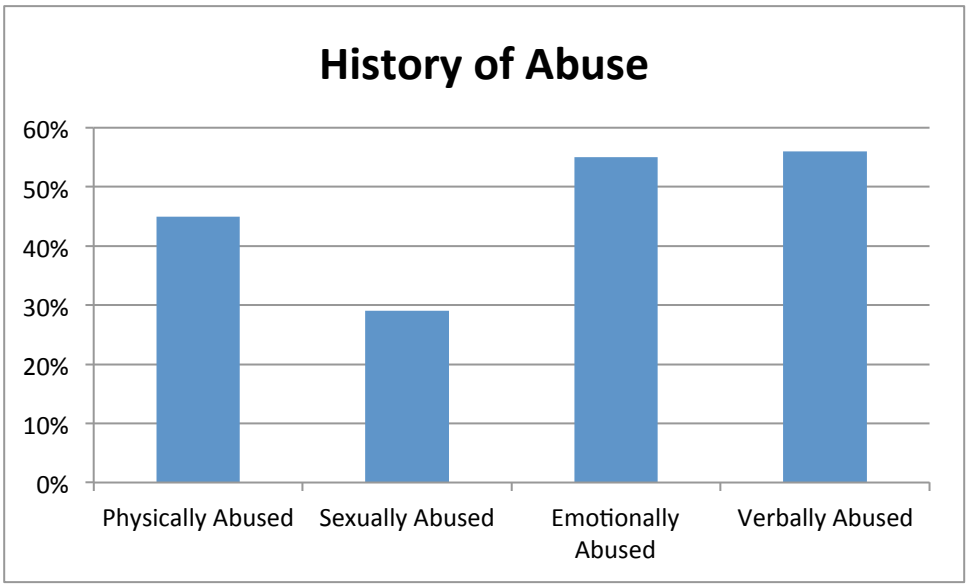

Chart 6.3b

6.4 Violence toward Others

Men participating in the evaluation project were asked to indicate the number of times they had assaulted another person. Twenty percent (20%) reported that they had never assaulted another person, thirty one (31%) had assaulted another person 1 to 5 times, nineteen (19%) had 6 to 10 times, five (5%) had 11 to 20 times, five (5%) had 11 to 20 times, twenty (20%) had assaulted another person over 31 times. (2006)

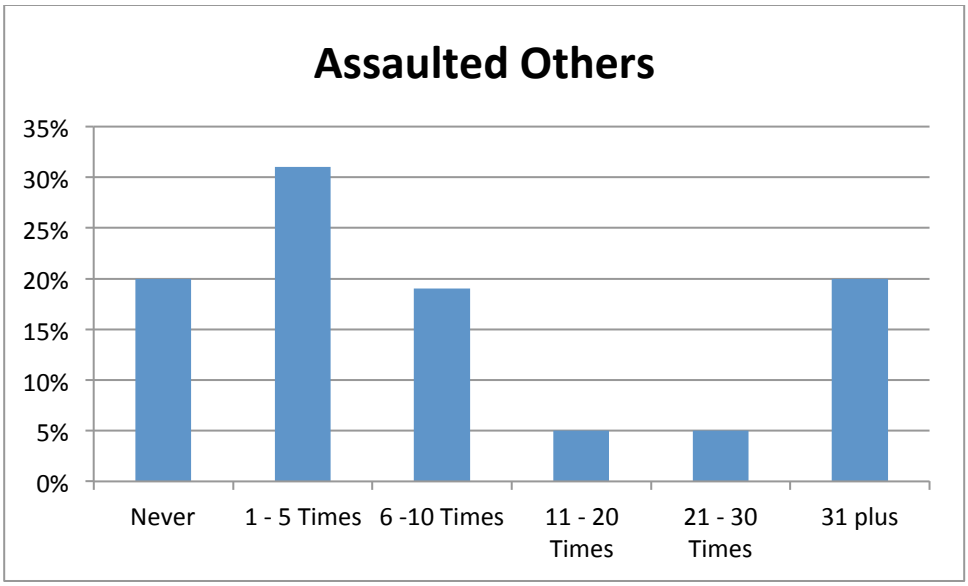

Chart 6.4

7. Satisfaction Level

Client Satisfaction:

Upon completion of all modules clients complete an evaluation. Clients are also asked to complete an evaluation on their counselor once every three months. We use this information to continually improve our program.

7.1 Accreditation Canada Client Survey 2012 – Satisfaction level

Our House Addiction Recovery Centre as part of the Accreditation Canada Survey asked the following questions to our residents, including a number of past residents in 2012.

1) I was told how long I would have to wait for services or care.
2) I know who to contact about my services or care.
3) The people who provide my services or care do a good job.
4) The people who provide my services or care regularly wash their hands or wear gloves before touching me.
5) I have been taught how to avoid getting an infection, such as washing/cleaning my hands.
6) I feel safe where I receive services or care.
7) I have the information I need to help me make decisions about my services or care.
8) I am encouraged to make decisions about my services or care.
9) I was told how to safely care for myself, if possible.
10) I usually understand instructions or information from the person providing my services or care.
11) I have been told about the services or care available to me from other organizations.
12) The people who provide my services or care ask my permission first.
13) The people who provide my services or care are respectful of me.

The residents gave us 100% satisfaction on all questions.

7.2 Satisfaction with Program

Clients were asked to rate their satisfaction with the intensive treatment program at Our House Addiction Recovery Centre. Eighty nine percent (89%) indicated they were either satisfied or very satisfied with the treatment program. Eleven (11%) were very dissatisfied. (2006)

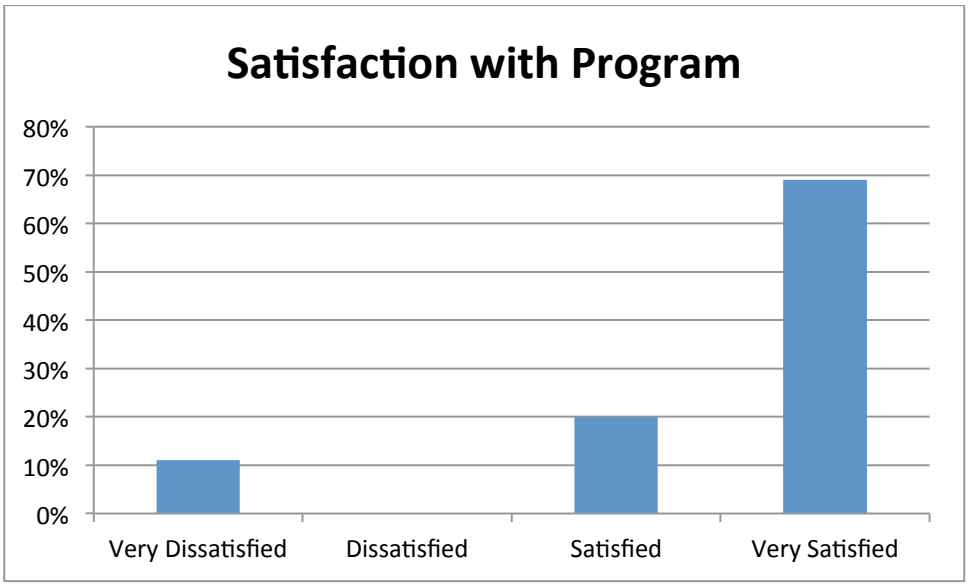

Chart 7.2

7.3 Satisfaction with Staff

Clients were asked to rate their level of satisfaction with the staff at Our House Addiction Recovery Centre. Eighty nine percent (89%) indicated they were either satisfied or very satisfied with the treatment program. Eleven (11%) were very dissatisfied. (2006)

Chart 7.3