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ABSTRACT

The purpose of the study was to investigate three separate aspects of the process by which ex-addicts-in-treatment are prepared for, enter into, and function in the world of work. These aspects were the actual labor market conditions in two different urban settings--New York City and the greater Boston area; the specific institutional supports available to ex-addicts and addicts-in-treatment as those supports are perceived by both clients and providers of service; and an analysis, by employers, of the performance and behavior of ex-addicts and addicts-in-treatment once they have secured employment. Surveys were taken to define the practices of drug treatment programs. In addition, a questionnaire was developed to isolate the key employment related issues and practices that comprise clients' and providers of service' perceptions of the rehabilitative situation. Finally, through the development of a specific relationship with PACT (Provide Addicts Care Today), the job-related behavior of ex-addicts and addicts-in-treatment was assessed. Results indicated that (1) the two urban labor markets examined offer only limited options for meaningful, remunerative, and stable employment, (2) drug treatment programs, despite stated priorities involving preparation for employment, are neither structured, funded, nor staffed to adequately provide concrete employment related services, (3) clients rely more on their own rather limited resources in order to gain employment, and (4) ex-addicts who are hired and retained are rated by employers as above average in performance, compared to non-addicts. (SH)

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THE ADDICT AND EX-ADDICT IN THE WORLD OF WORK:
Job-Finding Experiences and Performance in Employment

Final Report of a Research and Development Project
Under U.S. Department of Labor Grant No: 21-25-74-15

Massachusetts Advocacy Center
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June, 1975

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FINAL REPORT

PROJECT: The Addict and Ex-Addict in the
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DISCLAIMER

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I. ABSTRACT

The overall purpose of this study was to investigate three separate, but intimately related, aspects of the process by which ex-addicts-in-treatment are prepared for, enter into, and function in the "world of work." These aspects were: (1) the actual labor market conditions in two different urban settings (New York City and the greater Boston area); (2) the specific institutional supports available to ex-addicts and addicts-in-treatment as those supports are perceived by both clients and providers of service; and (3) an analysis, by employers, of the performance and behavior of ex-addicts and addicts-in-treatment once they have secured employment.

In addressing these goals, surveys were undertaken to define the practices of drug treatment programs, clients and employers with respect to the employment of drug free and pharmacologically-separated urban settings. These surveys, conducted in both the metropolitan New York and greater Boston areas, sought to inquire into such variables as pragmatic emphasis (within existing treatment agencies) on employment and employability, job seeking strategies and methods (both among clients and within treatment programs), and the nature of relationships between drug treatment programs and potential employers of "rehabilitated" drug users, abusers, and addicts. In addition, through a questionnaire developed specifically for this study (and administered to both clients and providers of service), the attempt was made to isolate the key employment related issues and practices that comprise each group's perception of the rehabilitative situation. Emphasis was placed on uncovering areas of perceptual consonance and dissonance between clients and agency service staff. The methodological framework for these inquiries was a 2x2 design comparing drug-free and methadone maintenance centers in the two basically urban areas of New York City and Greater Boston. Finally, through the development of a specific relationship with PACT (Provide Addicts Care Today), an attempt was made, using employer-developed followup data, to assess the job-related behavior of ex-addicts and addicts-in-treatment.

A special section deals with the problems encountered in the process of implementing the research design. While the nature of the problems varied, they could be

summarized as follows:

- . For some drug treatment programs a "payoff" (e.g. immediate support) became a pre-condition for participation in the study;
- . Ambulatory programs (i.e., treatment programs dealing with non-residential clients) were more difficult in using as bases from which to obtain client participation than "closed" settings'
- . Participants in "drug-free" programs were harder to involve than clients in methodone programs; and
- . Conditions for obtaining "client consent" for participation in the study tend to become more rigid, self-conscious, and firm with respect to confidentiality and the necessary protection of individuals.

The results, subjected to both correctional analyses and analyses of variance, indicated that:

- . the urban labor markets examined offered both limited and limiting opportunities for meaningful, long-term employment;
- . drug treatment programs are becoming more oriented toward the importance of employment as part of the rehabilitative process.

Recommendations and suggestions emerging from the current study include:

- . The use of concrete labor market analyses to assess potential program impact before attempts are undertaken to develop new manpower training programs and opportunities for clients in drug treatment programs;
- . a need to re-examine current policy concerning the "non-preference" status of disadvantaged groups in general, and drug addicts in particular;
- . the specific provisions of manpower resources to drug treatment programs on an in-house basis;

- the development of regionally centralized job data banks for drug treatment programs;
- the continued employment support of ex-addicts and the development and support of ex-addict led small businesses;
- an exploration of alternative models through private sector commitments to employ ex-addicts can be developed, implemented and, most importantly, evaluated.

II. INTRODUCTION AND OVERVIEW OF THE PROBLEM

While it may be little more than a glimpse of the obvious, it would be fair to state that existing approaches to the problems of drug addiction and, more importantly, "drug rehabilitation" are almost as diverse and varied as the settings that have been developed to implement these approaches. Competing definitions and conceptions regarding the "root causes" of drug use (and abuse) have resulted in the development and implementation of specific programmatic interventions that, quite predictably, have come to mirror the particular theoretical orientations of those whose efforts have received social and/or institutional support. By-and-large, these efforts and orientations have, until very recently, been overwhelmingly "clinical" in nature; that is to say, directed toward an analysis of the drug problem that has focused primary (if not exclusive) attention on the historical and often deeply ingrained "psychological deficits" presumed to be "at work" in the individual drug abuser or drug addict (Broyard, 1971; ABA-AMA, 1961; Wieland, 1970; Wiler & Rasor, 1953).

Only within the past few years have investigators begun to broaden the scope of their inquiries into the causes, consequences, and "cures" of the "drug problem." This "expansion of the field" can be interpreted as a response to at least four separate but related sets of data, all of which seem to have coalesced to call into question both the validity and utility of previous assumptions concerning the etiology and eradication of drug addiction. For purposes of summary, we might organize these four sets of data into the following categories:

1. The Ubiquitous Nature of Drug Use, Abuse and Addiction:

Much of the recent interest in, and concern about, the problems associated with drug use (and abuse) is directly related to the "unwelcome realization: that chemical dissociation can no longer be regarded as a uniquely class-based phenomenon. Overall data concerning the "drug problem" in this country are now relatively clear: use and abuse of drugs (both of the "hard" and "soft" varieties) is widespread, cuts across traditional socio-economic and racial groups, and, while particularly devastating in its effects within lower-income populations, has reached alarming national proportions (Brotman & Suffet, 1970; Klerman, 1970; Laurie, 1967). In short, findings of extensive and intensive drug use both within and between populations previously excluded from the "rolls of the damned" (e.g. white, middle-class females, affluent and well-educated youth, armed forces personnel, and "successful" business-people) have focused (and heightened) national consciousness on the ubiquitous and apparently uncontrollable "allure" of the narcotic process (Browning, 1972; Bisgeier, 1970; Blumer, 1967; Brenner, Coles & Meagher, 1970; Duns, 1970).

2. The Industrial Economic Impact of Drug Use, Abuse and Addiction:

While the presumed relationship between drug addiction and "street crime" has always been a potent force in the thinking and actions of policy-makers, only within the past 10 years has it become clear that the economic consequences of drug use and abuse cannot be localized (or, more accurately) "traced" solely to the behaviors of the stereo-typed "drug-crazed" criminal. Indeed, the use of (and often the "reliance" on) drugs by employed, often skilled, and apparently "stable" members of the nation's work force has raised two related issues: first, the relationship between the "quality of life" on a job and subsequent worker behavior; and second, the absolute economic consequences of drug use within existing industries and businesses. During the past 5 years, for example, data has been accumulating regarding the increasing presence of drug use among workers in industries both large and small (Flynn, 1970; Fierenze & Klein, 1971). Estimates on the severity of the problem vary. A survey by Chicago's Industrial Relations

Newsletter concluded that "three out of every four U.S. plants with 50 or more employees have a serious drug problem" (Time, 1970). A survey by the Associated Industries of Massachusetts indicated that one out of five companies reported instances of drug abuse within their work forces (Boston Sunday Globe, 1971). The National Industrial Conference Board of New York reported that 53% of 222 companies surveyed in all parts of the country said that they had found drug abuse of some degree among their employees" (Salpukas, 1971). In addition to the economic consequences of drug use in industry, focus has also been directed to the "psychological" and "social" impact of such behaviors. Thus, as Willig (1970) put it: "The end-effects of employee use of drugs and narcotics...must be at least defective performance leading to inferior products and services, violations of safety codes and procedures, and the gradual erosion of morale, attendance, productivity and other advantages of healthy employer-employee relationships" (p. 568).

3. Drug Use, Abuse and Addiction as an Index of Widespread Social Decay:

With more and more data accumulating concerning both the universality and direct economic impact of the drug problem (see above), investigators have been forced to focus considerable attention on the broader social and institutional forces that comprise the "context" within which chemical dissociation becomes an understandable (if not preferred) mode of dealing with the vicissitudes of life in a super-industrialized technocracy. Quite predictably, the major orientation of this body of research has been away from questions of individual etiology and toward questions of social causality, toward analyses of the political, economic and institutional contradictions that characterize the existing social order and its accompanying assumptions and values about the human condition. Heretofore, most literature (whether news media, government publications or professional studies) had dealt with the etiology of drug abuse in terms of the individual user. The "average" addict was presumed to be a young-adult, non-white male with an average I.Q. and poor educational achievement. He supposedly suffered from personality disturbances--especially of the passive-aggressive type--and supported his habit "by increasing involvement in

illegal and deviant behavior" (Brotman, Freedman & Einstein, 1967). He was in short, a "marginal individual"; that is to say, someone either "unable to deal with life's frustrations" (NCDAI, 1971) or "too weak-willed to say 'No' to peer-group pressures" (Bureau of Drug Abuse Control, 1967). However, the increase in drug use across the country (and, more importantly, the spread of drugs--including heroin--to middle and upper-class sectors of the population) has cast doubt on these assumptions concerning the "drug-prone personality" (Goldenberg, et al., 1972). And with this even partial rejection of the postulate of the drug-prone personality, attention has recently been focused on the general conditions under which drug use assumes or becomes an "adaptive response" to the antagonistic pressures of an inequitable and oppression-producing social order. Thus, for example, Chein (1967) concluded that "the major motivational factor in contemporary urban addiction (i.e., the addiction usually associated with the poor and/or the non-white) is that it provides the answer to emptiness...and enables one to go on functioning under conditions that would otherwise be intolerable" (p.65). Similarly, Bayer (1971) found that "for middle-class youth, it (drug use and/or addiction) is a response to the emptiness and alienation of life in a bureaucratized, materialistic society." In both instances, the elimination of pharmacological dependence became less a matter of individual remediation and more a matter of changing the broader social, economic and political conditions which produced the need for chemical withdrawal in the first place.

4. The Inadequacy of Existing Psychologically-Oriented Treatment Programs:

A final factor in the current heterogeneity of approaches toward the problems posed by drug use, abuse and addiction is the growing realization that purely "psychological" approaches to the "client" (or victim) are not only fraught with situational difficulty but are also both time-consuming and not overly correlated with success (at least as measured by drug abstinence, recidivism and/or significantly altered public behavior). With the possible exception of the so-called "concept houses" (i.e., settings like, or related to, Synanon Phoenix House and Day Top--where clients find employment or longterm stability either as permanent residents, staff

members or paid organizers and proselytizers), the positive consequences of "clinical treatment" have been either difficult to assess or unconvincing in terms of published data and/or evaluative reports (Ward, 1974; FFW, 1974). In part, of course, the problem is a two-fold one. First, there is the historical difficulty posed by the issues involved in "clinical research"; that is to say, by research which is neither laboratory-based nor of a kind in which the myriad-number and kind of variables "at work" can be controlled, manipulated or otherwise orchestrated (Brooks, 1965; Lord, 1967; Rubenstein and Parloff, 1959). And, second, there is the problem of resources, the fact that during times of limited and dwindling federal funds emphasis (and public expectations) tend to shift away from questions of research complexity and toward questions of programmatic efficiency, effectiveness and "cure rates." Nevertheless--and even taking into account the consequences of changing social demands and the problems posed by "clinical" research--the fact remains that there is little data to support either the effectiveness or the appropriateness of psychologically-dominated treatment for the drug addict. This reality, perhaps more than any other, has eventuated in the search for, and experimentation with, other modes of intervention with respect to the rehabilitation of the drug addict. And, one principal focus of this search for "treatment and rehabilitative alternatives" has become the "world of work"--the use of employment and employment-related activities as a lever for change in the life and world of the addicted individual.

Addiction and Employment: Implications for Treatment-Rehabilitation

Recent interest in the therapeutic and rehabilitative potential posed by the "world of work" has focused national attention on the need for developing, implementing and evaluating the viability of manpower-oriented training resources as additions to (or, in some cases, as substitutes for) existing addict treatment programs. Consequently, within the past few years, investigators have begun to address themselves directly to the problems, both systemic and individual, that confront the ex-addict who, either upon rehabilitation or in the context of treatment, attempts to negotiate the process of securing, maintaining, and/or enhancing his/her employment prospects. Thus, for example, Menzi (1973)

has focused attention on the work, employment problems, and job-related attitudes of methadone maintenance patients in New York City. Similarly, Goldenberg (1971) and Goldenberg and Keatinge (1974) have studied and described the systemic constraints (i.e., the consequences for addicts-in-treatment and ex-addicts) or an employment situation in which there is a clear and demonstrable discrepancy (and attendant non-coordination) between the rhetoric and practices of both drug treatment programs and employers vis-a-vis the preparation, training, and hiring of ex-addicts and/or addicts undergoing rehabilitation. Wolkstein (1973), writing from the perspective of vocational rehabilitation, has also noted the need for greater sophistication regarding the "world of work" among counselors and therapists dealing with the addicted client. The situation, in short, is one characterized by: a) a growing awareness of the importance of "work" as part of the rehabilitative process; b) an increasing skepticism regarding the willingness of employers to hire the ex-addict and/or addict-in-treatment; and c) some discernible movement within the so-called "helping professions" to retool and update their skills, practices and orientations vis-a-vis the addict population with whom they are becoming increasingly engaged.

In January, 1973, the New York City Commission on Human Rights held public hearings on the employment of the rehabilitated addict. These hearings brought together leaders in the treatment of addiction and major employers, in both the public and private sectors, to analyze in depth the problems faced by employers in hiring those with a history of drug use. The subjects discussed included the findings of recent and ongoing research on ex-addict employability, the experience with employing former drug users in a variety of settings, the problem of recidivism, the linkage between drug use and criminality, the validity of specific screening criteria, the impact of special manpower programs, and the relevant legal and legislative issues (NYC Commission on Human Rights, 1975). In her Introduction to the Commission's Report, Chairperson Eleanor Holmes Norton put the problem in the following perspective:

"Nothing is more central to the urban crisis than drug addiction. Except for crime, nothing generates such concern and alarm, such

urgent demands for action, such drastic proposals for solution. The concern is not only legitimate, it is long overdue. Had we taken addiction seriously before it grew to its current proportions, had we understood that the formidable drug pathology could never be contained among society's most vulnerable people, its poverty-stricken minorities, might have long ago given overriding priority to the poverty, deprivation, unemployment and discrimination through which the drug culture has gotten its foothold to attack us all. We would have sought their solution in reform and rehabilitation, not when we were in a life and death struggle, but when Harlem was fighting against drugs virtually without government concern, much less resources. Today, ignorance and neglect have created a problem of such enormity that it has stimulated the convulsions of hysteria.

The Commission on Human Rights shares the intense concern over crime and addiction. But we reject extreme and futile measures conceived in desperation and hysteria, the pandering to solutions any moderately careful person recognizes as a hoax. We are convinced that while these problems will ultimately yield only to long-range radical solutions directed toward their basic causes, there are sane, short-term ways to right addiction. These hearings will focus on one immediately available remedy--a job for the rehabilitated addict.

Too seldom has work been seen for what it is--perhaps the single most important element of rehabilitating the ex-addict to a life-long commitment against drugs. If rehabilitation has not worked, it has been in large part because the rehabilitated addict has found an extreme scarcity of places in society to which to return as a law-abiding, productive citizen. Now, when for the first time we are seeing a steady flow of people who at considerable government expense have been rehabilitated from drugs, we cannot afford the insanity of denying them work and thus squandering all that has gone into

their rehabilitation" (vii-viii).

Now, while the overall purpose of the Commission's hearings was to clarify and analyze the employment situation faced by previously drug-dependent people either after treatment or during the treatment sequence (i.e., for those enrolled in methadone maintenance programs), the importance of employment as an integral part of the rehabilitative process was the most salient unifying theme of the testimony offered into evidence. In addition, recommendations emanating from the Commission's hearings included the following:

- . First, new manpower programs to move employment of former drug users beyond the sheltered work experience that is essentially a part of the rehabilitation process;
- . Second, systematic evaluation of employment experience to determine valid screening criteria; and
- . Third, the enactment of legislation and issuance of employer guidelines based on substantial and evaluated employment experience.

The Commission's report also identified numerous obstacles to the employment of ex-addicts. These obstacles included:

- . Statutory barriers which limit employment opportunities of ex-addicts and methadone program participants by barring most licensing and public employment;
- . Employer attitudes and practices which hold that ex-addicts are potential sources of trouble, including
 - overt discrimination in refusing to hire anyone with an addiction history
 - subtle bias in hiring ex-addicts only for limited roles of little importance to the organization

- job termination once addiction history or methadone use is discovered in employees
- denial of bonded employment to ex-addicts based on fear or loss of bonding protection, or unsupported "poor risk" assumptions;

- . Perpetual stereotyping as "addict" of persons with drug histories, even those who have successfully completed rehabilitation;
- . Failure by rehabilitation programs to provide employment-related training and experience beyond the sheltered work approach;
- . Limited work experience and training common to many ex-addicts, which inhibits their successful competition in an increasingly skills-oriented labor market; and
- . Particular difficulties encountered by methadone maintenance patients seeking employment, including:
 - adverse publicity about methadone use,
 - viewpoint that methadone use is akin to addiction, held by the public and methadone patients alike.

Finally, in summarizing recent research findings relevant to assessing ex-addict employability, the Commission's report sought to correct some commonplace misconceptions about the presumed personal deficiencies of ex-addicts. Among the findings cited were:

- . A study of performance potential in the work situation which showed that methadone patients tested at average or above-average intelligence, and exhibited psychomotor performance, reaction time, and driving behavior similar to control groups;
- . A study of social productivity among hard core addicts who became methadone patients which showed that a small group in treat-

ment four or more years cut unemployment by half, improved social productivity, and raised educational levels and work skills;

- . Perpetual stereotyping as "addict" of persons with drug histories, even those who have successfully completed rehabilitation;
- . Failure of rehabilitation programs to provide employment-related training and experience beyond the sheltered work approach;
- . Limited work experience and training common to many ex-addicts, which inhibits their successful competition in an increasingly skills-oriented labor market; and
- . Particular difficulties encountered by methadone maintenance patients seeking employment, including
 - adverse publicity about methadone use
 - viewpoint that methadone use is akin to addiction, held by the public and methadone patients alike. (CCHR, 1975)

In partial summary, then, it should be clear that there has been a gradual but discernible shift--certainly within the past five years--in both the assumptions about and responses to the underlying causes and consequences of drug addiction in this country. Perhaps the most important aspect of this shift has been the long-overdue realization that the use and abuse of drugs can neither be understood nor dealt with as instances of individual pathology, incomplete socialization or simple personal deficiency. Rather, the growing body of data appears to support (if not totally justify) the opposite formulation: that the increasing reliance on drugs in this society is symptomatic of (and, more importantly, a reflection of) basic, pervasive, and as yet "untreated" social inequities and their accompanying institutional contradictions.

Given the above, the role of employment and other work-related experiences as an integral part of the addict rehabilitative process has begun to assume greater

and greater importance in the development and implementation of "treatment" programs. Put another way, the preparation for, securing of, and advancement in the "world of work" is no longer universally viewed as a consequence of treatment, but as treatment itself. Simply stated, if the lack of meaningful vocational opportunities is perceived as a basic "cause" of drug addiction, then it makes no sense to relegate its status to that of a minor, tangential or secondary aspect of the treatment process itself.

The shift from a purely "clinical" to a more "practical" approach to the problems confronting the ex-addict or addict-in-treatment--particularly the problems revolving around issues of employment--has brought to "figure" a host of questions previously either relegated to or assumed to be a part of the "ground" of the situation. Perhaps the single most important result of this changing orientation toward the treatment and rehabilitation of drug addicts has been the growing realization that there are at least two broad areas or dimensions of the problem about which there is precious little information or hard data.

The first has to do with the process (formal and informal, institutionally-supported or individually-initiated) by which those addicts and ex-addicts who have gained entrance into the world of work achieved that access.

The second is related to the actual work experience of addicts-in-treatment and ex-addicts once they have become employed.

It is important that these two questions come under direct research analysis for yet another, even more crucial and overriding reason: unlike many other "disadvantaged" groups (e.g. the physically handicapped, the ex-mental patient, the poor, the ex-alcoholic, etc.) the pharmacologically-maintained addict or drug-free ex-addict is still encapsulated in a mystique which labels his/her "affliction" as qualitatively and quantitatively different from (and more ominous than) the problems that other so-called "special interest groups" bring with them to the work situation. This mystique, while clearly related to both the public images projected by the media and the effects of being an "unknown" but stigmatized group, has resulted in barriers to employment that go

beyond the "traditional" and often valid employer concerns centering around such issues as educational achievement, level of skill competency, number of "competing groups" and evidence of prior work stability. In short, the lack of empirical data concerning the actual performance of addicts and ex-addicts in the employment situation--the kind of data which would enable employers to develop a better understanding of this population--has both contributed to the continuing process of "addict and ex-addict mystification" and, consequently, prevented potential employers from making hiring decisions on the basis of empirical data as opposed to attitudes borne out of a non-specific but all-encompassing fear of the addict-in-treatment and/or ex-addict as a distinctly different kind of person.

The present study seeks to address itself to the problem of "de-mystifying" the maintained drug addict and the drug-free ex-addict by developing and implementing a multi-stage research approach focusing primary attention on:

- The process by which addicts seek to gain entrance into the world of work and secure employment; and
- The actual job experience and performance of addicts and ex-addicts once they become employed.

III. PROJECT OBJECTIVES

The current project was funded with several specific goals and objectives. These include:

- A. To provide a description and analysis of the urban labor markets in New York City, New York and the Greater Boston, Massachusetts area in order to develop a realistic context for assessing the employment-related behavior of pharmacologically-maintained and drug-free ex-addicts;
- B. To describe the perceived process by which maintained and drug-free ex-addicts negotiate their entrance into the world of work in two metropolitan areas;
- C. To define the consequences for each of the above groups of the perceived existence (or non-existence) of institutional supports (e.g., linkages between drug rehabilitation programs and potential employers) in the employment-seeking process;
- D. To describe and analyze the actual work experience and performance of employed addicts and ex-addicts with specific reference to job stability, upgrading, and voluntary or involuntary termination; and
- E. To provide and organize employer data and evaluations concerning the results of having hired individuals with drug histories into jobs at varying levels of skills and responsibility in the New York area.

IV. ORGANIZATION OF THE FINAL REPORT

Given the varied contractual objectives of the current investigation, this Final Report has been organized so as to maximize the possibilities both for clarity and an orderly progression and sequence of data presentation and analysis. In all instances the attempt has been made to organize the report in such a manner that it mirrors, in its own formal structure, the goals as stipulated in and by the grant.

Part V of this report consists of a detailed explication of the research methods, procedures and instruments specifically developed for addressing the variety of issues raised by the grant's objectives. Previous research in the area of addiction, drug rehabilitation and employment (Goldenberg, 1972; Ward, 1974) has raised serious questions concerning the methodological difficulties attendant to almost all inquiry in this field of study. Primarily, these difficulties revolve around questions concerning the actual universe being approximated, the nature of the attempts made to scientifically sample from this universe, and the kinds of analyses utilized to treat the resultant data. Thus, methodological questions concerning the statistical design of studies and research in this field have become important issues deserving of special attention. Part V of this report, then, seeks to provide the reader with maximum information regarding the sampling procedures utilized, the particular research design employed, the methods by which the required questionnaires were developed and administered, the processes adopted to analyze the data, and the particular problems encountered in the course of carrying out the research.

In Part VI we turn our attention to the actual data upon which this report is based. As a whole, the purpose of the section is to review and, wherever appropriate, to present that data in as simple and direct a manner as possible. Consequently, Part VI is divided into three separate but related sections. Section A consists of

a description and analysis of the New York City and Greater Boston labor markets. Its primary purpose is two-fold: first, to identify the similarities and differences in the two labor markets in which the subjects of this study are (presumably) seeking employment; and second, to describe some of the labor market dynamics which affect the type of job openings that actually become available in both labor markets. The major intent of Section A is to provide the reader with as accurate a picture as possible of the overall "context" in which this research project took place. In Section B we focus attention on the process that characterizes job-seeking behavior as that process is perceived by both "clients" (i.e., maintained and/or drug-free ex-addicts) and "helpers" (i.e., treatment and rehabilitation program personnel. In addition, the data are analyzed in terms of the consequences for clients of the perceived existence or non-existence of manpower-related institutional supports. Section C deals much more directly with the actual performance behavior and experiences of addicts-in-treatment and/or ex-addicts who, through one means or another, have gained entrance into the world of work. Consequently, focus is directed toward such issues as job stability, upgrading, and termination, and the attempt is made to provide and organize employer data and evaluations (in New York City) concerning the perceived results of having offered employment to people with varying drug histories.

In Part VII the attempt is made, utilizing the data developed and summarized in Part VI, to explicate some of the more important policy-making implications of the current investigation. ~~This section (Summary, Con-~~
~~clusions and Recommendations)~~ seeks to provide planners (as well as future investigators) with additional research parameters around which program development might take place in the broad area of drug addiction, treatment and employment.

The Appendix section of the Final Report is composed of the essential instruments and information utilized in carrying out the work done under the current grant. It includes:

- A. The specific bibliography utilized in the development of the Final Report;
- B. A copy of the Questionnaires, Interview Schedules,

and other related research instruments utilized to gather the data upon which this report is based;

- C. A supplementary and more comprehensive list of references; and
- D. A description of the PACT program and its Management Information System.

V. RESEARCH METHODS, PROCEDURES AND PROBLEMS

This chapter deals solely with the interview study of drug program administrators and employed clients which was conducted in both methadone maintenance and drug-free programs in New York and the Greater Boston area.

Basic Research Issues:

Interviews with drug rehabilitation program directors and clients were conducted in order to determine:

- 1) Program attitudes about the importance of employment in aiding ex-addicts to stay off of heroin, and the degree of programmatic emphasis on providing activities and making available staff members in order to maximize clients' employability.
- 2) The types of job-seeking methods employed by addicts, and the extent to which program-initiated vs. client-initiated methods are effective.
- 3) Clients' perceptions of major impediments to obtaining and sustaining employment.
- 4) The relationships among programmatic emphasis on employment activities, job-seeking methods and employment outcomes.

Specific Research Questions and Statistical Treatments*

- 1) Programmatic emphasis on employability
 - a. To what extent do programs, independent of location, and treatment modality, provide

*Interview items referred to herein are described below in the section on scope and content of schedules.

their clients with activities which will increase employability? To what extent are these activities available in-house or must clients be referred outside the program to engage in them?

--Treatment: Frequency distribution and percentage of programs making available specific employment-related activities; percentage of clients enrolled in these activities.

- b. Do drug programs differing in location (NY vs. Boston) or treatment modality (methadone maintenance vs. drug-free) differ significantly in the extent to which employment activities are provided?

--Treatment: 2 X 2 factorial analyses of variance (ANOVA) by location and modality for intra- or extra-mural programmatic availability of specific activities, and for programmatic hours devoted to activities.

- c. Do programs differing in location and modality differ in the extent to which they perceive employment as important in helping clients sustain heroin-free status?

--Treatment: 2 X 2 ANOVA by location and modality for perceived importance of employment for maintenance of drug-free state.

- d. To what extent do programs in general and compared as to location and modality, exhibit consistency between their perception of the importance of employment in helping clients stay off heroin and their programmatic emphasis on employment activities?

--Treatment: Correlational Analysis.

- i) For all programs, the correlation between their importance scale scores and the number of different employment activities that they respectively provide

in-house; and the correlation between their importance scale scores and the % of total staff resources that they respectively devote to employment activities.

- ii) For programs differing in location and modality, comparative correlational analyses.

2) Types of Job-Seeking Methods Used by Clients

- a. What are the attitudes of program completers to various, program- or client-initiated methods of seeking employment?

--Treatment:

- i) For each of 12 methods of job seeking, overall programs, the percentage of clients using it, the average ranking of the method in terms of perceived usefulness and the percentage of clients for whom each method was said to have worked;

- ii) T-tests comparing: the mean of the average usefulness ranks given by clients to program-initiated methods with the similar mean given to client-initiated methods; the means for program-initiated methods used and which worked compared with the similar mean for client-initiated methods.

- b. Are there differences attributable to location and modality with respect to program or client-initiated methods?

--Treatment: 2 X 2 ANOVA for use/disuse and effective/ineffectiveness of methods;
2 X 2 ANOVA overall program- vs. client-initiated methods, by location and modality.

3) Clients' Perceptions of Major Impediment to Obtaining and Keeping Jobs

--Treatment: For each of the 20 most typically

encountered impediments or problems, the percent of clients who perceived it to be among the 3 most of least serious.

4. Relationships Among Amount of Programmatic Emphasis on Employment, Job-Seeking Methods and Employment Outcomes

- a. To what extent is a client's perception of the usefulness of program-initiated job activities and his own program's actual emphasis on employment-related activities?

--Treatment: Correlational analysis: Across all program completers, the correlation between the individual's average rank given to all program-initiated activities with respect to usefulness and the % of total staff resources his program devoted to the general employment activity of "helping client get a job."

- b. To what extent is the amount of a program's general employment activities concerned with skill development related to the nature of employment gained?

--Treatment: Across all program completers, the correlations between the % of total staff resources the individual's program devoted to skill development activities and the gross weekly salary of his first job, satisfaction with his first job, and the extent to which he perceived himself able to handle a job of a higher level than his first job.

- c. Do program-initiated methods result in more favorable employment outcomes than do client-initiated methods?

--Treatment: Correlations between a score reflecting number of program-initiated methods working, and post treatment weekly salary, job satisfaction and perceived ability to hold a higher level job.

SCOPE AND CONTENT OF QUESTIONNAIRES AND INTERVIEW SCHEDULES*

Schedule A-Drug Program Director Schedule for Self-Completion

This schedule was either mailed or individually distributed to drug program directors for scrutiny at the time of our first contact with them, when project goals and methods were explained.

Its purpose was to ascertain basic information as to the nature and composition of the program in the following areas:

- a. component of program which is residential (if any);
- b. number of clients served, currently enrolled, potentially served;
- c. sex, age, ethnic and/or racial background of clients, whether or not they are on welfare;
- d. employment status of clients before and during program involvement;
- e. sectors of job market in which clients are employed;
- f. percentage of clients placed with or without agency assistance;
- g. number of staff filling various program functions (administration, health and mental health services, including counseling; employment-related positions, etc.), and amount of time spent by personnel in these positions;
- h. recent program staffing changes.

*All questionnaires are reproduced in Appendix B.

Program Director Interview Schedule A

The second schedule, administered to drug program directors only, was designed to determine the availability of non-vocational services, (educational, legal, counseling) within the program and detoxification services available either within or outside of the program, and the percentage of clients receiving each service. It also asks, through open-ended questioning, what programmatic priorities would be in the event of a budget increase.

Program Director Interview Schedule B

This interview schedule has two major emphases. First, it was constructed to assess:

- a) program directors' attitudes towards factors which facilitate or impede client maintenance of drug-free status;
- b) programmatic perceptions of the importance of employment in helping ex-addicts stay off heroin.

Secondly, and crucial to the aims of the study, it focuses on employment related services and activities in which the program is involved and those outside to which it may refer clients, and on various methods of obtaining employment.

Employment-related activities are broken down into nine specific activities, each of which is grouped under one of four general employment categories (designated here by Roman numerals).

I. General Preparation for Employability

1. Diagnosis of vocational strengths and preferences.
2. Pre-employment counseling and planning.
3. Job readiness training.

II. Skill Development Necessary for Employability

4. Technical skill training.
5. Remedial education training.

III. Helping a Client Get Employment

6. Job development and employer preparation.
7. Referral and placement activities.

IV. Follow-Up Activities to Help Clients Keep Jobs

8. Employer Follow-up.
9. Post-Employment activities.

These will be referred to below as the 9 specific employment activities, and the 4 general employment (categories or) activities.

For each of the 4 general employment activities, program directors were asked to rank order them in terms of their relative importance, and specify which were available internally ("in-house") and for which clients were referred outside of the program, to other agencies.

For each of the 9 specific activities, drug program directors were asked:

- a) to rate its importance in helping clients either procure or keep jobs;
- b) to specify which were provided internally by the program and which were available through extra-mural referrals;
- c) to indicate what staff members provide each activity and how much total staff time was devoted to it; and finally,
- d) what percentage of the program's clients participate in each of the activities.

Then directors were shown a list of 22 items each of which represented a potential problem ex-addicts might face in getting employment. (Respondents could add other items to the list if they felt them to be problematic.)

Then program directors were asked to nominate the 3

items believed to be most serious and those 3 believed to be least serious.

The last portion of the schedule investigates the utilization by programs and clients of the most typical methods of finding employment. Basically, there were 6 referral or information sources, each of which could be utilized 2 ways--formally (by program staff in behalf of the client) or informally (by the client her or himself, members of her or his family, or be friends of the family).

12 Methods of Seeking Employment

1. Referral to employment agency by program itself.
2. Referral to employment agency by self, friends or family.
3. Referral to another community agency by program staff.
4. Referral to another community agency by self, friends or family.
5. Referral to union by agency staff.
6. Referral to union by self, friends, or family.
7. Referral to Welfare department by agency staff.
- ~~8. Referral to Welfare department by self, friends or family.~~
9. Use of newspaper ads by agency.
10. Individual use of newspaper ads.
11. Referral to specific employer by agency staff.
12. Referral to specific employer by self, friends or family.

Directors were asked to rank these problem items in pairs in terms of which were perceived to be the most useful, next most useful, etc.

~~Finally, respondents were asked:~~

- a) of all clients expressing specific vocational aspirations what percent expressed attainable goals;
- b) for those who don't express attainable goals, what reasons are postulated for their unattainability;
- c) how satisfied are clients with the employment they obtain.

Clients Interview Schedule C

Interview Schedule C focuses entirely on demographics (age, sex, education, ethnicity and race) and other background characteristics of client, experience with drugs and drug treatment programs and inquires extensively into the client's actual employment experience.

Clients were interviewed about: the job they held for the longest time before entering their drug treatment programs; the nature and duration of that job; when, in the course of a particular client's addiction, the job was held; circumstances of employer awareness of addiction; amount of take-home pay; job satisfaction and perceived ability to hold a higher job.

They were then asked similar questions about the job at issue, the first job held either during treatment or after completion of the treatment program. Finally they were asked to indicate what, if any, employment-related ~~services they would have found useful in obtaining a job~~ but which were not available from the program.

Clients Interview Schedule D

Schedule D for clients was, in the main, constructed to be an item-by-item parallel of Program Director Schedule A so that comparisons could be made between attitudes and perceptions of program administrators and experience of clients.

The major unique component consisted of questions designed to assess the ex-addicts' evaluation of the actual usefulness of the 12 methods of obtaining employment, which they used and which of the methods used actually worked. They were also asked whether they had

expressed specific vocational goals to the program staff, whether or not the program tried to help them reach these goals and, if not, the reasons clients advanced for the programs' lack of helpfulness.

Relationships with Drug Treatment Programs

Most organizations, whether primarily concerned with the delivery of services, education or "rehabilitation," or involved in the development, manufacture and marketing of products of all kinds, or those responsible for the formulation and administration of policy, are at least ambivalent in their receptivity towards research which involves the gathering of data relating to the functioning and effectiveness of their programs. Regardless of whether the research is initiated externally or from within, many program administrators and staff members feel vulnerable to and suspicious of the (imagined or probable) consequences which research could have for the continued survival and growth of their organization as well as for their own jobs. (Ironically, this can sometimes be the case especially in human services organizations, where staff members feel confident their group is effectively meeting programmatic goals: if you do your job too well, you may work yourself into obsolescence; if, in a time of atrophying funding sources, you underspend your budget, you may be denied the additional funds necessary for justified growth and more effective functioning.)

Another typical problem encountered in the research receptivity of service programs is the feeling on the part of hardpressed staff members that any diversion of time will drain off energy from urgent and concrete help to patients, clients, students in the here-and-now in favor of some indirect, vague and unlikely future benefit. The time (if it ever existed) of researchers being greeted with open arms has been replaced by one of mistrust towards objectives of those perceived as uncommitted to the organizational goals. As we would expect, the problems involved in gaining entry for research efforts are exacerbated in fields characterized by fear or suspicion, internal controversy, and intense competition over diminishing funds.

Since the field of drug rehabilitation is clearly one of these, we were, throughout our contacts with drug treatment groups, particularly sensitive to the justified skepticism and possible resistance of staff members and clients in both methadone maintenance and drug-free programs. The project staff devoted much time and care to developing the sense of understanding and atmosphere of acceptance

necessary for the research to proceed.

In a few situations, an institution sponsoring programs had set up formal committees which were responsible for screening proposed research projects, particularly in terms of human ethics and sound medical and social-psychiatric practice. In those cases we went through the formal procedures necessary for acceptance of the proposal, modifying and strengthening our approach in response to constructive criticisms.

In the case of programs which were components of a centrally coordinated effort (such as the Boston City Hospital Methadone Maintenance clinics) we first contacted the individuals responsible for over-all administration and then met individually with each program or clinic director and any other staff members they wished included. The nature and purposes of the study were explained in great detail.

In the case of all programs, members of the project staff met with program staff members, explaining the background and goals of the research, and explaining in great detail our research procedures and the content areas covered in each of the questionnaires, to be administered to clients or staff members.

We were particularly concerned with assuring programs of the complete confidentiality of information and the development of clear and acceptable provisions for maintaining anonymity of clients, not only in the analysis and write-up of research reports but also throughout the period of selection of interviewing of respondents. Program staff members were also assured that neither themselves nor their programs would be identifiable in our report.

We endeavored to establish a process of ongoing communication with all programs and to be responsive to concerns and suggestions which were expressed in the course of our contacts. In particular, the Informed Consent Form (See Exhibit #1) was developed on the basis of maximum interchange with agencies. We also provided for drug treatment program review of the final report of the drug research team.

In the Boston area we shared our goals and procedures

INFORMED CONSENT

The purpose of this study is to provide help to government agencies and drug treatment programs, in creating better programs to help ex-heroin addicts find better opportunities for employment. We need to find out from heroin addicts-in-treatment, who now have or have had full time jobs, how treatment agencies helped or did not help them in getting employment. We will also be asking drug treatment program directors similar questions.

The method of doing the study is to ask you questions in an interview. In the interview you will be asked questions about yourself and about your employment. No one connected with the study will know your name or the name of your employer. No employers will be interviewed in this study. Your signature on this form will not be seen by the interviewer but will be kept by the drug program you have been or are now connected with.

The interview will last about one half hour and at the end of the interview you will be paid five (5) dollars for your participation.

It is our opinion that your participation in the study carries no risk in any form. A possible benefit to you from participation in this research will be the development of better methods for assisting heroin addicts-in-treatment to find full time employment.

If you have any questions about the purpose of the study or about the interview itself ask the interviewer and he will be glad to answer any questions. If you decide, at any time, that you do not want to participate, you are free to stop and the interview form will be destroyed.

I have read the above statement and have had all questions satisfactorily answered about the purpose of the study and the interview. I understand the purpose of the study and understand that I will be asked questions about myself and about employment that I now have or have had. I have voluntarily agreed to participate in this study without threat of harm from any source. I further understand that no one connected with the study will know my name, the name of my employer or where I am employed and that no employers will be interviewed as a part of this study.

I understand, also, that I will be paid the sum of five (5) dollars upon completion of the interview.

SIGNED _____
WITNESS _____
PRINCIPAL INVESTIGATOR _____
DATE _____

with the larger community which is involved in drug rehabilitation, we made presentations to the Region VI Drug Program Coalition, and scheduled periodic joint research reviews between our drug research team and the Massachusetts state drug coalition. As a consequence of these activities, relationships of trust and openness were established between the project and many of the drug treatment programs in Massachusetts.

In the New York area the collaborative process was expedited through the ongoing activities and relationships that have existed for some time between PACT (Provide Addict Care Today), and New York drug treatment programs.

Criteria for Selection of Drug Rehabilitation Programs

Boston

Methadone Maintenance Programs

There were no sampling decisions necessary in selecting 10 methadone maintenance programs in Massachusetts. Since only 10 such programs existed at the time the project was proposed, the entire population of programs had to be included.

The ten programs included four methadone maintenance clinics which are part of a single agency in Boston.* However, since each clinic has its own administration, metropolitan location and clientele, we felt it to be legitimate to consider the four as separate programs for the purpose of the study.

We also found that two of the Massachusetts agencies have both drug-free and methadone maintenance programs. Because of the limited number of methadone maintenance programs available, we decided to treat both of these agencies as methadone maintenance section of the clinic.

Because all methadone programs in Massachusetts

*For the purposes of this study, Boston is considered as a greater metropolitan area, including the City of Boston and densely populated cities and towns having common borders with the City of Boston.

are public programs, they served to form the basis for selection of drug-free programs in geographic proximity.

Boston

Drug Free Programs

In order to be included in the Boston sample a drug-free program had:

- a) Preferably to be located in the City of Boston. However, because we had to use 4 methadone maintenance programs located in Greater Metropolitan Boston, we decided to match these programs with four drug-free programs which were geographically close. (All four of the drug-free programs happened to be residential.)
- b) To provide treatment for heroin addiction.
- c) To have provided treatment for at least a year on the premises of the program (e.g., not to be a referral agency or a hotline).
- d) To be able to provide access to 10 of the most recent program completers, * who were employed full time upon the completion of the program and by the same program that treated him (or her).

In addition,

- e) The drug free sample should include both residential and non-residential settings, with the latter programs constituting up to 50% of the total of the drug free sample.

All drug free programs in Massachusetts were reviewed relative to criteria b) and c) above by the Massachusetts Department of Mental Health, Division of Drug Rehabilitation. By law, this office must license all treatment programs in the Commonwealth. A total of 19 programs,

*"Program completer" is a person who meets one or more of the following criteria:

- a) Heroin free
- b) Completed prescribed course of treatment
- c) Does not require full-time treatment

all private, were included.

As was described above, 4 of the drug-free programs were greater Boston programs matched with greater Boston methadone programs.

Of the remaining 15, 9 were located in Boston, and of these 9 four provided non-residential services and were selected in order to allow us to compare residential vs. non-residential greater Boston programs, of the remaining 5, residential centers in Boston, two were selected randomly.

Table 1 on the following page shows the universe of Massachusetts drug programs and the results of sampling.

New York

Methadone Maintenance Programs

Selection of methadone maintenance programs in New York followed the selection of the sample of drug free programs. In order to match New York programs with Massachusetts programs, which were public, each drug free New York program was matched with a public methadone maintenance program geographically as near as possible to it.

After each methadone program so selected, we determined whether it met criterion d) (permitting access to 10 recent program completers). In the few cases where this criterion could not be met, the geographically near programs were substituted.

New York

Drug-Free Programs

Except, obviously, for geographical location, criteria for the selection of drug-free programs in New York were the same as for Massachusetts.

From the list of all residential drug-free programs in New York, five programs were randomly selected. In every case wherein such a program failed to meet criteria, the next randomly selected program would be substituted

TABLE V.1

TOTAL DRUG PROGRAM DISTRIBUTION AND ACTUAL SAMPLE DISTRIBUTION - BOSTON

TOTAL UNIVERSE	DRUG-FREE				METHADONE MAINTENANCE			
Size	19				10			
Location	Boston 9		Extra-Boston 10		Boston 6		Extra-Boston 4	
Character	Res 5	N-R 4	Res 10	N-R 0	Res 0	N-R 6	Res 0	N-R 4
<hr/>								
ACTUAL SAMPLE								
Size	10				10			
Location	Boston 6		Extra-Boston 4		Boston 6		Extra-Boston 4	
Character	Res 2	N-R 4	Res 4	N-R 0	Res 0	N-R 6	Res 0	N-R 4

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until all criteria were met.

From the list of all drug free programs providing non-residential care in New York, 5 programs were selected at random, and other randomly selected programs substituted whenever all criteria could not be met.

The breakdown of New York drug program and sample distribution is shown in Table 2.

Selection of Program Completers for All Programs

Since previous sampling experience indicated that a subject pool twice the size of the needed N is necessary to fill the experimental cells, all programs (New York and Boston, methadone maintenance and drug-free) were asked to provide access to the last 10 program completers who became employed full time either while in treatment or upon completion of the program. Clients employed directly by programs in which they were or had been enrolled were excluded from the sample.

The ten completers were ranked according to how long they had been employed. The process of selection started with the most recently employed and, of these, the first five clients who could be contacted and agreed to be interviewed, were considered to represent the sample from a particular program. Members of the research staff were never given clients' names by anyone, program staff or otherwise. The only times in which anonymity was broken was when clients, understanding our commitment to confidentiality, gave their names to project interviewers, fully understanding our commitment to confidentiality and our promise not to identify anyone in the research material or ensuing reports.

Each subject was given \$5 for his or her collaboration in giving up their time and being interviewed. (The interviewing times usually took from one-half to one hour.)

Interviewer Training

Interview schedules were revised several times on the basis of experience gained from pilot testing and feedback from outside the products.

Interview training was oriented toward: standardization

TABLE V.2

TOTAL DRUG PROGRAM DISTRIBUTION AND
ACTUAL SAMPLE DISTRIBUTION

TOTAL UNIVERSE	DRUG-FREE		METHADONE MAINTENANCE	
Size	76		72	
Location	New York City		New York City	
Character	Res 56	Non Res 20	Res 2	Non Res 70
SAMPLE				
Size	10		10	
Location	New York City		New York City	
Character	Res 6	Non Res 4	Res 0	Non Res 10

of interview techniques in Boston and New York; the development of the ability to anticipate problems and questions which could arise during the course of the interviews; the clarification of the interviewers' role; the assurance that clear, appropriate, understandable, non-jargonistic language was used, not only in the interview schedules but in the dialogue between interviewer and client; adjustments in timing of interview instruments; revisions in question format according to "task" difficulty.

In these ways, the training served the dual function of both training and instrument adjustment to both interviewers and interviewees.

An ex-heroin addict with drug program experience (first as a client, and, later, as a staff member) was employed in role-playing as an interviewee in the New York and Boston interviewer training sessions. The trainees alternated as interviewers and observers, thus both generating and identifying problems in procedures.

Such problems, which, as expected, materialized, included: problems of vocabulary and slang, interpretation and meaning, interviewer bias, clients' difficulty in performing or ranking lists of items, interviewer confusion over explication, etc.

The actual process of selection of the research sample agencies in New York was more difficult than in Boston for two reasons. First, there are many more drug rehabilitation programs--methadone maintenance and drug-free--than in Boston. Second, Massachusetts has extensive information on all programs through its "single state agency," the State Department of Mental Health's Division of Drug Rehabilitation, which is in charge of licensing and state and federal funding, as well as a very representative State Coalition of Drug Agencies.

The first step in the data collection process, after sample selection, was to send a letter to the agency, (see Exhibit 2) describing the study and asking for their cooperation for the program director's interviews, and for the major work of identifying and contacting clients. We included with each letter a description of the study (Exhibit 3) and, for all Massachusetts agencies, a letter from M.A.S.H., the statewide coalition, asking for cooperation (Exhibit 4).

EXHIBIT V.2

Drug Action Research Team
2 Park Square
Boston, MA 02116

Sister Caroline Smith
Providence Hospital
1233 Main Street
Holyoke, MA

Dear Sister Caroline Smith:

The Drug Action Research Team (DART) is currently studying some of the problems that heroin addicts-in-treatment and ex-addicts have in seeking, securing, and retaining employment. (A more detailed description of the study is enclosed for your information). We feel that this is a worthwhile study that will aid funding sources and agencies alike in selecting priorities for future programming in the area of employment.

We are seeking the assistance of your program in this research in the following ways. First, we would like your agency to answer a questionnaire that is in two parts. The first part will be sent to you for self-completion. It concerns, primarily, demographic and program data. The second is an interview to be answered by the Program Director of your program(s). This interview will take about one hour to complete. Your agency will not be identified in this research.

Secondly, we would like to interview some ex-addicts who have been a part of your program and who have obtained employment while under treatment. Because confidentiality is of major concern we do not want to know the names of the ex-addicts but, rather would ask that your program assist us by setting up appointments between the interviewer and the people to be interviewed. Specifically, we would like to interview five (5) of the last ten (10) ex-heroin addicts from your program who became employed full time while in treatment. They may still be on methadone maintenance but should not be employed in your

program. It is not necessary that they be currently employed. They will be paid five dollars each for the interview.

No employers will be interviewed as part of this study.

The Massachusetts Department of Mental Health, Division of Drug Rehabilitation requires that in all interviews with people in programs, that the interviewees be informed of the purposes of the study prior to being questioned and that they sign a statement that they have been so informed and have agreed voluntarily to the interview. We intend to conform to this requirement but in order to maintain confidentiality ask that the signatures be obtained by your program and be kept by you. This will insure that the interviewers will not have access to the names. We will supply the forms for this.

Mr. Melvin Moore, interviewer for the study will be calling you in the next few days in order to answer any questions you have and to set up an appointment, at your convenience, for the interview with your program director(s).

We would like to call your attention to the fact that this research is being undertaken with the full approval of the statewide coalition of drug programs M.A.S.H. (A letter is enclosed from Mr. Sam Serino, Executive Director of that agency).

We look forward to working with you on this valuable research. We have agreed with M.A.S.H. that, prior to the submission of the final report to Washington we will discuss the results with the programs assisting us in this research in order to give them the opportunity to provide their input to the report if they wish. We think that this will provide you with first hand results of the study as well as the opportunity to criticize and/or add to it.

Thank you in advance for your assistance in this

/cont.

research. Please feel free to call at (617) 357-5545
if you have questions.

Sincerely yours,

Benjamin S. Hersey
Project Director

I. Ira Goldenberg
Principal Investigator

j
Enclosures

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EXHIBIT V.3

Drug Action Research Team
2 Park Square
Boston, MA 02116

TO: Massachusetts Drug Agencies

DATE: April 23, 1974

RESEARCH SUMMARY

The purpose of our research is to try to detail the place, problems and potentials of employment and/or job preparation within the overall process of rehabilitation through which heroin addicts pass. We hope to be able to describe the kinds of issues that either assist or resist the efforts of those addicts-in-treatment and ex-addicts who want to work. We hope to be able to trace and summarize the kinds of pathways that employment-seeking addicts and ex-addicts currently use in their efforts to gain and hold jobs, and to make recommendations concerning the kinds of resources that might or could be developed to help such people.

This research is a direct result of some of our previous research in the area of addiction and employment. This earlier research showed rather clearly the barriers that confront job-seeking ex-addicts and/or addicts-in-

treatment --- they are primarily barriers on the part of potential employers. Nevertheless, some addicts, be it because of their own ingenuity, do find jobs. Thus, part of the purpose of our current research project is not only to describe the processes they used to obtain and retain these jobs, but also to indicate that the rehabilitated addict, if he chooses to enter the general "world of work," can function as effectively and productively as workers who do not have histories involving the use of drugs.

These are, hopefully, potential policy issues connected with this phase of our research. Specifically, we hope to develop and analyze data which will have direct resource implications with respect to drug treatment programs. Independent of specific policy outcomes, however, we hope to develop the kind of analysis through which ex-addicts and addicts-in-treatment who have successfully negotiated the "world of work" can share their experiences in ways that will be helpful to others.

EXHIBIT V.4

M.A.S.H. Inc.
102 Brook Street
Brighton, MA 02135

At the March meeting of the Board of Trustees of M.A.S.H., Inc. the Board unanimously approved of a research project being conducted by Benjamin S. Hersey and I. Ira Goldenberg, Ph.D. of D.A.R.T., regarding the employment difficulties of ex-addicts in the job market.

The study is being conducted in order to aid the government in making future decisions regarding the allocation of resources in the area of employment of ex-addicts. The study hopefully will identify some problems that ex-addicts incur in the job market and provide input for future planning for drug programs to deal with them.

We hope you will be able to cooperate with the study. If you have any questions please contact me.

Sincerely yours,

Samuel C. Serino
Executive Director

SGA/jmt

Following the letter the interviewer would phone the particular drug rehabilitation program in order to discuss its response to our aims and material, to determine whether the program will help obtain the client interviews, and to establish a time for interviewing the program director.

Frequently, the agency director would wait to schedule the interviews until he had an opportunity for discussion with staff. (This is partially the result of a desire for democratic procedure characteristic of such programs, but also because of the cautiousness with which all programs greet outsiders nowadays.)

Problems with Sampling Drug Programs

The research design called for sampling of administrators and clients from 40 drug rehabilitation programs, of which 20 were located in New York, 20 in Massachusetts. Although we made exhaustive efforts to obtain the full sample, and extended the time for interviewing rather beyond the point of diminishing returns, we were unable to obtain interviews from 5 programs or their substitutes. That is, we obtained interviews from administrators of 35 out of 40 programs, and from 156 out of the expected sample of 200 clients.

Of the 5 absent programs, 1 was from New York and 4 from Massachusetts.

As might be expected, we had more problems with ambulatory than residential programs, and more problems in contacting completers of drug-free programs than ex-addicts who were on methadone maintenance. While the latter could be relied on to show up regularly to obtain their methadone dosage, most ex-clients of drug free programs were difficult to reach, and to set up appointments with, especially because the guarding of their anonymity restrained our interviewing staff from making any direct contact which required knowledge of the clients' names.

The New York program we could not obtain data from was ambulatory and the clients either could not be reached after many attempts, or missed appointments.

Regarding the 4 "missing" Massachusetts programs, a variety of factors made data collection impossible. In the case of one program, the interviewer, an experienced professional, estimates making over 2,000 calls without pay-off. In two other cases, the program director refused to participate unless we could reimburse the programs for the extensive amount of staff time that would have to be spent in searching out employed ex-clients and arranging interviews. In the last Massachusetts case, we were initially delayed due to the lengthy human subjects committee review process, and then, on finally gaining approval for the research, were unable to make contact before it became too late to include the interviews in the data analysis.

In the case of one Massachusetts program, we did obtain a complete set of interviews with the staff director of a very small program but we were stymied by the program's inability to locate employed clients, most of whom had left the area. This program was, therefore, excluded from the data analysis, which is why the N of programs is 34 instead of 35.

The following tabulation shows the obtained distribution of program and clients by location and modality.

	<u>Programs</u>	<u>Clients</u>
New York-Methadone Maintenance	10	50
New York-Drug Free	9	45
Massachusetts-Methadone Maintenance	7	28
Massachusetts-Drug Free	<u>8</u>	<u>33</u>
Total	34	156

III. The Massachusetts Situation: A Preliminary Description

As the foregoing discussion indicates, we have had much greater difficulty in obtaining interviews in Massachusetts than in New York. Although problems of researching drug programs in Massachusetts are many and complex, they seem to arise from three factors which have to do with the relative size of Massachusetts programs, their structure and stability and political issues. First, Massachusetts programs tend to have much fewer participants than do programs in New York. Each program, therefore represents a smaller pool of potential respondents and more effort required to maintain high standards for confidentiality. By the same token, there are significantly fewer programs in Massachusetts, thereby limiting the number of alternative research sites in the event a particular site falls through. Likewise, the pool of employed clients is likely to be very small in any one program.

Secondly, programs in New York tend to be more centrally structured, and within each treatment modality, more responsive to public agencies, and more interdependent.

Within each treatment modality, they seem more homogeneous in terms of practices and values. On the other hand, Massachusetts programs tend to be very autonomous from state and local agencies, as well as being much more loosely organized individually. Whereas many New York programs provide a wide spectrum of services to their clients, such broad supportive services are rarely found in Massachusetts. Finally, not only because of the small size of programs and the precariousness of their funding, but also because of their relative youth and experimental nature, particular programs may be severely cut in budgetary support, terminated, or they may change either their approach or the kind of client population served--all in the course of the research project.

Third, and very much linked with the preceding points, the willingness of particular programs to cooperate with any "outsiders" is greatly affected by political considerations, particularly in terms of programs' relationships with funding and regulatory agencies and in terms of differences in therapeutic and political outlook. For example: a program which has recently suffered major budget cuts is not likely to welcome researchers whom they see as coming in under the aegis of the agency which cut their budget; programs which are barely surviving in terms of resources and available staff time are not likely to be able to spend time securing anonymous respondents without some form of compensation, which we were obviously unable to provide for them. Also, there have been bitter and long-term conflicts within the field of drug rehabilitation over issues such as the addictive dangers of methadone and the violation of privacy through the establishment of data banks. Such conflicts have limited the capacity of the "good offices" of any agency in helping us gain access to programs.

Characteristics of Ex-Addict Sample

The following table, which is self-explanatory, displays some basic characteristics of the sample of clients.

FIGURE V.1

CHARACTERISTICS OF EX-ADDICT SAMPLE

Mean Age	27 years
Mean Age of First Drug Addiction	18.39 years
Months in Program	15.8 months
Percentage of Clients Still Enrolled	69.23%
Percentage of Clients who have been in Residential Programs	39.45%
Mean Months in Residence	4.57 months
Mean Years of Schooling Completed	11.31 grades
Percentage of High-School Drop-outs	51.95%
Percentage of High School Graduates	25.32%
Percentage with Education Beyond High School	22.73%
Percentage with High School Equivalency (GED)	21.51%

Sex: Male * Female
 73.72 26.28

Race and Ethnicity: White Black Hispanic
 44.87% 37.82% 16.03%

American Indian NA
 .64% .64%

Marial Status: Single Married Separated or Divorced
 49.36% 21.79% 21.16%

Widowed Common-Law Marriage or Cohabitation
 1.92% 5.77%

Mean Pre-Treatment Weekly Pay: \$123.41
 Mean Post-Treatment Weekly Pay: \$127.92
 Number of Clients Served by Individual Programs:
 Mean Number of Clients Enrolled: 152.36
 Mean Number of Residential Clients: 25.09
 Maximum Program Client Capacity: 212.63
 Mean Number of Clients Served Per Year: 322.94

VI. RESEARCH RESULTS

A. The Labor Market Context: A Summary of the Possibilities and Problems of Employment in the New York City and Boston, Massachusetts Areas.

The major purpose of this sub-section of the Results portion of the Final Report is to provide the reader with some understanding of the overall employment possibilities and problems that confront individuals (be they addicts, ex-addicts or people with no drug histories) who seek employment in the New York City, New York and/or Boston, Massachusetts areas. Such an understanding, we feel, is essential if we are to generate an accurate or acceptably comprehensive picture of the employment (or non-employment realities that comprise the "world of work" as it currently exists. It is within this context that the current investigation took place; it will be within this context that much of our data will have to be analyzed and evaluated; and it is within this context that our recommendations will assume their form and structure. New York City's manufacturing industries plus the evidence from unpublished data on the non-manufacturing sectors of New York City's economy, allow for rough estimates to be made. These sources imply that the number of hires that occur in a metropolitan labor market over the course of a year may equal between one-fourth and one-third of the total number of jobs that exist there. Much of this activity is due to the repeated filling and refilling of the least attractive lowest paying jobs in the local economy: the gas station attendants, laundry workers, packers and wrappers, factory laborers, busboys, dishwashers, porters and maids. Yet even here the competition may become acute, when there are more people looking for these jobs than there are openings. The least "qualified" dishwasher, the least experienced gas station attendant, the least desirable applicant for a factory helper or laundry labor job may not be hired, even for the jobs no one would really want, if they had any choice at all. (See Appendix E for

Detailed Description of Labor Market Context.)

B. Program Resources, Services and Client Job-Seeking Experiences

For purposes of clarity, the materials and data summarized in this section (B) of the Results Chapter have been organized into three separate sub-sections. These sub-sections are:

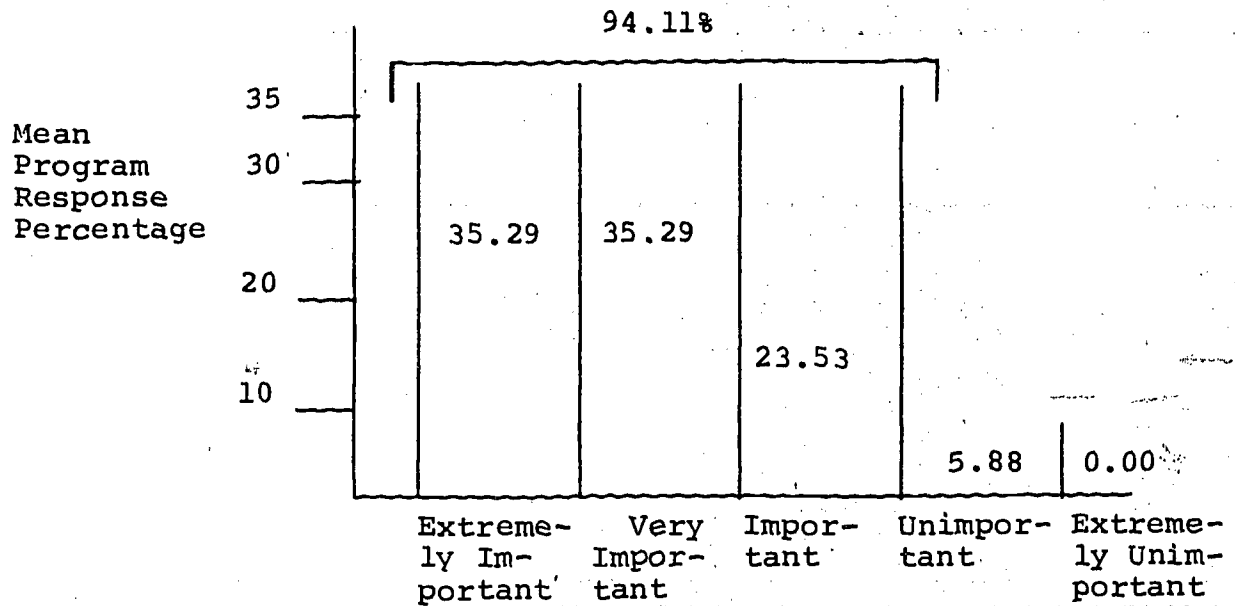
1. Program Reports of the Importance, Availability and Utilization of Manpower-Related Services and Resources in the Rehabilitative Process;
2. Client Perceptions and Reports of Employment-Seeking Methods; and
3. Relationship Between Programmatic Emphasis on Employment and Client Experiences of the Impact and/or Effectiveness of such Emphases and Related Resources.

1. Program Reports of the Importance, Availability and Utilization of Manpower-Related Services in the Client Rehabilitation Process.

The overall question of the importance of employment and employment-related activities in the addict rehabilitative process is the key contextual parameter around which this entire study is organized. As indicated below (Figure IV., B. 1.), as a whole, the programs-sampled in this investigation (independent of location and modality) perceive employment to be an important aspect of rehabilitation. Fully 94.11% of the programs surveyed saw employment as positively related to success in the rehabilitative process.

FIGURE VI.B.1

HISTOGRAM OF THE PERCEIVED IMPORTANCE OF EMPLOYMENT
IN THE ACHIEVEMENT AND MAINTENANCE OF HEROIN-FREE STATUS



Differences, however, do occur in the comparative emphases placed on the perceived importance of employment in the rehabilitative process. As can be seen in Table VI.B.1 (see below), the programs sampled in New York attach even greater import to the "world of work" as a rehabilitative lever in the lives of their clients than do the programs surveyed in Massachusetts.¹

¹For this variable, a low score signifies less importance.

TABLE VI.B.1.

ANALYSIS OF VARIANCE OF PROGRAM PERCEPTION OF THE IMPORTANCE
OF EMPLOYMENT FOR THE MAINTENANCE OF HEROIN-FREE STATUS

LOCATION-MODALITY	SCORES
NY - MM	2.0
NY - DF	1.4
MA - MM	1.3
MA - DF	2.3
F = Ratio	Location F = 4.349*

LEGEND: NY = New York MM = Methadone Maintenance
MA = Massachusetts DF = Drug Free
*Significant at the .05 level of confidence.

With respect to the actual in-house provision of employment-related activities, the programs sampled in this study vary with respect to both the number and kind of such resources and/or activities available. Table VI.B.2 is a descriptive summary of the provision of 9 specific employment activities. As can be seen, the activities least available (and, presumably, least offered) internally are those related to actual skill training (26.5%). On the other hand, the activities most available are those related to counseling, either pre-vocational (91.2%) or post-vocational (85.3%) in nature.

TABLE VI.B.2
NUMBER AND PERCENT OF 9 SPECIFIC EMPLOYMENT ACTIVITIES
PROVIDED IN-HOUSE

In-House Employment Activity	%	N
1. Vocational Dx	76.5	26
2. Pre-Counseling	91.2	31
3. Job Readiness	64.7	22
4. Skill Training	26.5	9
5. Remedial Education	55.9	19
6. Job Development	61.8	21
7. Referral-Placement	73.5	25
8. Follow-Up	61.8	21
9. Post-Counseling	85.3	29

TOTAL N = 34

The picture of available employment-related services changes somewhat when one "adds" to the activities provided "in-house" those which programs have access to externally or outside their own settings. In Table VI.B.3 (see below), we have summarized the overall provision-of or access-to employment-related resources. Thus, while Pre- and Post-Counseling activities remain high (97.5 and 90.4), the activities related to actual skill training approach (and in some cases surpass) the levels of counseling available in-house.

TABLE VI.B.3

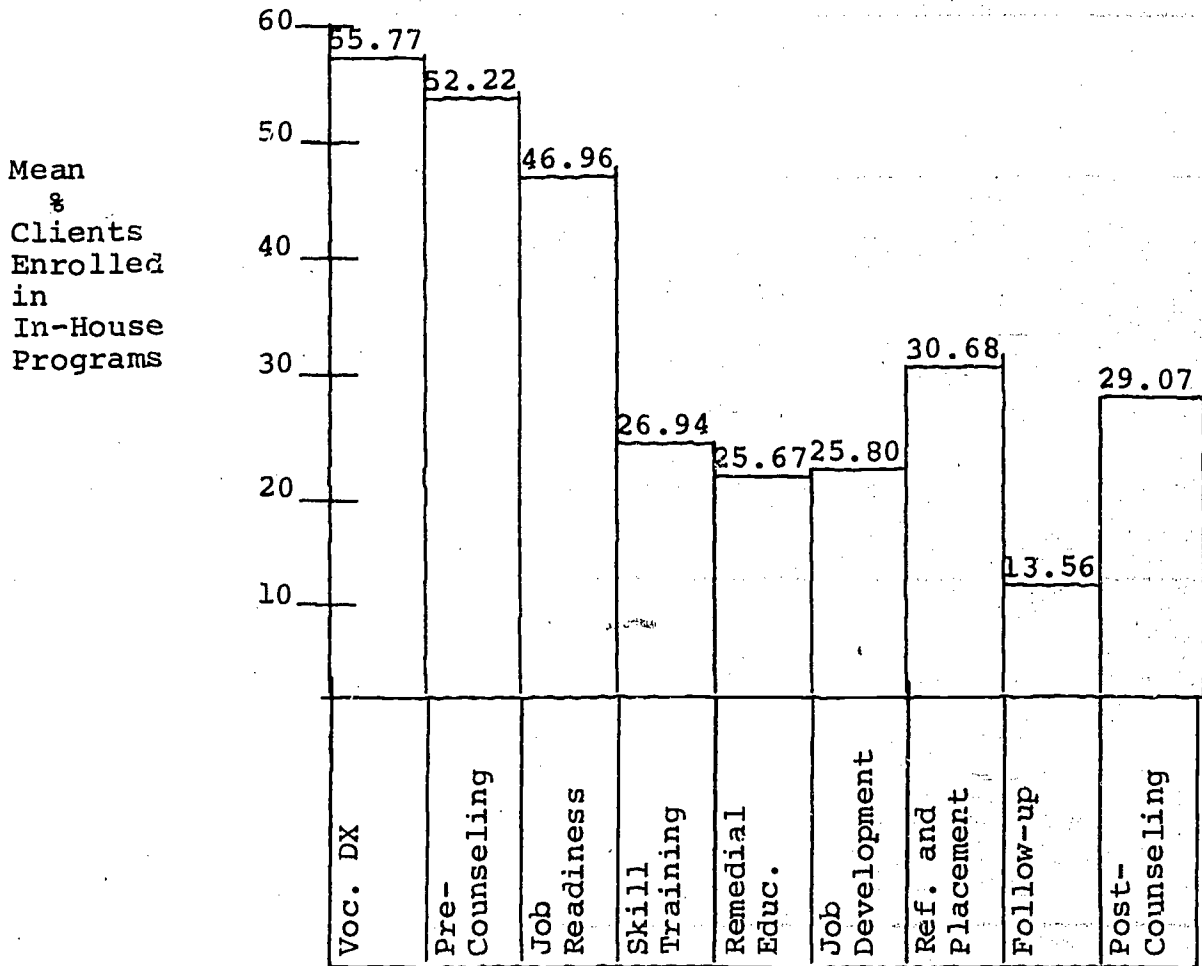
PERCENT OF 9 SPECIFIC EMPLOYMENT ACTIVITIES PROVIDED BOTH IN-HOUSE AND/OR EXTERNAL TO THE REHABILITATION PROGRAM

EMPLOYMENT ACTIVITIES	%
1. Vocational Dx	91.2
2. Pre-Counseling	97.5
3. Job Readiness	82.5
4. Skill Training	91.4
5. Remedial Education	89.3
6. Job Development	77.3
7. Referral-Placement	96.4
8. Follow-Up	72.5
9. Post-Counseling	90.4

Given the kind and number of employment-related activities available within programs themselves, it is important to describe the distribution of "client enrollments" in such in-house activities. In Figure VI.B.2 (see below) we have compiled a histogram summary of client participation in the 9 job-related activities. As can be seen, with the exception of follow-up (13.56% client enrollment), the lowest enrollment percentages occur in those activities that could be described as actual job preparation (Skill Training, Remedial Education and Job Development). The highest client enrollment, on the other hand, occurs in those activities involving vocational assessment and pre-counseling.

FIGURE VI.B.2

PROGRAM REPORTS OF CLIENT PARTICIPATION IN 9 JOB-RELATED ACTIVITIES



An even clearer (if somewhat less differentiated) picture concerning job-related, in-house activities emerges through the process of collapsing the 9 specific job-related activities into 4 general employment activities.

In Table VI.B.4 (see below) we have summarized this data. As can be seen, the highest percentages of In-house-available activities occur in those general areas dealing with General Preparation and Follow-up (91.2 and 81.8% respectively). The lowest percentages are related to actual Skill Development and Job Development activities. The same pattern holds up, with one important exception (Skill Development = 89.66%) when In-house-provided activities are coupled with those available externally to the rehabilitation program (see Table VI.B.5).

TABLE VI.B.4

THE IN-HOUSE PROVISION OF 4 GENERAL EMPLOYMENT ACTIVITIES
BY REPORTING PROGRAMS

GENERAL ACTIVITIES	N	%
1. General Preparation	31	91.2
2. Skill Development	18	62.1
3. Job Development	26	78.8
4. Follow-Up	27	81.8

TABLE VI.B.5

THE PROVISION OF 4 GENERAL EMPLOYMENT ACTIVITIES
(BOTH IN-HOUSE AND EXTERNALLY) BY REPORTING PROGRAMS

GENERAL ACTIVITIES	%
1. General Preparation	91.18
2. Skill Development	89.66
3. Job Development	78.79
4. Follow-Up	81.82

Having developed the very general parameters of this study, we now turn our attention to an in-depth analysis of the comparative data; that is to say to the comparisons that emerge with respect to the independent variables of location (New York City and Massachusetts) and treatment modality (Methadone Maintenance and Drug-Free).

The first, and perhaps most important issue to be addressed, could be phrased in the following manner: Do different types of treatment programs (methadone maintenance vs. drug-free) and/or different geographic areas (Massachusetts vs. New York City) differ significantly in the extent to which they provide various types of employment and employment related activities?

The answers, at least in terms of the data generated by this study, are summarized in Table VI.B.6 (see below). As can be seen, in terms of the provision of 9 specific In-House employment-related services, there are no major-effect differences with respect to Vocational Diagnosis, Pre-Employment Counseling or Post-Employment Counseling. Location appears to make a significant difference with respect to the provision

of such services as Job Readiness, Job Development, Referral-Placement, and Follow-Up--the New York-based programs provide these services to a much larger extent than their Massachusetts-based counterparts. It also appears to be the case that Drug-Free programs (independent of location) provide more In-House services in the areas of Skill Training and Remedial Education.

TABLE VI.B.6.

PROVISION OF 9 SPECIFIC IN-HOUSE EMPLOYMENT-RELATED SERVICES BY LOCATION AND MODALITY

Employment-Related In-House Services

Location-Modality	VOC-DX	Pre-Counsel	Job Readiness	Skill Training	Remedial Education	Job Devel.	Ref. Placement	Follow-up	Post-Counsel
NY-MM \bar{x}	.900	.900	.900	.100	.400	.800	.800	.800	.900
NY-DF \bar{x}	.667	1.000	.667	.444	.889	.889	1.000	.778	1.000
MA-MM \bar{x}	.571	.714	.143	.000	.143	.143	.429	.286	.571
MA-DF \bar{x}	.875	1.000	.750	.500	.750	.500	.625	.500	.875
F-Ratio	NS	NS (but modality F=4.002, sign. level =.055)	Location F=5.409*	Modality F=8.720**	Modality F=13.330***	Location F=12.820**	Location F=6.725*	Location F=5.968*	NS (but Location F=.065 sign; Modality F=.098 sign)

* = .05 level
 ** = .01 level
 *** = .001 level

67

73

With respect to the same variables, on an In-House or Externally-available basis, with one exception (see Table VI.B.7 below), there were no differences by Location or Modality in the availability of employment-related activities.

TABLE VI.B.7

LOCATION AND MODALITY DIFFERENCES FOR
REMEDIAL EDUCATION ACTIVITIES AVAILABLE
IN-HOUSE OR EXTERNAL TO THE PROGRAMS

LOCATION-MODALITY	REMEDIAL EDUCATION
NY-MM \bar{x}	1.000
NY-DF \bar{x}	1.000
MA-MM \bar{x}	.571
MA-DF \bar{x}	1.000
F- Ratio	Location, modality and and interaction $F_s=6.711$

Reconstituting the data into the 4 general categories of In-House, employment-related activities yields a somewhat different (though not contradictory) picture. Simply put, the findings here indicate a rather definite and extensive difference attributable to Location as opposed to service modality. In the categories of General Preparation, Skill Development and Job Development, the New York-based programs appear to possess and provide more In-House services. (See Table VI.B.8 below).

TABLE VI.B.8

ANALYSIS OF VARIANCE OF THE 4 GENERAL CATEGORIES OF
IN-HOUSE, EMPLOYMENT-RELATED SERVICES BY LOCATION AND
MODALITY.

General Categories

Location-Modality	General Preparation	Skill Development	Job Development	Follow-Up
NY-MM \bar{x}	1.000	1.000	1.000	1.111
NY-DF \bar{x}	1.000	1.111	1.000	1.111
MA-MM \bar{x}	1.286	2.000	1.714	1.429
MA-DF \bar{x}	1.125	1.375	1.250	1.125
F-Ratio	Location F=4.587	Location F= 24.956 Interaction F=8.465	Location F= 18.788 Modality & Interaction F=4.356	NS

NOTE: For this table, higher entries signify lower scores.

With respect to the same variables, on an In-House or externally-available basis (see Table VI.B.9 below), there were no differences, either by location or modality, in the availability of employment-related activities.

TABLE VI.B.9

ANALYSIS OF VARIANCE OF THE 4 GENERAL CATEGORIES OF
IN-HOUSE AND/OR EXTERNALLY-AVAILABLE SERVICES BY LOCATION
AND MODALITY

Location- Modality	General Preparation	Skill Development	Job Development	Follow- Up
NY-MM \bar{x}	1.000	1.000	1.000	.800
NY-DF \bar{x}	1.000	1.000	1.000	.889
MA-MM \bar{x}	1.000	.857	1.000	1.000
MA-DF \bar{x}	.875	.875	1.000	1.000

Returning once again to the 9 specific employment-related activities previously described, we now focus attention on the comparative percentages of program staff resources that are devoted to each activity. Table VI.B.10 (see below) is an analysis of variance, by both Location and Modality, of program resource allocation to each of the specific activities. As is evident, Location is a significant variable only with respect to programmatic resources allocated for purposes of Vocational Diagnosis (the New York-based programs devote more resources to this activity than do the Massachusetts-based rehabilitation program), whereas Modality emerges as the significant determinant with respect to activities related to Pre-Counseling and Remedial Education (the Drug-Free programs devote significantly more resources to these activities than do the Methadone Maintenance programs).

TABLE VI.B.10

ANALYSIS OF VARIANCE OF PROGRAM EMPLOYMENT RESOURCE ALLOCATION BY LOCATION AND MODALITY

Specific Activities

Location-Modality	VOC-DX	Pre-Counsel	Job Readiness	Skill Training	Remedial Education	Job Devel.	Rep. Placement	Follow-Up	Post-Counsel
NY-MM	69.000	42.444	27.667	12.167	5.286	0.000	28.100	6.400	34.111
NY-DF	77.167	73.556	77.875	35.286	42.125	4.000	33.875	22.667	24.778
MA-MM	23.250	18.000	45.000	10.000	15.000	5.000	27.500	5.000	3.000
MA-DF	39.000	53.143	35.000	38.750	30.000	4.000	32.000	11.000	35.571
F-Ratio	Location F= 10.845	Modality F= 7.310	NS	NS	Modality F= 5.028	NS	NS	NS	NS

With respect to the question of whether or not programs differ, by location or modality, in providing any (as opposed to No) employment-related activities, Table VI.B.11 (see below) indicates that no such relationship was found. Although the F-Ratio (by Location, Modality and Interaction) approaches significance, it does not achieve the .05 level of confidence.

TABLE VI.B.11

ANALYSIS OF VARIANCE OF PROGRAM DIFFERENCES IN THE PROVISION OF ANY (AS OPPOSED TO NO) EMPLOYMENT ACTIVITIES

LOCATION-MODALITY	\bar{x} -SCORE
NY-MM	1.000
NY-DF	1.000
MA-MM	.714
MA-DF	1.000
F-Ratio	NS (but Location, Modality and interaction Fs=3.579, sign. level=.069)

Another issue of some importance revolves around the actual number of hours per week that programs devote to the 9 specific employment-related activities previously described. As indicated in Table VI.B.12 (see below), no significant differences were found, either by location or modality, with respect to the total number of program hours (i.e., actual working time) spent on or around the provision of specific employment-related activities to enrolled clients.

TABLE VI.B.12

ANALYSIS OF VARIANCE OF PROGRAM HOURS DEVOTED TO ALL 9
SPECIFIC ACTIVITIES BY LOCATION AND MODALITY

LOCATION-MODALITY	\bar{x} TIME SPENT
NY-MM	77.500
NY-DF	141.778
MA-MM	43.500
MA-DF	86.875
F-Ratio	NS

However, with respect to the number of specific employment-related activities available In-House, a very different pattern emerges. As indicated in Table VI.B.13 (see below), significant differences are found with respect to both location and modality. The New York-based programs for example, have more In-House activities available for their clients. Also, the Drug-Free programs have a significantly greater number of In-House employment-related activities available for their clients than do their Methadone-Maintenance counterparts.

TABLE VI.B.13

ANALYSIS OF VARIANCE OF NUMBER OF SPECIFIC EMPLOYMENT
ACTIVITIES AVAILABLE IN-HOUSE BY LOCATION AND MODALITY

LOCATION-MODALITY	NO. OF SPECIFIC ACTIVITIES AVAILABLE IN-HOUSE
NY-MM	6.500
NY-DF	7.333
MA-MM	3.000
MA-DF	6.375
F-Ratio	Location F=12.161** Modality F=10.835**

We come, finally, to an examination of the correlational data that might be considered crucial with respect to the issues examined in this Results sub-section of the Final Report. Simply put, the correlational analyses presented below seek to answer two specific questions. The first could be phrased as follows: To what extent do all programs exhibit consistency between their perception of the importance of employment to help clients sustain heroin-free status and their programmatic emphasis on employment-related activities?

In Table VI.B.14 (see below) we have summarized the correlations between the rated importance of the 9 specific employment-related activities and the actual programmatic commitment (as measured by % staff allocation, % program hours, # of activities available In-House, and # of activities available both In-House and/or externally) to employment activities. As can be seen, with the important exceptions of Pre-Vocational Counseling and Post-Vocational Counseling, there are no significant correlations between the rated importance of employment as a rehabilitative lever and the actual behavior or performance of the programs surveyed in the current research project. Only in the areas broadly defined as

"counseling" do the programs act in ways that are consistent with their self-ratings or perceptions.

TABLE VI.B.14

CORRELATIONS BETWEEN RATED IMPORTANCE OF THE 9 EMPLOYMENT ACTIVITIES AND ACTUAL PROGRAMMATIC COMMITMENT TO EMPLOYMENT ACTIVITIES

Specific Employment Related Activities	% Staff	% Hours	No. of Activities Available In-House	No. of Activities Available In-House or Externally
1. Voc. DX	-.149	-.266	-.142	-.331
2. Pre-Counseling	-.282	-.431	.170	.017
3. Job Readiness	-.165	-.257	.151	.036
4. Skill Training	.235	.043	.242	-.117
5. Remedial Educ.	.118	-.083	-.000	-.138
6. Job development	.001	-.110	-.113	-.239
7. Referral-Placement	.127	.033	-.028	.033
8. Follow-Up	-.069	.062	-.033	-.207
9. Post-Counseling	-.095	.026	-.076	-.392

The second question could be phrased as follows: Do different types of treatment programs (methadone-maintenance vs. drug-free) and/or different geographical areas (Massachusetts vs. New York City) differ significantly in the extent to which they exhibit consistency between their perceptions of

the importance of employment to help their clients sustain heroin-free status and their programmatic emphasis on employment activities?

In Table VI.B.15 (see below) we have summarized the correlations between perceived importance of employment and the actual number of program hours devoted to the 4 General Employment activities by both Location and Modality. Again, as is evident, in only one instance (Job Development activities by New York-based methadone-maintenance programs) do we find a significant correlation between perceptions and behaviors. In all other cases, no significant correlations were obtained viz a viz the categories and activities investigated.

TABLE VI.B.15

CORRELATIONS BETWEEN PERCEIVED IMPORTANCE OF EMPLOYMENT AND THE ACTUAL PROGRAMMATIC HOURS DEVOTED TO GENERAL EMPLOYMENT ACTIVITIES BY LOCATION AND MODALITY

Location-Modality	General Preparation	Skill Development	Job Development	Follow-Up
NY-MM	-.089	.837	.802	.669
NY-DF	.269	.029	-.305	.217
MA-MM	.210	.000	.000	1.000
MA-DF	.420	.525	.786	.514

2. Employment Seeking Methods Utilized by Clients.

The first general question we asked relevant to employment-seeking methods utilized by clients dealt with the perceived usefulness and effectiveness, of the 12 specific job-seeking methods examined.

Specifically, we surveyed clients to determine:
a) the average rank which clients gave each method in

terms of their perception of its usefulness; b) the percentage of clients (over all programs) who used a specific method; and c) the percentage of clients whose use of a specific method was successful (i.e., the method worked). Table VI.B.16 displays these three variables for each method over all clients. The percentages of methods "used" and methods "worked" are, of course, based only on those clients stating they used a particular method, while the mean rankings of perceived usefulness of specific methods are based on the total sample of clients, regardless of whether they did or did not use that method. Since many clients may have tried more than one method, the total percentages in the "used" and "worked" column, exceeds 100%.

When we rank the figures in Table VI.B.16, inspection indicates a general consistency between a client's perception of the usefulness of a particular method, his or her use of that method and its success, particularly in the higher ranks. The top six ranks for all three variables include: referrals to Employment Agency by Drug Program and Clients, Direct Referral to Employers by Agency and Clients, Referral to Community Agencies by Program, and utilization of Newspaper Ads by Clients.

Methods perceived as least useful are: referrals to Welfare agencies by programs and clients; use of newspaper ads by programs; and referrals to unions by clients.

The two most frequently used methods are: contacts made with employers by clients and their (non-program) relatives of friends, and individual use of newspapers.

The magnitude or percentages of methods used seems to fall into three clusters, of which the first includes (in order of utilization) clients' (or other externally initiated referral to employer), use of newspaper ads by clients, contact with employment agencies by programs, programs' referrals to employers, use of employment agencies by clients, and contacts by drug programs with community agencies. The second and smallest cluster includes contact with community agencies by clients and use of newspaper ads by programs, while the cluster representing least frequently used methods includes contacts with Welfare agencies and unions by both programs and clients.

TABLE VI.B.16

CLIENT'S PERCEPTION AND UTILIZATION OF SPECIFIC JOB SEEKING METHODS AND THE EFFECTIVENESS OF EACH METHOD

(For all tables referring to job seeking methods, Program-initiated method, and "C" refers to client-initiated method. Numbers in parentheses refer to the ranking of methods within this table.)

Method	Program or Client Initiated	Mean Perceived Usefulness Rank	Percent Using Method	Percent Stating Method Worked
Employment Agency	P	4.80 (1)	23.72 (3)	17.95 (2.5)
	C	5.51 (4)	17.95 (5)	9.62 (5)
Community Agency	P	5.98 (5)	14.74 (6)	8.33 (6)
	C	6.58 (8)	10.26 (7)	7.05 (7)
Union	P	6.52 (7)	.64 (12)	.64 (11.5)
	C	7.14 (9)	3.21 (11)	.64 (11.5)
Welfare	P	8.11 (11)	5.13 (10)	1.92 (9)
	C	9.34 (12)	3.85 (9)	1.28 (10)
Newspaper	P	7.36 (10)	8.33 (8)	3.85 (8)
	C	6.16 (6)	32.05 (2)	17.95 (2.5)
Direct Referral to Employer	P	4.90 (2)	19.23 (4)	16.67 (4)
	C	5.20 (3)	46.79 (1)	43.59 (1)

The ranking of employment-seeking methods proved to be substantially parallel to the ranking of methods used, again with personal contacts with employers found by more than twice the percentage of clients to work more often than the next three methods--program-initiated contacts with employment agencies, specific employers and use of newspapers by clients.

For only three methods were there more than two ranks difference between perceived usefulness of a method, on the one hand and actual usage and effectiveness on the other hand. The most striking difference obtained for program contacts with unions on behalf of program completers: while perceived usefulness of this method ranked seventh out of twelve ranks, it proved to be the least frequently used and (with client contacting unions) the least effective job seeking method. Regarding the other case of discrepancies in rank for the three variables, though clients' ranked personal contact with welfare agencies to be least useful (12th rank), they actually used it more frequently (9th rank).

On the basis of the percentages displayed above, it seems clear that contacts with employment agencies, employers by both agencies and clients are the most frequently used and effective job seeking methods studied, along with use of newspaper ads by clients.

In order to examine possible differences in the perceived usefulness and relative impact of program and client initiated methods, t-tests were performed comparing differences in means for these two modes of initiation of the three relevant variables.

Comparison of individually and program initiated job-seeking methods show that while there are no significant differences in clients' perception of usefulness, client-initiated methods were both used significantly more often than were program-initiated methods and were perceived to have been more effective to a significant degree.

TABLE VI.B.17

PERCEIVED USEFULNESS, FREQUENCY OF USAGE AND EFFECTIVENESS
OF PROGRAM VERSUS CLIENT-INITIATED METHODS*

	Mean Difference	Standard Deviation	t Values	Signifi- cance Level
Perceived Usefulness Ranks	-.338	1.425	-1.674	.097
Average Number of Methods Used	-.423	1.193	-4.415	.001
Average Number of Methods Which Worked	-.308	1.153	-3.324	.002

*Means for client-initiated methods were subtracted from those for program-initiated methods. Minus means differences indicate higher scores for client-initiated methods.

Differences in the use of employment-seeking methods
by location and modality

Analyses of variance were performed to test for differences in programs varying in location and modality in the usage and effectiveness of each of the 12 methods of employment seeking. In the following table, VI.B.18, the means displayed are for proportions: the mean proportion, the more frequent was the method used or effective.

Significant differences attributable to program location and mode of initiation (program versus client) were found for 4 of the 12 employment seeking methods. Table VI.B.18 indicates that Massachusetts drug program clients, more frequently than New York clients, made personal contacts (themselves or through relatives or friends) with community agencies, welfare agencies and specific employers as well as using newspaper want-ads more frequently than New Yorkers. Differences in usage of methods according to modality occurred in only one case: drug free programs made contacts with

TABLE VI.B.18

ANALYSIS OF VARIANCE OF EMPLOYMENT SEEKING METHODS USED AND EFFECTIVE BY LOCATION AND MODALITY

Location-Modality	Employment Agency				Community Agency			
	Program		Client		Program		Client	
	Used	Worked	Used	Worked	Used	Worked	Used	Worked
NY-MM \bar{x}	.260	.923	.140	1.000	.040	.500	.040	1.000
NY-DF \bar{x}	.267	.800	.156	.500	.178	.500	.044	0.000
MA-MM \bar{x}	.286	.750	.250	.429	.036	1.00	.119	.800
MA-DF \bar{x}	.121	.400	.212	.250	.364	.583	.212	.625
F-ratio	NS	NS*	NS	Location F=5.949 (modal- ity F= 4.060, sig. level= .056	Modal- ity F= 17.812	NS	Loca- tion F= 9.79	NS (but modality F=3.394, sig. level 1.091)

Location-Modality	Union by				Welfare by			
	Program		Client		Program		Client	
	Used	Worked	Used	Worked	Used	Worked	Used	Worked
NY-MM \bar{x}	0.0	0.0	0.40	.500	.040	.500	0.0	0.0
NY-DF \bar{x}	0.0	0.0	.022	0.0	.044	0.0	.022	0.0
MA-MM \bar{x}	.036	1.00	.036	0.0	.071	0.0	.107	0.0
MA-DF \bar{x}	0.0	0.0	.030	0.0	.061	.667	.061	.667
F-ratio	NS	NS	NS	NS	NS	NS	Loca- tion F=5.73	NS

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TABLE VI.B.18 (continued)

ANALYSIS OF VARIANCE OF EMPLOYMENT SEEKING METHOD USED AND EFFECTIVE BY LOCATION AND MODALITY

Location-Modality	Newspaper by				Employers by			
	Program		Client		Program		Client	
	Used	Worked	Used	Worked	Used	Worked	Used	Worked
NY-MM x	.060	.333	.180	.667	.160	1.000	.200	1.000
NY-DF x	.044	.500	.267	.667	.200	.778	.511	.957
MA-MM x	.143	.250	.464	.692	.143	.750	.643	.944
MA-DF x	.121	.600	.485	.333	.273	.889	.667	.792
F-ratio	NS	NS	Loca- tion F= 11.296	NS	NS	NS	Loca- tion F= 4.772 (Inter- action F= 3.512, Sig. level= .063)	NS

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community agencies for the purpose of facilitating jobs for their clients significantly more often than did staff members of methadone maintenance programs. Surprisingly, we found only one instance of a difference in which program location or program modality was associated with the effectiveness of a particular job-seeking method: New York drug program clients found initiating their own contacts with employment agencies to result in jobs in a significantly higher proportion than did Massachusetts clients.

To obtain a simpler sketch of some of these trends, we performed analyses of variance comparing, for programs differing in location and modality, the use and effectiveness of program-initiated as compared to client-initiated job seeking methods. These comparisons are displayed below in Table VI.B.19.

TABLE VI.B.19

DIFFERENCES IN USAGE AND EFFECTIVENESS OF PROGRAM AND CLIENT-INITIATED JOB SEEKING METHODS BY LOCATION AND MODALITY

Program	Mean Difference in Usage: Pro- gram- vs. Client- Initiated	Mean Difference in Effectiveness: Program- vs. Client- Initiated
NY-MM	-.060	-.080
NY-DF	-.333	-.257
MA-MM	-.633	-.607
MA-DF	-.455	-.303
F-Ratio	Location F=6.730*	NS*

*Location F=3.712, sig. level=.056

These results show that Massachusetts clients significantly differed from New York clients in their more frequent usage of client-initiated methods of job seeking. Also, there was a tendency, barely missing statistical significance ($p=.056$), for Massachusetts client-initiated employment seeking efforts to be more successful for clients than those from New York.

What do employed program completers perceive to be the most and least serious problems affecting an ex-addict's ability to get a job? To answer this question for our sample we computed the percentages of all program completers who perceived particular problems to be among the 3 most and the 3 least serious factors influencing their ability to procure employment. Table VI.B.20, below, lists for each of the 22 problems most frequently mentioned, the percentage of clients responding to them as more or less important.

TABLE VI.B.20

PERCENTAGE OF CLIENTS NOMINATING ISSUES AS MOST AND LEAST PROBLEMATIC IN GETTING
A JOB

Problem	MOST				LEAST			
	#1st	#2nd	#3rd	Sum of Percentages	#1st	#2nd	#3rd	Sum of Percentages
No Skills	29.49	5.13	8.97	43.59	3.21	.64	1.28	5.13
Alcohol	12.82	3.85	5.13	21.80	2.56	3.21	1.28	7.05
Other Drugs	1.92	7.69	3.85	13.46	1.28	.64	3.85	5.77
Transportati.	1.28	1.28	--	2.56	18.59	14.74	12.82	46.15
Family	.64	1.28	.64	2.56	3.21	5.13	5.13	13.47
Aptitude Test	.64	.64	1.92	3.20	--	1.28	3.21	4.49
Health	1.28	4.49	--	5.77	2.56	4.49	2.56	9.61
References	5.77	5.77	7.05	18.59	4.49	3.85	3.85	12.19
Employer's Insurance					4.49	--	8.97	17.95
Discrimination Against Addicts	10.26	18.59	14.10	42.95	--	--	.64	.64
English	1.28	--	1.28	2.56	5.77	4.49	8.33	18.59
Experience	2.56	17.81	7.05	26.92	.64	1.92	1.92	4.48
License	.64	1.28	.64	2.56	.64	4.49	4.49	9.62
Salary	1.28	3.21	5.77	10.26	4.49	5.13	4.49	14.11
Racial Discrimination	1.28	5.77	5.13	12.18	2.56	1.92	1.92	6.40
Education	7.05	8.97	12.82	28.84	1.92	1.92	1.28	5.12
Labor Market	1.28	2.56	3.21	7.05	1.28	2.56	4.49	8.33
Criminal Record	18.59	8.97	20.51	48.07	--	1.92	--	1.92
No Tools	1.28	1.92	.64	3.84	10.90	5.13	3.21	19.24
Requirements	--	.64	1.28	1.92	--	3.21	4.49	7.70
Too Young	--	--	--	--	23.08	9.62	9.62	42.32
Too Old	1.28	--	--	1.28	7.05	17.95	10.26	35.26

Examination of the ten issues most frequently designated as most problematic suggests three interrelated problem clusters. (Percentages add up to over 100% since three columns are being summed.)

I. Employer Discrimination

1. Ex-addict has a criminal record. (Sum of percentages, 48.07%; average percent, 16.02%.)
2. Discrimination against drug addicts. (Sum of percentages, 42.95%, average percent 14.32%.)
3. Inability to secure adequate references for prospective employers. (Sum %, 18.59%, average %, 6.2%.)
4. Racial Discrimination. (Sum %, 12.18%; average %, 4.06%.)
5. Salary Discrimination against ex-addicts. (Sum %, 10.26%; average %, 3.42%.)

II. Lack of Work Relevant Background

1. No relevant skill. (Sum % = 26.92; average %, 8.97%.)
2. Lack of experiences. (Sum % = 26.92; average % = 9.61.)

III. Other Addictions

1. Alcohol. (Sum % = 21.8; average % = 7.26%.)
2. Other Drugs. (Sum % = 13.46; average % = 4.49.)

Regarding the issues designated by ex-addicts as least problematical in their attempts to seek employment: Age of Ex-Addict, (being too young or too old) was viewed as less of an impediment to getting work than any other problem. Ranking after age in order of magnitude were: Transportation; Lack of Tools; Problems with the English Language; Employer's Inability to Procure Insurance for Work Employing Ex-addicts; Discrimination in Salary against Ex-Addicts; Familial Lack of Support; Inability to Procure References; Lack of a

Driver's License; and Health Problems.

3. Relationships between programmatic emphases on employment client experiences of the impact and effectiveness of such emphases and related resources.

Previous experience and anecdotal reports had made us question the extent to which a relationship exists between the magnitude of effort programs put into activities which facilitate clients getting jobs and the client's perception of that effort and the utility of those activities. Therefore, we computed correlations between individual's average rankings of the usefulness of all program-initiated employment related activities and the programmatic effort expended in the general employment effort of "helping a client get a job." "Helping a client get a job" was operationalized in a variable called "Employment Priority," which represents the sum of 3-scores for six programmatic variables: Percent of program staff involved in employment-related activities (EMPRIOR #1); percent of hours devoted to employment-related activities (EMPRIOR #2); programmatic designation of employment related activities as number one priority in the event of increased resources available (EMPRIOR #3); percent of resources devoted to employment-related educational activities (EMPRIOR #4); percent of program clients served in employment-related activities (EMPRIOR #5); and number of different employment services provided within the program (EMPRIOR #6). Usefulness of activities as perceived by clients was operationalized in terms of (job-getting) importance ratings for the 9 employment activities.

All correlations between client's perceived usefulness of the 9 individual activities and the summary employment priorities hovered around zero, indicating no substantial or significant relationship.

In order to assess the effects of programmatic efforts in developing clients' employment skills on aspects of the jobs which clients actually obtained we correlated the percent of total staff resources devoted to skill development activities with a) the gross weekly salary of post-treatment jobs; b) clients' perceived job satisfaction and the extent to which clients perceived themselves as capable of handling a job of a higher level than their first post-treatment job.

"Programmatic activities related to skill development" was operationalized into two variables: skill development #1 (percent of program time spent in such activities) and skill development #2 (number of hours program devoted to such activities).

TABLE VI.B.21

SKILL DEVELOPMENT

	#1 (% time)	#2 (# hours)
Gross Weekly Salary	.030	-.032
Job Satisfaction	.080	-.067
Perceived Ability to Hold Higher Level Job	.044	-.064

There was, clearly, no relationship obtained between programmatic efforts in developing client skills and the three outcome variables.

We also examined the relation between specific and general programmatic employment resource allocation and priorities (Employment Priorities Indices) and the same three outcome variables, shown in Table VI.B.22.

In terms of outcome employment variables, there was only one significant correlation between amount of clients post treatment gross-weekly salary, a negative correlation (-.194) between salary and number of in-house employment related activities. A significant and more easily understandable positive correlation (.195) was obtained between job satisfaction and number of in-house employment activities available to clients. Clients' perception of their ability to handle jobs which are higher level than their (first) post treatment jobs had significant negative relationships with the percentages of clients receiving employment relevant educational and vocational services.

Finally, we asked whether there was a difference, over all clients, between the effectiveness of program-

TABLE VI.B.22

PROGRAM EMPLOYMENT PRIORITIES INDICES

	#1	#2	#3	#4	#5	#6	
Employment Outcome Variables	% of Staff Re: Employment	# Hours Re: Employment	Employment as #1 Priority	% of Clients in Education	% of Clients in Employment Activities	# In-house Employment Services	Overall Employment Priorities
Gross Weekly Salary	.097	.093	-.018	.007	-.107	-.194	-.064
Job Satisfaction	-.131	-.130	-.026	-.121	-.018	.195	-.027
Perceived Ability to Handle Higher Level Job	.151	.127	.149	-.217	-.202	-.126	-.126

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initiated vs. client-initiated methods of seeking employment in procuring better employer (as operationalized by weekly salary, job satisfaction and perceived ability of clients to handle higher level jobs. As Table VI.B.23, below, shows, no significant relationships were obtained.

TABLE VI.B.23

RELATION BETWEEN EFFECTIVENESS OF PROGRAM- VS. CLIENT-INITIATED JOB SEEKING METHODS AND POST PROGRAM EMPLOYMENT

	Ratio of Effective Program- vs. Client- Initiated Methods
Gross Weekly Salary	-.400
Job Satisfaction	-.009
Clients's Perception of Ability to Handle Higher Level Job	-.100

Summary of Findings

In brief, the data collected, analyzed and summarized in this section indicate the following:

1. With respect to program reports of the importance, availability, deployment and utilization of manpower-related services and resources in the rehabilitative process:

- . Employment and employment-created activities are perceived as an important aspect of rehabilitation, independent of location and/or modality by 94.11% of the programs surveyed,
- . Existing in-house employment-related activities are primarily of the "counseling" variety with much less available (or

offered) in the areas of actual skill development and job preparation

- . As a whole, New York-based programs and drug-free programs offer more varied employment-related services and allocate more program resources, the former in the areas of Job Readiness, Job Development, Referral-Placement and Follow-Up, the latter in the areas of Skill Training and Remedial Education.
- . There is little or no correlation (independent of Location and/or Modality) between the program's perception of the importance of employment-related activities in the rehabilitative process and the program's actual emphasis or commitment to such activities as measured by both the allocation of work hours and/or the deployment of existing staff resources.

2. With respect to the utilization of various methods (formal to programs, and informal or outside of programs):

- . The most frequently used sources of job opportunities for ex-addicts are: direct referrals to employers, employment agencies, and the "help wanted" section of newspapers. Least often used methods (and least effective) are referral to welfare agencies and to unions.
- . There is a high degree of consistency between clients' usage of particular methods and the effectiveness of those methods in procuring employment.
- . Client-initiated methods of job seeking are used to a significantly greater extent than program-initiated methods and these methods are significantly more effective.
- . When programs are compared as to location and modality, Massachusetts drug program

clients are shown to use several client-initiated job-seeking methods more frequently than do New York clients: contact with community agencies, welfare agencies, specific employers, and use of newspaper want ads. Drug Free programs made more use of contacts with community agencies than did methadone maintenance programs.

- . In terms of the effectiveness of particular methods, New York ex-addicts were more successful in finding jobs through initiating their own contacts with employment agencies than were Massachusetts ex-addicts.
- . Massachusetts clients to a significant extent used their own (rather than formal program) initiatives than did New York clients, and there was a tendency, approaching significance, for these methods to be more successful for Massachusetts clients than for New Yorkers.
- . Ex-addicts found: employer discrimination (against ex-addicts and non-whites); lack of education, job skills and job experience; and other addictions (to alcohol and other drugs), to be the most frequently encountered obstructions to finding work.
- . No relationships were obtained between the amount of resources and effort drug programs developing the occupational skills of their clients and aspects of the jobs which clients got (salary, job satisfaction, self-concept of ability to do higher-level work).
- . There was a significant correlation between the scope (number of different) employment-related activities offered within drug programs and clients' satisfaction with their first post-treatment jobs.

C. Ex-Addicts: Employment Outcomes and Performance:
Preliminary Data from the New York PACT Project

The following material has been prepared in order to provide an additional perspective on the job seeking

and job performance behaviors of former drug abusers. The data has been compiled in conjunction with a privately-sponsored program (PACT) created to assist former drug abusers throughout New York City in seeking employment. The PACT Employment Project seeks and accepts job openings only in cases where someone in the hiring organization accepts the concept of hiring former drug abusers. In other words, PACT does not make "blind" placements.

The organization has been actively involved in job development and placement activities for about two years. We are grateful to them for providing access to their data bank which is computer-based and utilizes a coding system to identify clients, treatment programs, and employers so as to safeguard confidentiality. The data is particularly significant since it includes employer evaluations of former drug abusers as compared to other employees occupying similar positions. The information system from which this data has been drawn is still in the developmental stages and the processes of systems design and data collection have been difficult and complex.

The goal of PACT's Employment Project is to act as intermediary between the drug treatment community and employers. It solicits information about available jobs from employers and seeks qualified applicants from all interested treatment programs. Applicants are pre-screened at PACT's offices in Manhattan prior to referral to employers. PACT staff members play a continuing role as a communications link between the employer and treatment agency and attempts to assist each in understanding the goals, priorities and problems of the other.

This chapter, then, is based upon a study of data from the PACT Management Information System and represents data from 719 clients whose records have been installed in the system. 222 of these individuals have been placed through PACT's auspices. We think the data, though preliminary and incomplete, will provide helpful insights with respect to the nexus of issues which relate to the employment of former drug addicts. The reader is however cautioned against drawing far-reaching judgments from this material. The individuals thus far included in the system do not in any sense constitute a scientific sample of former drug abusers in

New York City. Nor is the sample a complete or random representation of PACT's experience. In many cases reporting has been incomplete. It should also be stressed that this material has not been prepared to evaluate treatment programs, PACT as an agency or employers listed with PACT. We are attempting to take advantage of a developing informational resource in order to assist employers and the treatment community in program implementation.

The PACT program has both experimental and operational aspects, with the ultimate goal educational, with particular emphasis on issues of employment in the private sector. Their employment efforts have been conducted within the framework of a deteriorating labor market in New York City. While the PACT program has been aimed primarily towards helping job-ready former addicts, it is hoped that successful efforts will contribute to an improved employer and union response to all manpower, vocational rehabilitation, job-development and placement activities for former drug abusers.

Considering this material, it is important to remember that the PACT Program is only one element in on-going efforts and programs to assist former addicts. The data does not represent individuals who get jobs on their own or through treatment or other programs. Nor does it in any way represent the total effort of management or labor in this area. In spite of all these qualifications, we feel attention to the problems and trends described herein can be of significant value to those in the field.

Table VI.C.1 represents some of the basic characteristics of individuals both referred to PACT and/or who were placed in jobs with PACT's assistance. Individuals referred to PACT must be former heroin addicts who have been in treatment for at least six months and have been referred directly by their treatment programs. It should be noted that all applicant client-data is based on self-reporting.

The table compares all applicants in the system to those whom PACT has placed. The Sex and Ethnic distribution of applicants appears to reflect the total population in treatment in the city. It is not clear

TABLE VI.C.1

CHARACTERISTICS OF EX-ADDICTS REFERRED TO AND PLACED BY PACT

<u>SEX</u>	<u>EX-ADDICTS</u>		<u>PACT</u>	
	<u>NUMBER</u>	<u>PERCENT</u>	<u>NUMBER</u>	<u>PERCENT</u>
Male	512	71.8	141	63.8
Female	201	28.2	80	36.2
Total	713		221	
<u>FAMILY STATUS</u>				
Single	406	65.0	132	61.1
Married	298	35.0	84	38.9
Total	704		216	
<u>ETHNICITY</u>				
White	182	25.6	58	26.3
Black	364	51.3	107	48.4
Hispanic	161	22.7	56	25.3
Other	3	.4	0	.0
Total	710		215	
<u>AGE</u>				
Under 18	16	2.2	6	2.7
18	16	2.2	7	3.2
19	23	3.2	8	3.6
20	31	4.3	13	5.9
21	50	7.0	20	9.1
22-25	247	34.4	86	38.7
26-30	201	28.0	56	25.2
31-40	101	14.0	20	9.1
Over 40	34	4.7	6	2.7
Total	719		222	
<u>AGE OF INITIAL DEPENDENCE</u>				
Under 10	25	3.3	14	6.3
10-12	21	2.9	4	1.8
13-15	146	20.3	44	19.8
16	75	10.4	29	13.1
17	85	11.8	24	10.8
18	94	13.1	36	16.2
19	54	7.5	17	7.7
20	52	7.2	13	5.9
20+	168	23.4	41	18.5
Total	719		222	

TABLE VI.C.1 (continued)

CHARACTERISTICS OF EX-ADDICTS REFERRED TO AND PLACED BY PACT

	<u>NUMBER</u>	<u>PERCENT</u>	<u>NUMBER</u>	<u>PERCENT</u>
<u>EDUCATION</u>				
Less than H.S.	117	16.4	42	18.9
H.S. Incomplete	221	30.7	65	29.3
H.S. Grad.	228	31.7	74	33.3
Some College	125	17.4	29	13.1
College Grad.	27	3.8	12	5.4
Total	719		222	
<u>WELFARE STATUS</u>				
Recipient	166	34.7	40	18.0
Non-	533	76.3	182	82.0
Total	699		222	
<u>TOTAL CONVICTIONS</u>				
None	324	48.4	124	58.5
One	167	24.9	48	22.6
Two	85	12.7	23	8.5
Three	50	7.5	10	4.7
Four	26	3.9	10	4.7
Five +	18	2.7	2	.9
<u>NON-DRUG CONVICTIONS</u>				
None	479	68.8	183	83.2
One	114	16.4	20	9.1
Two	65	9.3	12	5.4
Three	24	3.4	3	1.4
Four	6	.9	1	.2
Five	8	1.1	1	.2
Total	696		220	
<u>TREATMENT MODALITY</u>				
Methadone Main-tenance	345	49.6	103	47.2
Methadone to Abstinence	6	.9	1	.5
Other Chemo.	1	.7	0	.0
Drug-Free Residential	251	36.1	89	41.4

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TABLE VI.C.1 (continued)

CHARACTERISTICS OF EX-ADDICTS REFERRED TO AND PLACED BY PACT

<u>TREATMENT MODALITY</u> (continued)	<u>NUMBER</u>	<u>PERCENT</u>	<u>NUMBER</u>	<u>PERCENT</u>
Drug-Free				
Ambulatory	92	13.2	23	10.7
Total	695		216	
<u>EMPLOYMENT STATUS</u>				
Unemployed	584	86.3	183	88.8
Employed full-time	66	9.7	15	7.3
School, work, trng, comb.	27	4.0	8	3.9
Total	677		206	

how closely some of the other distributions fit the total population. It should be noted that most treatment program census data includes many newer clients not eligible under PACT criteria and includes many who will drop out of treatment prematurely. It seems likely that the educational attainments and age distributions are higher than the New York norms. This probably reflects a pre-selection factor--the awareness on the part of treatment programs of the kinds of jobs PACT has access to (over 50% of their placements have been in clerical positions) and the standards which PACT imposes. This is also reflected in the fact that almost three quarters of the applicants have one or fewer criminal convictions and that only 15% have two or more non-drug related convictions. It would also appear that drug free clients are over-represented in this sample.

A comparison of actual placements within the group of applicants reveals that PACT has been more successful in placing females than male applicants. This is not surprising, as it reflects the New York City labor market and what might be expected in the process of PACT's initial

entry to major New York City business firms.

Table VI.C.2 presents the distribution percentages of the population as it flows through PACT's employment process. This format has been selected in order to depict the combined impact of the steps in the process and the data-analytic difficulties generated by incomplete reporting, particularly subsequent to placement. It is particularly important to note the degree to which there is incomplete data on job retention and termination, salary increase, etc.

In comparing the distribution of percentages of PACT applicants and PACT placements according to demographic patterns, we can see that the PACT process (this includes who is referred to PACT, who PACT refers, and who shows up) tends to favor females, those who are younger, those with fewer total and non-drug convictions and those who have undergone residential treatment. These patterns represent some combination of the biases of both PACT and the participating employers.

The figures represent the distribution of data for the remaining possible steps in the process. Those who are placed are either retained or terminated. The numbers below represent the number of individuals in each category. We should note that the reporting is heavily skewed to the early months of employment and that no employer follow-up data exists for half of the placements. Here are the reported figures:

Applicants	719
Placements	222
Retained	65
Terminated	72
Fired	31

In these tabulations, individuals who were reported as retained after any of the reporting periods (30, 60, 90 days and quarterly thereafter) are represented in both groups. The category of terminations includes those who were fired. Unfortunately, the degree of non-reporting severely limits the judgments one can make. It is not clear to what degree such problems of non-reporting emanate from PACT or the employers.

Table VI.C.2 distributes sub-groups of the population

TABLE VI.C.2

DISTRIBUTION OF HIRED CLIENTS BY AGE, SEX, RACE, TREATMENT MODALITY AND EDUCATIONAL ATTAINMENT

	AGE				SEX		RACE		MODALITY		EDUCATION	
	21 & Under	22-25	26-30	31+	M	F	White	Black	Meth	Drug-Free	Less H.S.	HS+
ALL APPLICANTS	18.9	34.4	29.2	18.8	71.8	28.2	25.6	74.4	50.6	49.4	47.1	52.9
PLACED	24.3	38.7	25.2	11.8	63.8	36.2	26.3	73.7	48.2	51.8	48.2	51.8
FIRED	16.1	41.9	29.0	12.9	68.0	32.0	25.0	75.0	50.0	50.0	46.4	53.6
TERMINATED	22.6	35.8	22.6	5.3	52.8	47.2	21.8	79.2	50.0	50.0	45.5	54.5
RETAINED	17.3	50.0	28.8	5.4	60.0	40.0	25.5	74.5	47.2	52.8	27.5	72.5

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according to standard categories. Among the key post-placement patterns emerging are higher retention among:

1. Those in their 20's (as opposed to those younger or older),
2. Female,
3. Minority group members, and
4. Those with more than a high school (including GED or school equivalency) education.

These positive factors would seem to be logical in light of PACT's influence among major private sector employers in New York City who, as we have stated, strongly favor young females. One would also expect clients with a high school education fare better in the job market. In comparing PACT placements to the total population in treatment it is probably important to note that PACT applicants had spent long periods of time in continuous treatment. Over 40% had been in treatment for 24 consecutive months while only 20% had been under treatment for less than a year. On the other hand, few had held jobs obtained through PACT, for a long period of time. For the most part, an employer rating or termination report, represented only a few months on the job. Slightly over 20% had been on the job for between six months and a year while only 15% spent more than a year on the job. Close to 50% of the reported cases represented less than the full months of employment.

PACT asked employers to compare PACT Placement with other employees in the same or similar positions. Ratings were available on only 60 of the 222 placements: 22 were rated "excellent," 23 were rated "good" and 13 were rated "average," in comparison to the "regular" job-force, (which is assumed to contain a minimum of present and former addicts). Only 2 were rated "below average" or "unsatisfactory."

Of some 84 reported terminations for which reasons were indicated, in 7 the client resigned to take a new job, and in 5 cases the client resigned to return to school. About half of these terminations were unexplained. 31 individuals were reported as fired; 14 for attendance, 10 for "unknown reasons," and four

individuals were fired for drug abuse. In the aggregate, we find the data rather alarming, since the number of reported terminations exceeds that for retained individuals. One would assume that companies which knowingly hire former abusers would be more likely to report successes than failures. This seems to be borne out by the high performance ratings given to those retained.

Obviously, people's personalities and backgrounds affect their jobs, but the importance of the nature of the job cannot be underestimated. In analyzing reported salaries received by PACT Placements, the following distributions emerged (expressed in gross weekly pay):

Under \$100	- 33.2%
\$101-\$120	- 24.2%
\$121-\$140	- 23.2%
\$141-\$160	- 10.9%
\$161-\$180	- 6.6%
\$181-\$200	- .5%
\$200	- 1.4%

As the above indicates, one-third of the jobs paid \$100 or less per week and over 50% paid less than \$120 per week. One can easily speculate that the wage distribution above was extremely disappointing to many applicants who might either have expected something better from PACT or might have felt they would have fared better through seeking employment on their own (perhaps by concealing their prior drug involvement).

Table VI.C.3 displays PACT Placements, reported retention and termination by job category. As can be seen no PACT placements were made in the managerial category. Virtually all professional placements were in the helping services and the majority were in drug treatment programs and activities. Over half the placements were in clerical positions which generated an even higher percentage of the retained. The R/T column represents the ratio of retained to terminated in an attempt to "factor out" non-reporting. The same information is depicted differently in the second half of the chart where each category's contribution to placements, retained and terminated, is expressed as a percentage. In those job classifications with salaries above the average retained, percentages are much higher. The opposite is also true. The semi-skilled (operatives) and the unskilled (laborers)

TABLE VI.C.3

REPORTED EMPLOYMENT OUTCOMES BY JOB LEVEL

<u>JOB CLASSIFICATION</u>	<u>AVERAGE WEEKLY SALARY</u>	<u>NUMBER PLACED</u>	<u>NUMBER RETAINED</u>	<u>NUMBER TERMINATED</u>	<u>R/T*</u>
Managerial	--	0	0	0	0.0
Professional	\$165	19	7	2	
Technician	250	1	0	1	0.0
Sales worker	94	22	2	3	.67
Clerical	120	115	42	32	1.31
Craftsman	143	2	0	2	0
Operative	113	22	2	11	0.18
Laborer	105	32	8	16	0.50
Unknown	131	9	4	5	.80
TOTAL	116	222	65	72	.90

*Ratio of retained to terminated job holders

DISTRIBUTION OF OUTCOMES BY PERCENTAGES

<u>JOB CLASSIFICATION</u>	<u>% OF PLACEMENTS</u>	<u>% OF RETAINED</u>	<u>% OF TERMINATIONS</u>
Professional	8.6	10.8	2.8
Technician	.5	0.0	1.4
Sales worker	10.0	3.1	4.2
Clerical	51.8	64.6	44.4
Craftsman	1.0	0.0	2.8
Operative	10.0	3.1	15.3
Laborer	14.4	12.3	20.2
Unknown	4.1	6.2	6.9

represented 25% of the reported placements but 45% of the reported terminations.

The best retention rate emerged in the professional category of workers. The first might be explainable in terms of more substantial wages. (Perhaps unfortunately, this could support the speculation that most former abusers want to remain in the treatment community.) Salaries among clerical workers are not particularly high but the major "blue-chip" home office and financial institutions are generally regarded as good, secure places in which to work and qualified clerical employees are in high demand.

The placements, whether in white collar or blue collar fields, are skewed to the lower skill and pay levels. This conforms with conventional wisdom with respect to the skills and backgrounds of former drug abusers. On the other hand, it is quite possible that while one of the reasons this is the case for PACT participants is that the more qualified individuals are able to get jobs either on their own or through their treatment programs directly.

Even though the data above is limited, and clearly supports the common sensical notion that characteristics of the job itself, rather than merely the characteristics of the applicant, are important. While salary is important (as seen above) other factors have bearing as well.

Table VI.C.4 displays data representing reported performance in the ten most frequently filled categories. In reviewing the data the importance of clerical jobs is underscored since such jobs represent over half of the placements made. The fact that they also represent almost three quarters of the individuals reported as retained, suggests that white-collar companies are more likely to report outcomes back to PACT. The clerical position most often retained (bank teller) is not only the highest paying clerical position but also entails special screening because of legal restrictions which limits banks from hiring certain felons and which flow naturally from concerns about accuracy and honesty in the handling of money. Conversely, if we look at three lowest paid jobs (cashier, security guard and shipping clerk) we see only a reported retained of 2 out of a possible 21.

TABLE VI.C.4

TEN POSITIONS MOST FREQUENTLY FILLED BY PACT APPLICANTS, BY OUTCOME

JOB TITLE	AVERAGE SALARY	NUMBER PLACED	NUMBER RETAINED	NUMBER TERMINATED	PERCENT PLACED	PERCENT RETAINED	PERCENT TERMINATED
Cashier	92	9	1	7	5.3	2.0	15.9
Clerk Typist	113	32	10	9	18.7	20.0	20.5
Counselor	166	9	1	3	5.3	2.0	6.8
General Clerk	109	50	16	9	29.2	32.0	20.5
Helper	111	25	4	9	14.6	8.0	20.5
Placement Spec.	141	7	6	--	4.1	12.0	0.0
Salesman	111	13	1	2	7.6	2.0	0.5
Security Guard	93	6	0	1	3.5	0.0	2.3
Teller	119	15	10	2	8.8	20.0	4.5
Shipping Clerk	91	6	1	2	3.5	2.0	4.5
TOTAL		171	50	44			

This juxtaposition dramatizes the problems which can result from referring people to unattractive jobs or jobs which they could have gotten without PACT's assistance.

CONCLUSIONS

The material presented is the result of a preliminary analysis of data collected in conjunction with a New York City based centralized job development, pre-screening and referral unit which was created approximately two years ago to provide private sector employment for former drug abusers. The data examined represents 719 clients of whom 222 were successfully placed. 72 have been reported as terminated while 65 have been reported as retained as of last report. This means that over 1/3 of the clients placed have not been reported on and strongly suggests that fewer than 50% are still with their initial employer. Based upon employer reports, two thirds of the clients, those whose performance is regarded as satisfactory by their employers, do well and are rated as above average.

Not surprisingly, PACT has experienced difficulty in matching available clients to available jobs, especially in the recent unfavorable economic climate. PACT has had greatest success in job development in the clerical field. Its efforts to place former abusers in low-paid unskilled jobs have largely failed (from a purely statistical vantage point). Although PACT applicants are over 70% male, over 50% of its placements have been in clerical positions, which have traditionally been female dominated. Attempts to fill semi- and unskilled blue collar jobs (e.g. messenger, security guards, order pickers) have usually resulted in early termination of employment.

Given the limitations on available data, it is difficult to come to firm conclusions. Once fully operative, the PACT Management Information system should provide an invaluable data base. It would be extremely interesting to attempt to assess the impact of employer-awareness on work outcome in a controlled study. (Given similar finds of former abusers, with one group seeking employment with employer foreknowledge and the other

concealing prior drug involvement, we could get a sense of which group fared better and why.)

A number of other questions, many of which have wider manpower implications, emerge. Given the apparent lack of success in placing former abusers in low pay jobs, we should ask whether salary subsidies for the working poor are sensible approach and a good investment of public money? Should the supported-work approach, which appears to have been successful at least with respect to retaining former abusers, be extended to a community development kind of activity? For example, supported work projects appear to have been relatively successful in retaining people in menial jobs while similar placements by PACT have failed. Are differences in job retention due to the greater willingness of drug abusers to work together or are projects like Wildcat simply more tolerant and understanding with respect to the former abuser.

Much has been made recently of the employability of the former drug abuser and, while there is clear supportive evidence, the data provided by PACT with respect to retention and termination is disappointing. While those who are retained appear to be highly rated by employers, the reported levels of termination and discharge are troubling.

In reviewing the data one is also alarmed at the fact that only 85 companies have hired any individuals through PACT and that only 42 have hired ex-addicts more than once. This and the degree of under-reporting hardly suggests the existence of a cadre of deeply committed companies (although many companies may be hiring former drug abusers from other sources).

Trends in this data also suggest that a significant amount of mismatching between former drug abusers and available jobs continues to exist and that this problem is not likely to be resolved through currently functioning job development and pre-screening approaches.

SUMMARY OF FINDINGS

With respect to the data (confined to the New York setting) collected and interpreted in this section, the following points appear to be crucial:

- . The overall situation with respect to both the hiring (or non-hiring) of addicts and/or ex-addicts and their subsequent performance in the work situation is very complex and suffers from an apparent lack of systematic and coordinated record-keeping and follow-up.
- . Private sector commitment to hiring ex-addicts and addicts-in-treatment continues to be very low, even with (or through) the existence of an agency (PACT) which is both destined to foster such commitment and is itself the beneficiary of substantial private-sector input.
- . Fewer than 50% of the 222 placements reported by PACT are still employed (after 2 years) in their original placement.
- . Of those retained, two-thirds are viewed or ranked by their employers as "above average" in competence and productivity as compared with similiarly employed personnel having no addiction histories.
- . The rate of termination of employees with addiction histories is "alarming" (i.e., substantially exceeds retention rates).
- . There appears to be a legitimate basis for concern regarding the "mis-matching" of referred clients and available jobs (i.e., while over 70% of the applicants processed are males, attained placements are primarily in those areas-- clerical positions--generally assumed to be or actually occupied by females).

VII. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

All attempts to discover "truth" or to "develop new knowledge"--especially inquiries that occur in the world outside the university or clinical laboratory--are, almost by definition, fraught with difficulty. Faced with the reality of variables that are often beyond control, methodologies which are continually open to question and ever-shifting definitions of the "target population," the social scientist is forever dealing in approximations. Put somewhat differently, our task is not to indulge ourselves in acts of myth-affirmation, but to seriously attempt to further differentiate a host of interlocking variables so as to both provide greater empirical clarity and contribute to the process by which "truth" is approached. In the present study there are many "truths," none of which emerge with compelling clarity. That is not to say, however, that the approximations upon which they must eventually be founded are either as veiled or as unapproachable as was the case prior to our research.

The general picture that emerges from the current investigation is a reasonably coherent one. We are confronted with a situation characterized by the following parameters:

- . urban settings or labor markets characterized by (1) a general restriction in economic resources; (2) a large turnover rate in relatively low-skilled and comparatively low-paying jobs; and (3) high competition for these relatively "career-less" vocational openings.
- . addict treatment or rehabilitation programs that, aside from rhetoric or genuine desire, (1) do not possess either the capabilities or traditions that would enable them to deal effectively with the problems of client employment; (2) are populated by clients that eventually fall back upon themselves and their own resources for vocational entrance; and (3) are themselves struggling to unravel the

puzzle of effectively relating themselves to "the world of work."

- . a private sector that is, by-and-large, (1) unyielding in its fears concerning the ex-addict and/or addict-in-treatment; (2) inconsistent in its efforts to develop the data required to alter these perceived fears; and (3) very slowly beginning to entertain the possibility that employees with drug histories can function at least as effectively and productively as employees without such histories.

In addition to the above, however, the current investigation did uncover what might be considered some surprising, new or unanticipated data. It appears, for example, that, contrary to the prevailing mythology, Drug-Free treatment programs offer more varied employment-related services than do the Methadone-Maintenance programs. Secondly, it seems to be the case that while "counseling" remains as the primary "intervention strategy," many drug treatment programs are beginning to supplement, diversify, or otherwise broaden their range of employment-related activities. And, finally, that for reasons as yet unclear, there appears to be no relationship between programmatically-available occupational emphasis and employment outcomes: ensuing client salary, job satisfaction or self-concept of vocational ability. In short, the data indicate that while the overall employment situation confronting the ex-addict or addict-in-treatment remains bleak, some movement appears to be occurring that would indicate a growing acceptance of the link between jobs and rehabilitation.

IMPLICATIONS AND RECOMMENDATIONS

Clearly, with respect to the urban labor market contexts in both New York City and Greater Boston, we cannot disregard the reality that the vocational opportunities available (either to the "normally" unemployed or to those who are both unemployed and the bearers of a drug history) are both limited and limiting. Those jobs which are relatively "high paying" and hold out the prospect of long-term stability and professional or vocational advancement are either rare in nature or functionally unavailable for (and to) those

with drug histories and the educational, social and economic "disadvantages" that usually accompany such histories. In addition, such practices as bonding, union membership and specialized licensing processes further limit the ex-addict's access to whatever economic stability one can find in a labor market where high turnover rates and intense competition are the rule rather than the exception. And, finally, given the current trend in federal funding orientations (i.e., the movement away from the "special group" focus that characterized much of the manpower program planning and development over the past 10 years), it appears unlikely that the ex-addict and addict-in-treatment populations will be the recipients of any substantial new or existing resources. It is, in short, a situation so serious in its implications as to raise fundamental questions concerning the future directions and actions available to the federal government in its attempts to deal with the drug problem in this country.

At a very minimum level, the urban labor market data in New York and Greater Boston lead us to the following recommendations:

- . that specific labor market analyses of particular settings precede any and all attempts at manpower program development;
- . that such analyses become "standard operating procedure" so as to maximize the possibilities of realistic vocational preparation and skill training; and
- . that a review be undertaken to assess the probability that the current policy of "non-preference" will ultimately result in practices through which the "survival of the favored" will emerge as the dominant ideology in dealing with the problems of disadvantaged groups.

With respect to the orientations of drug treatment programs, the current investigation has yielded data that would indicate a growing acceptance of the importance of employment-related issues in the rehabilitation of drug addicts. In addition, there is some evidence to suggest that this acceptance or awareness is slowly being translated into specific practices

aimed at enhancing the employability of clients. Drug-Free programs appear to be taking the lead in this process. The "conversion process" itself, however, is a very slow one. Most programs continue to emphasize those practices (e.g. pre- and post-employment counseling) for which their staffs are trained and around which their interventions have been structured, both historically and traditionally. However strong the intent or genuine the concern, it is clear that programs currently possess neither the resources nor the support (internal or external) to quickly or significantly alter their "talking cure" orientation to the problems presented by their clients. This reality is reflected rather clearly in the behavior of clients who seek to gain entrance into the world of work. Lacking specific skills (or program-based training), and caught in a "system" of uncoordinated efforts, marginal relationships between treatment programs and employers, and chronic mis-matching of skills and job openings, the client is forced to negotiate his/her way without clear and facilitative institutional supports. Consequently, the prospects for success (already low because of the nature of the dynamics of the labor market itself) are further reduced.

Given the above, minimal recommendations would include:

- . the provision of specific manpower resources to drug programs on an in-house basis;

- . the development of centralized job data banks for use by drug treatment programs in a given geographical area or region; and
- . the attempt to provide addicts-in-treatment and ex-addicts with "vocational alternatives" through the development of small businesses tied directly to existing drug rehabilitation programs.

The data also support the contention that, if and when they are finally employed, ex-addicts, and addicts-in-treatment perform at a level which is at least comparable to that of other workers without drug addiction histories. Indeed, it also appears to be the case, at least in terms of the low-level

jobs currently available in the New York City area, that most employees with drug histories are perceived as performing "above average." Unfortunately, these findings do not as yet appear to have had any appreciable impact on the hiring practices of potential private sector employers. Instead, amid a situation characterized by unsystematic and uncoordinated efforts, the ex-addict or addict-in-treatment continues to be confronted by an "informal system" characterized by limited employability preparation, real or manufactured barriers to employment, and vocational "opportunities" that hold out very little in the way of genuine possibilities for economic stability, social acceptance and personal growth.

Given the above, we would recommend:

- . a re-analysis of the roles, responsibilities and possibilities of the private sector vis a vis the employment of the ex-addict and/or addict-in-treatment.
- . a systematic re-assessment of the processes or linkages that currently define the relationships between treatment programs and private sector employers; and
- . an exploration of alternative models (i.e., models other than sheltered workshops, existing institutional or employer-service agency relationships, etc.) through which private sector commitments to employ ex-addicts can be developed, implemented and, most importantly, evaluated.

A final note. It is, of course, as unfortunate as it is true, that periods of general or widespread economic retrenchment tend to be particularly disastrous for those groups which possess the least social, economic and political power. Their viability, while always marginal, even in "good times," becomes even more precarious during periods of prolonged economic dislocation. The ex-addict and addict-in-treatment are among those citizens whose very existence is most endangered by the current period of "stagflation." The situation is particularly perilous for them and, unlike what prospects might exist for other "disadvantaged" groups, there is no reason to believe that their plight will be

significantly improved in the immediate future. The confluence of interests represented by drug treatment programs on the one hand, and private sector employers on the other, do not bode well for the unemployed ex-addict or addict-in-treatment. It remains to be seen whether or not the federal government, independent of its current orientation away from "special interest" programs, will assume a more direct and directing role on their behalf.

APPENDICES

APPENDIX A
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SCHEDULE A
PROGRAM DIRECTOR

INTRODUCTION

As you know from the information which was sent to you, the Drug Action Research Team is doing this study to find out more about the problems which addicts-in-treatment and ex-addicts face in trying to get employment, the kinds of things happening in programs which are related to employment, and the ways in which jobs actually are found in successful cases.

Our hope is not only that the information you and others can provide will be of some direct use to you and others when shared, but that it will influence government policy to support more job development and placement resources for addicts and drug programs.

The information you give me as we go through the interview will be analyzed without the names of individuals or programs, in fact we will never know any of the clients' names. We will not be speaking to any employers, in any part of this study.

(FOR PROJECT DIRECTOR ONLY; OMIT IN CLIENT INTERVIEWS)
HAVE YOU COMPLETED SCHEDULE A1 WHICH WE SENT YOU BY MAIL? MAY I HAVE IT, PLEASE?

Now I will ask you a set of questions. Most of them can be answered directly; for a few I will give you a card from which the answers are to be chosen.

Do you have any questions before we begin?

ALL RIGHT THE FIRST QUESTION IS . . .

A - PROGRAM DIRECTOR

For each of the following services I will read, please tell me if your program provides the service and about what percentage of your clients have received the service in the last year?

CARD
COLUMN

SERVICE	IS IT PROVIDED	WHAT PERCENTAGE WOULD YOU ESTIMATE RECEIVED SERVICE	
1. Educational Services			
a. High school equivalency training	() NO () YES	_____ %	11, 12, 13
b. Any other educational services?	() NO () YES	_____ %	14
c. _____	() () NO () YES	_____ %	16, 17, 18
d. _____	() () NO () YES	_____ %	19 - 22
e. _____	() () NO () YES	_____ %	23 - 26
2. Legal Services			
a. Regarding personal family matters	() NO () YES	_____ %	29
b. Regarding offender status	() NO () YES	_____ %	32
c. Any other legal services?	() NO () YES	_____ %	33
d. _____	() () NO () YES	_____ %	37
e. _____	() () NO () YES	_____ %	41
f. _____	() () NO () YES	_____ %	45
3. Counseling Services			
a. Psychotherapy	() NO () YES	_____ %	48
b. Individual counseling	() NO () YES	_____ %	51
c. Group counseling	() NO () YES	_____ %	54
d. Family counseling	() NO () YES	_____ %	57
e. Any other counseling services?	() NO () YES	_____ %	58
f. _____	() () NO () YES	_____ %	62

	CARD COLUMN
<u>Detoxification - internal</u> () NO ___ () YES ___ %	63-65
5. <u>Detoxification - external</u> () NO ___ () YES ___ %	68
6. <u>Are there any other non-vocational services we have not mentioned?</u>	
a. _____ () NO ___ () YES ___ %	72
b. _____ () NO ___ () YES ___ %	76
c. _____ () NO ___ () YES ___ %	80-1 11
7. TOTAL # OF SERVICES OFFERED _____	12, 13
8. Given no client increase, if your received an immediate 20% increase in your overall budget, with no restrictions, what would you do? that is, how would you spend your allocation?	
a. What would be first on your priority list? _____ _____ _____	14
b. What would be next? _____ _____ _____	15 80-2

INTERVIEWERS PROBE IF RESPONSES ARE TOO GENERAL . . .

SCHEDULE A 1

Program Director for Self-Completion

1.I.D.#

(1) (2) (3)

BASIC CARD INFORMATION

010-109 Methadone New York Agency
110-119 Methadone Massachusetts Agency
210-219 Drug free New York Agency
310-319 Drug free Massachusetts Agency
410-450 Completer New York Methadone
501-550 Completer New York Drug Free
601-650 Completer Massachusetts Methadone
701-750 Completer Massachusetts Drug Free

2. Schedule

(4)

- 1 - A1 Agency self-completion
- 2- AB Program Director Interview
- 3 - CD Individual Interview

INTERVIEWER - FOR AB & CD ONLY SCORE 0 on A1

3. Time of Day

(5)

Day of Week

(6)

0. N.A.

1. Morning

2. Afternoon

3. Evening

1. Monday

2. Tuesday

3. Wednesday

4. Thursday

5. Friday

6. Saturday

7. Sunday

5. Month

(7) (8)

6. Length of interview in minutes

(9) (10)

SCHEDULE A1

PROGRAM DIRECTOR FOR SELF-COMPLETION

CARD
COLUMN

Program Director:

Please complete the following and return to the interviewer at the time of the interview. If you have questions the interviewer will be glad to go over them with you at that time.

1. How many clients are currently enrolled in your program?

11-13

a. How many are residential?

14-16

2. How many clients were served by this agency during the past year?

17-19

3. What would you say is the maximum possible enrollment?

20-22

a. Ratio of Item 1/Item 3 to be calculated

23-26

The following questions concern clients currently enrolled in your program

4. What percentage of the clients now enrolled in your program would you estimate are:

a. Male _____ b. Female _____

27, 28-29

5. What percentages of your clients would you estimate are:

a. under 20 years of age _____ %

31, 32

b. under 20 to 24 _____ %

33, 34

c. 25 to 29 _____ %

35, 36

d. 30 to 34 _____ %

37, 38

e. 35 to 39 _____ %

39, 40

f. 40 and over _____ %

41, 42

6. What percentage of your clients would you estimate are on welfare?

_____ %

43, 44

7. What percentage of your clients would you estimate are:

a. Black _____ %

45, 46

b. White _____ %

47, 48

c. Spanish surname _____ %

49, 50

d. Oriental _____ %

51, 52

e. American Indian _____ %

53, 54

f. Other _____ %

55, 56

The following questions concern those clients
that entered the program during the past
twelve months.

8. a. What percentage would you estimate were employed at the time they enrolled? _____ %	57, 58
b. What percentage would you estimate are currently employed? _____ %	59, 60
9. Of those who are currently employed:	
a. What percentage are employed in this program? _____ %	61, 62
b. What percentage are employed in other treatment programs? _____ %	63, 64
c. What percentage are employed in other programs providing human services such as hospitals and social service agencies? _____ %	65, 66
d. What percentages are employed in private industry? _____ %	67, 68
e. What percentages are employed in government jobs other than human services? _____ %	69, 70
f. What percentage would you estimate were placed in employment by agency staff? _____ %	71, 72
g. What percentage would you estimate obtained employment with no staff assistance? _____ %	73, 74

10. Please indicate the number of staff currently filling various positions in your agency in the first column. In the second column indicate the total hours per week spent in the program by all persons occupying that position.

POSITION	COLUMN A No. of persons occupying the position	COLUMN B Total hours per week for all persons occupying positions	COLUMN C Changes in last 6 mos. in total hours
a. Director			
b. Assistant Director			
c. Physician			
d. Psychiatrist			
e. Counselor			
f. Vocational Rehabilitation Couns.			
g. Job Developer			
h. Secretary			
i. Teacher			
j. Skill trainers			
k. Volunteers			
Other (identify)			
l.			
m.			
n.			
o.			
p.			
—			

11. Have there been any staffing changes in the past six months?
() YES () NO

If yes,
Where there have been changes, please indicate the number
of hours of program involvement for that (those)
position(s) as they were 6 months ago in Column C.

SCHEDULE B

PROGRAM DIRECTOR INTERVIEW

CARD
COLUMN

1. What does your program think is most important for keeping people off heroin? Next most important? Etc.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

11

12

13

14

15

Total number of mentions _____

16, 17

1a. What obstacles does your program think most get in the way of staying off heroin?

- a. _____
- b. _____
- c. _____
- d. _____

18

19

20

21

Total number of mentions _____

22, 23

2. How important does your agency think employment is for helping people stay off heroin?

- a. Extremely important _____
- b. Very important _____
- c. Important _____
- d. Unimportant _____
- e. Very unimportant _____
- f. Extremely unimportant _____

24-1

24-2

24-3

24-4

24-5

24-6

B-x.

3. This card (HAND CARD #1) lists different things a program can do to help people get and keep jobs, they are listed as A, B, C, and D.

INTERVIEWER: READ EACH ALTERNATIVE TO THE RESPONDENT

I want you to tell me which one your program thinks is most important . . . Now which one is next most important? Which one is least important?

<u>EMPLOYMENT ASSISTANCE ACTIVITY CATEGORY</u>	<u>RESPONDENT'S RANK ORDER</u>
A	(25)
B	(26)
C	(27)
D	(28)

4. Which of A, B, C, and D does your program do itself and for which ones would they send people to another program?

	<u>BY YOUR PROGRAM</u>	<u>BY OTHER AGENCIES</u>	
A.	() NO ___ () YES ___	() NO ___ () YES ___	29, 30
B.	() NO ___ () YES ___	() NO ___ () YES ___	31, 32
C.	() NO ___ () YES ___	() NO ___ () YES ___	33, 34
D.	() NO ___ () YES ___	() NO ___ () YES ___	35, 36

INTERVIEWER: I would now like to ask you some questions about more specific activities that a program may do to help people get and keep jobs.

(HAND RESPONDENT CARD #2)

On this card they are numbered 1 - 9.

INTERVIEWER: READ EACH ALTERNATIVE TO THE RESPONDENT.
(CHART ON PAGE 4)

5. I would now like you to tell me how important your program thinks each activity is for helping a client either get or keep a job. For each tell me, as listed, on Card 2, if your agency thinks it is 1. extremely important, 2. very important, 3. important, 4. unimportant, 5. very unimportant, or 6. extremely unimportant.

INTERVIEWER: GO THROUGH ONE AT A TIME AND RECORD ANSWERS IN COLUMN A IN CHART ON PAGE 4

6. Which of these activities does your program provide directly and which do you ask others to provide?

INTERVIEWER: RECORD ANSWERS IN COLUMN B OF CHART.

7. For each activity that your program provides directly, which staff members provide these activities and how many total staff hours are spent per week on each activity?

INTERVIEWER: ASK ONE AT A TIME AND RECORD STAFF POSITIONS IN COLUMN C AND TOTAL HOURS IN COLUMN D.

8. What percentage of your clients participate in each employment activity your agency provides?

INTERVIEWER: ASK ITEMS CHECKED AS AGENCY PROVIDED ONE AT A TIME AND RECORD ANSWERS IN COLUMN E IN CHART.

INTERVIEWER: CHECK FORM A1 FOR STAFF CHANGES -
IF CHANGES ARE NOTED:

9. You have noted on this form that there have been staff changes in the past six months. Do any of those changes affect the job related activities we have been talking about? For example, were any of these services increased or decreased by the staff changes?

() YES () NO

- 9a. INTERVIEWER LIST AREAS AND NOTE CHANGES IN COLUMN F IN CHART.

B-xii

CARD #3 ITEMS: (CARD #3 ON FOLLOWING PAGE)

(HAND CARD #3 TO RESPONDENT). On this card is a list of 22 items of problems which can make getting a job difficult.

10. Can you think of any more which could be added to the list?

INTERVIEWER: HAVE RESPONDENT WRITE ON CARD AND YOU WRITE HERE FOR CODING.

- | | | |
|----|-------|----|
| A. | _____ | 11 |
| B. | _____ | 12 |
| C. | _____ | 13 |

11. Which of these problems does your program consider to be most serious? . . . Next most serious? . . . Next most serious?

- | | | |
|---------|-------|----|
| Rank 1. | _____ | 14 |
| Rank 2. | _____ | 15 |
| Rank 3. | _____ | 16 |

12. Which 3 are least serious?

- | | | |
|---------|-------|-----|
| Rank 1. | _____ | 17 |
| Rank 2. | _____ | 18. |
| Rank 3. | _____ | 19 |

Category	Col A IMP	Col B int ext	Col C Who	Col D hours per week	Col E & C	Col F Staff Changes	
1. Diagnosis of vocational strengths & preferences							38-4
2. Pre-employment counseling and planning							61
3. Job readiness training							73
4. Technical skill training							80-1 10
5. Remedial education							28
6. Job development and employer education							40
7. Referral & placement activities							52
8. Employer follow-up							64
9. Post employment counseling and other supports							76
							80-2

SCHEDULES C & D

Client Interviews

1. I.D. #
(1) (2) (3)

BASIC CARD IDENTIFICATION.

- 010 - 019 Methadone New York Agency
- 110 - 119 Methadone Massachusetts Agency
- 210 - 219 Drug free New York Agency
- 310 - 319 Drug free Massachusetts Agency
- 401 - 450 Completer New York Methadone
- 501 - 550 Completer New York Drug free
- 601 - 650 Completer Massachusetts Drug free
- 701 - 750 Completer Massachusetts Drug free

2. Schedule

(4)

- 1 - A1 Agency self-completion
- 2 - AB Program Director Interview
- 3 - CD Individual Interview

INTERVIEWER - FOR AB & CD ONLY SCORE 0 on A1

3. Time of Day

(5)

- 0. N.A.
- 1. Morning
- 2. Afternoon
- 3. Evening

4. Day of Week

(6)

- 1. Monday
- 2. Tuesday
- 3. Wednesday
- 4. Thursday
- 5. Friday
- 6. Saturday
- 7. Sunday

5. Month

(7) (8)

6. Length of interview in minutes

(9) (10)

SCHEDULE C

CARD
COLUMN

I'm going to ask you some questions about the time
you spent in _____ program.

1. About how many months would you say you (have
been) (were) in this program?

11, 12

2. How many of these were continuous months?

13, 14

3. How many months in residence?

15, 16

3a. Are you still enrolled?

() YES () NO

17

4. If no:

About when did you leave the program?

18, 19

5. How old would you say you were when you first got
heavily into drugs?

20, 21

NOW SOME QUESTIONS CONCERNING THE JOB YOU HAVE HELD
THE LONGEST BEFORE YOU ENTERED THE TREATMENT PROGRAM

CARD
COLUMN

- | | |
|--|-----------|
| 6. What was your title?
_____ | (22, 23) |
| 7. What did you do?

_____ | (24, 25) |
| 8. Are you still working at the job?

() YES () NO | (26) |
| 9. How long did you work at that job?
_____ months | (27 - 29) |
| 10. Was it before, during, or after addiction?
() before
() during
() after | (30) |
| 10a. If during or after, was the employer aware of your
drug dependency?
() YES () NO | |
| 10b. If yes, how did your employer find out about your
addiction?
_____ | (32 - 34) |

11. Was it a full time or part time job?		
() full time		
() part time		35
12. What was your weekly pay before taxes?		
_____		36 - 38
13. Do you think you had the ability to hold a job at a higher level, there or elsewhere?		
() YES _____ () NO _____		39
14. If yes,		
Much higher _____		
Somewhat higher _____		
Slightly higher _____		40
15. How satisfied would you say you were with that job?		
extremely satisfied _____		
very satisfied _____		
satisfied _____		
dissatisfied _____		
very dissatisfied _____		
extremely dissatisfied _____		41

NOW LET'S TALK ABOUT YOUR FIRST JOB HELD DURING TREATMENT OR UPON COMPLETION OF THE TREATMENT PROGRAM.

CARD
COLUMN

16. Is it the same job we have just discussed?

() YES _____ () NO _____

42

(INTERVIEWER NOTE: IF YES, SKIP TO ITEM 25)

17. What is the title of this job?

43, 44

18. Are you still working at that job?

() YES _____ () NO _____

45

19. How long have you held (did you hold) that job?

_____ months

46 - 48

20. Is (was) it full time or part time?

() full time

() part time

49

21. Is (was) the employer aware of your drug dependency?

() YES _____ () NO _____

50

22. What is (was) your weekly pay before taxes?

51, 53

23. Do you think you have the ability to hold a job at a higher level, there or elsewhere?

() YES _____ () NO _____

54

23a. If yes,

much higher _____

somewhat higher _____

slightly higher _____

55

24. How satisfied would you say you are (were) with that job?

extremely satisfied _____

very satisfied _____

satisfied _____

dissatisfied _____

very dissatisfied _____

extremely dissatisfied _____

56

25. What kind of a job do you feel you are able to hold with your current level of skill?

Title _____

INTERVIEWER: CODE IN ONE CATEGORY BELOW

- Professional - Managerial _____
- Technical _____
- Sales _____
- Clerical _____
- Skilled (Craftsman) _____
- Semi-skilled (operative) _____
- Unskilled (laborer) _____

57

26. Were there any employment-related services you did not receive from your program, which you think might have assisted you in obtaining a job?

() YES _____ () NO _____

58

26a. If yes, what were they?

List

59 - 61

NOW WE WOULD LIKE TO ASK YOU SOME BACKGROUND
QUESTIONS.

27. How old are you?

62, 63

28. Highest grade in school completed:

64, 65

29. G.E.D.

() YES _____ () NO _____

66

30. Your current family status:

1. Single _____

2. Married _____

3. Separated _____

4. Divorced _____

5. Widowed _____

6. Other _____

67

THE INTERVIEWER TO COMPLETE:

CARD
COLUMN

1. Female _____

2. Male _____

Ethnicity:

1. Black _____

2. White _____

3. Spanish
surname _____

4. Oriental _____

5. American
Indian _____

6. Other _____

68

69

80-1

SCHEDULE D

INDIVIDUAL

CARD
COLUMN

1. What do you think is most important for keeping people off heroin? Next most important? Etc.
- | | |
|--------------------------------|------|
| a. _____ | (11) |
| b. _____ | (12) |
| c. _____ | (13) |
| d. _____ | (14) |
| Total number of mentions _____ | (15) |
- 1a. What obstacles do you think most get in the way of staying off heroin?
- | | |
|--------------------------------|------|
| a. _____ | (16) |
| b. _____ | (17) |
| c. _____ | (18) |
| d. _____ | (19) |
| Total number of mentions _____ | (20) |
2. How important do you think employment is to helping people staying off heroin?
- | | |
|--------------------------------|--------|
| a. extremely important _____ | (21-1) |
| b. very important _____ | (21-2) |
| c. important _____ | (21-3) |
| d. unimportant _____ | (21-4) |
| e. very unimportant _____ | (21-5) |
| f. extremely unimportant _____ | (21-6) |

3. This card (HAND CARD #1) lists different things programs can do to help people get and keep jobs. They are listed as A, B, C, and D.

INTERVIEWER: READ EACH ALTEPNATIVE (A, B, C, AND D TO THE RESPONDENT.

I want you to tell me which one you think is most important . . . Now which one is next most important? Which one is least important?

<u>EMPLOYMENT ASSISTANCE ACTIVITY CATEGORY</u>	<u>RESPONDENTS RANK ORDER</u>
A	_____ 22
B	_____ 23
C	_____ 24
D	_____ 25

4. Which of A, B, C, D, on your card does (did) your program do and for which ones would they send you to another program?

	<u>BY YOUR PROGRAM</u>	<u>BY OTHER AGENCIES</u>	
A.	() NO ___ () YES ___	() NO ___ () YES ___	26, 27
B.	() NO ___ () YES ___	() NO ___ () YES ___	28, 29
C.	() NO ___ () YES ___	() NO ___ () YES ___	30, 31
D.	() NO ___ () YES ___	() NO ___ () YES ___	32, 33

(HAND CARD #4 TO RESPONDENT) Here is a list of methods of getting jobs.

5. Can you think of any to add?

(WRITE ON CARD)

6. Please rank these in order of usefulness to ex-addicts in getting a job.

(INTERVIEW GOES THROUGH WITH INTERVIEWEE)

INTERVIEWER: WHICH 2 DO YOU THINK ARE MOST USEFUL

WHICH 2 DO YOU THINK ARE NEXT MOST USEFUL

WHICH 2 DO YOU THINK ARE NEXT MOST USEFUL

ETC.

INTERVIEWER: RECORD ANSWERS IN CHART ON PAGE 7

7. Which of these did you actually use in getting your first job immediately after leaving the program?

INTERVIEWER: RECORD ANSWERS IN CHART ON PAGE 7

8. Which ones worked for you in getting that job?

INTERVIEWER: RECORD ANSWERS IN CHART ON PAGE 7

9. Did you express specific vocational goals to the program staff?

() YES () NO

(11)

10. If yes,

Did the program try to help you reach those goals?

() YES () NO

(12)

11. If no, what do you think their reasons were for not helping?

(13)

(14)

(15)

(16)

(17)

12. As you know, this project is attempting to study the job-finding experiences and employment performances of ex-addicts. Is there anything we haven't talked about so far that you would like to discuss?

(18)

(19)

(20)

(21)

(22)

80-3

THE INTERVIEW TO COMPLETE

CARD
COLUMN

SEX:

- 1. Female _____
- 2. Male _____

68

ETHNICITY:

- 1. Black _____
- 2. White _____
- 3. Spanish surname _____
- 4. Oriental _____
- 5. American Indian _____
- 6. Other _____

69

80-1

166

B-xxviii

A. GENERAL PREPARATION FOR EMPLOYABILITY

diagnosis of vocational strengths and preferences
pre-employment counseling and planning
job readiness training

B. SKILL DEVELOPMENT NECESSARY FOR EMPLOYABILITY

technical skill training
remedial education training

C. HELPING A CLIENT GET EMPLOYMENT

job development and employer preparation
referral and placement activities

D. FOLLOW-UP ACTIVITIES TO HELP CLIENT KEEP JOB

employer follow-up

post employment counseling and other supports

CARD #2

-
1. DIAGNOSIS OF VOCATIONAL STRENGTHS AND PREFERENCES
 2. PRE-EMPLOYMENT COUNSELING AND PLANNING
 3. JOB READINESS TRAINING
 4. TECHNICAL SKILL TRAINING
 5. REMEDIAL EDUCATION TRAINING
 6. JOB DEVELOPMENT AND EMPLOYER PREPARATION
 7. REFERRAL AND PLACEMENT ACTIVITIES
 8. EMPLOYER FOLLOW-UP
 9. POST EMPLOYMENT COUNSELING AND OTHER SUPPORTS

1. EXTREMELY IMPORTANT
2. VERY IMPORTANT
3. IMPORTANT
4. UNIMPORTANT
5. VERY UNIMPORTANT

-
6. EXTREMELY UNIMPORTANT

B-xxx

-
1. Lack of appropriate skills
 2. Abuse of alcohol
 3. Abuse of other substances
 4. Lack of necessary tools
 5. Transportation problems
 6. Family responsibilities
 7. Employment or aptitude tests
 8. Health problems (non-drug)
 9. Lack of reference
 10. Employer discrimination against ex-addicts
 11. Difficulty with English
 12. Lack of work experience
 13. Lack of license/bonding
 14. Inadequate salary
-
15. Overly stringent job requirements
 16. Employer discrimination against race
 17. Lack of education
 18. Tight labor market
 19. Criminal record
 20. Too young
 21. Too old
 22. Inability of employer to secure insurance
 23. _____
 24. _____
 25. _____

CARD #4

-
1. Referral to employment agency by agency staff
 2. Referral to employment agency by self, friends, or family
 3. Referral to another community agency by agency staff
 4. Referral to another community agency by self, friends, or family
 5. Referral to union by agency staff
 6. Referral to union by self, friends, or family
 7. Referral to welfare department by self, friends, or family
 9. Use of newspaper ads by agency
 10. Individual use of newspaper ads
 11. Referral to employer by agency staff
 12. Referral to employer by self, friends, or family

OTHER LIST

-
- 13.
 - 14.
 - 15.

CARD #4 ITEMS:

INTERVIEWER: HAND CARD FOUR TO THE RESPONDENT

Here is a list of methods of getting jobs.

13. Can you think of any more?

INTERVIEWER: WRITE ANY ADDITIONS IN CHART ON
FOLLOWING PAGE. HAVE INTERVIEWER
WRITE ON CARD.

14. Please rank these in order of usefulness to ex-addicts
in obtaining employment.

INTERVIEWER: GO THROUGH WITH RESPONDENT -

WHICH 2 OF THESE ITEMS DOES YOUR AGENCY
THINK ARE MOST USEFUL

WHICH 2 ARE NEXT MOST USEFUL

WHICH 2 ARE NEXT MOST USEFUL

ETC.

INTERVIEWER: RECORD ANSWERS IN CHART ON PAGE 6a

	#	rank	CARD COLUMN
1. Referral to employment agency by agency staff	<u>1</u>	_____	20, 21
2. Referral to employment agency by self, friends, or family	<u>2</u>	_____	22, 23
3. Referral to another community agency by agency staff	<u>3</u>	_____	24, 25
4. Referral to another community agency by self, friends, or family	<u>4</u>	_____	26, 27
5. Referral to union by agency staff	<u>5</u>	_____	28, 29
6. Referral to union by self, friends, or family	<u>6</u>	_____	30, 31
7. Referral to welfare department by agency staff	<u>7</u>	_____	32, 33
8. Referral to welfare department by self, friends or family	<u>8</u>	_____	34, 35
9. Use of newspaper ads by agency	<u>9</u>	_____	36, 37
10. Individual use of newspaper	<u>10</u>	_____	38, 39
11. Referral to employer by agency staff	<u>11</u>	_____	40, 41
12. Referral to employer by self, friends, or family	<u>12</u>	_____	42, 43
Other - list			
13.	<u>13</u>	_____	44, 45, 46
14.	<u>14</u>	_____	47, 48, 49
15.	<u>15</u>	_____	50, 51, 52

- a. Individual lacks necessary skills and abilities _____
- b. Program lacks necessary resources _____
- c. Condition external to individual and program
(such as legal or labor market problems) _____

	RANK	USED	WORKED	CARD COLUMN
1. Referral to private employment agency by agency staff	_____	YES ___ NO ___	YES ___ NO ___	20-23
2. Referral to private employment by self, friends, or faculty	_____	YES ___ NO ___	YES ___ NO ___	24-27
3. Referral to another community agency by agency staff	_____	YES ___ NO ___	YES ___ NO ___	28-31
4. Referral to another community agency by self, friends, or family	_____	YES ___ NO ___	YES ___ NO ___	32-35
5. Referral to union by agency staff	_____	YES ___ NO ___	YES ___ NO ___	
6. Referral to union by self, friends, or family	_____	YES ___ NO ___	YES ___ NO ___	40-43
7. Referral to welfare department by agency staff	_____	YES ___ NO ___	YES ___ NO ___	44-47
8. Referral to welfare department by self, friends or family	_____	YES ___ NO ___	YES ___ NO ___	48-51
9. Use of newspaper ads by agency	_____	YES ___ NO ___	YES ___ NO ___	52-55
10. Individual use of newspaper ads	_____	YES ___ NO ___	YES ___ NO ___	56-59
11. Referral to employer by agency staff	_____	YES ___ NO ___	YES ___ NO ___	50-63
12. Referral to employer by self, friends, or family	_____	YES ___ NO ___	YES ___ NO ___	64-67
13. _____	_____			68-72
14. _____	_____			73-77

<p>15. Of those clients who express specific vocational aspirations what percent express attainable goals? _____ %</p>	<p>53, 54</p>
<p>15a. (HAND CARD #5) Of those who do not express attainable goals what is the major reason they are unattainable for most? Next major reason?</p> <p>a. Individual lacks necessary skills and abilities _____</p> <p>b. Program lacks necessary resources _____</p> <p>c. Condition external to individual and program (such as legal or labor market problems) _____</p>	<p>55</p> <p>56</p> <p>57</p>
<p>16. How satisfied would you say your clients are with the employment they obtain? Would you say they are:</p> <p>a. extremely satisfied _____</p> <p>b. very satisfied _____</p> <p>c. satisfied _____</p> <p>d. dissatisfied _____</p> <p>e. very dissatisfied _____</p> <p>f. extremely dissatisfied _____</p>	<p>58</p>
<p>17. As you know, this project is attempting to study the job finding experiences and employment performances of ex-addicts. Is there anything that we haven't talked about so far that you would like to discuss?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>59, 63</p> <p>80-3</p>

APPENDIX C:

DESCRIPTION OF PACT AND ITS MANAGEMENT INFORMATION SYSTEM

The information contained in Part C of Chapter VI is based upon a preliminary analysis of data developed in conjunction with the PACT (Provide Addict Care Today) employment project which was launched in New York City in 1973.

The launching of this effort coincided with the first major attention which had been given to the employment problems of former drug abusers. Public hearings about the employability of former addicts (and discrimination against them) had been conducted by both the Temporary State Commission to Re-evaluate the Drug Laws and the New York City Human Rights Commission. Both the Addiction Services Agency and the Wildcat Service Corporation, the latter utilizing the transitional employment or supported work concept, were greatly expanding their efforts. Similar developments have followed on the national level. Publications and papers concerning the issues have appeared with increasing frequency. Seminars for employers became more widespread. Treatment program staffs were augmented by job developers and vocational rehabilitation specialists and the topics became separate seminars and workshops at the various drug-industrial complex conferences.

At that time the situation was far more confused than it appears to be at the present. Treatment programs, particularly methadone maintenance, were simultaneously reporting increasing employment as the duration of treatment increased, and criticizing employers for the refusal to hire. Employers (particularly larger ones) were either apprehensive about drug abusers, or complained they could not find qualified applicants.

One of the main issues involved the fact that treatment program reporting was based upon self reporting by clients. For the most part, the issue of employer knowledge of previous addiction was overlooked. On the employer side, companies often did not know about clients' prior drug involvement so that many who were viewed as employment "successes" by treatment programs were invisible to companies. However, the companies usually did

discover (or at least suspect) many of the failures even when the drug history had been concealed at the time of hiring.

The issues were further complicated because the problem of employing ex-heroin addicts was intertwined with problems of racial discrimination (3/4 of the addict population consisted of minority group members) and criminality. In addition, very little was known about the kinds of jobs former addicts either were qualified for or, in fact, did hold. The economy was in a downward spiral, and many companies were reducing their work forces. Attention was being focussed increasingly on affirmative action for females and, in general, on entry into the higher rather than lower levels of employment.

PACT hoped to be able to approach companies and develop a job bank while at the same time encouraging treatment programs to provide a pool of applicants who were ready to work. Having access to a wide range of jobs and larger numbers of applicants than any single treatment program or employer, PACT would be in a better position to match clients and jobs.

PACT's system also relieved agencies and applicants of concern over the issue of whether or not to conceal prior drug (and criminal) involvement since PACT's approach required a prior corporate decision to consciously hire former abusers. Finally, the PACT approach would provide for the first full-scale feedback from employers with respect to job performance.

PACT also felt its relative neutrality would facilitate the employment process: as a facilitating agency not primarily in the business of treating, training or employing former addicts, it would be in a better position to identify and analyze the issues and perform an educational service. Being a non-governmental agency and sponsored by business leaders it would be easier to gain the trust of employers. As a communicator and educator it could provide insights for both treatment agencies and employers with respect to what the other side was thinking. Ultimately, PACT's expertise was expected to be very helpful to government agencies in developing training and vocational rehabilitation programs.

In retrospect, these goals may seem overly optimistic. It would appear that drug addiction is no longer considered the number one domestic problem. Funding of treatment activities at the Federal, State and local levels has peaked and the general employment scene has continued to deteriorate. PACT has experienced greater than anticipated difficulties both in finding jobs and in finding applicants for available jobs.

In some respects the relatively low level of placements (roughly 20 per month) has probably been disappointing to representatives of both drug programs and businesses.

Of the 719 applicants included in the PACT data bank, less than a third (only 222) have been placed. That number of placements has hardly provided job development relief to treatment agencies. (There is reason to believe that some program administrators feel that PACT has unintentionally cut-off their direct access to some companies.) On the other hand, some companies are probably also frustrated or unenthusiastic. This possibility is indicated by the fact that 43 companies have hired ex-addicts only once and only three have hired more than ten former drug abusers through PACT.

For its part, PACT has been attempting to adjust its strategy and tactics to deal with these complex issues. Initially it concentrated on reaching the major white-collar employers and experienced difficulty in finding applicants with the requisite educational and clerical skills to fill the kinds of positions which were most available. Another problem was the fact that most available entry-level positions have been traditionally held by females, although the population of former abusers is predominantly male. Attempts to fill low-skill jobs which are also low pay (security guards, messengers, porters, etc.) have resulted in high termination rates and also threaten to alienate treatment programs and potential applicants who feel PACT should not even bother to list those kinds of "dead-end" positions. PACT is attempting to deal with these issues by focusing more attention on training and working more closely with treatment agencies.

In order to achieve its long term educational goals, PACT has developed a management information system.

Ultimately this system will provide a valuable data base for researchers. As part of the pre-screening interview participants are asked a series of questions to elicit demographic information, history of drug use, criminal involvement and employment and treatment background. The computer input record is shown as Exhibit One. Exhibit Two represents the input form used to record referral and hiring information. Exhibit Three is a computer generated reply card which is sent to the employer representative 30, 60, 90 days after employment and quarterly thereafter. This reply card is returned to PACT and the data is then included in the computerized record.

Data has been stored in the computer and will permit analysis of many variables which might have significance with respect to hiring and job performance. It will be possible to analyze the effect of differences in individual characteristics or to do differential analysis based upon a variety of treatment programs, employer types, individual employers and individual treatment programs.

As this paper is written, the Management Information System is generating basic records and reports but the computer programs designed to do differential analysis have not yet been developed. (It would appear that employer feedback is an additional problem and that it will be necessary for PACT to improve its follow-up techniques with employers.)

As implemented, the system uses discrete codes for individuals, agencies, and employers. To preserve confidentiality, these codes are not known to the independent organization which provides data processing service. While at least one individual in each employing organization is aware of the individual's drug history, the decision as to who and how many individuals (including the supervisor) will know is made by the company.

EXHIBIT ONE

APPENDIX D

P.A.C.T.
PARTICIPANT RECORD

PARTICIPANT SOCIAL SECURITY NUMBER	TRAN. CODE	P.A.C.T. INTERVIEW DATE			ZIP CODE	SEX	FAMILY STATUS	RACE	EDUCATION	WELFARE	AGE
		MTH.	OAY	YEAR							
1	9 10	12		18						30	

DATE _____

SUBMITTED BY _____

TREATMENT				CONVICTIONS			DEPEND.		EMPLOYMENT							P.A.C.T.								
PROGRAM	CODE	MONTHS	STATUS	DRUGS	NON DRUGS	TOTAL	PRIM. DRUG	INITIAL AGE	STATUS	CURR. GROSS WEEKLY PAY	MTHS. ON CURR. JOB	KNOWS	HIGHEST GROSS WEEKLY PAY	MTHS. ON HIGH JOB	KNEW	STATUS	SCREENER	RATING	DECISION	SUBORD RECORD	REFERRAL			
31	33	34	36	37	38	40	42	44	45	47	48	50	51	53	54	56	57	59	60	61	62	63	64	65

TRAN. CODES
14 = ODELETE
22 = NEW
24 = FILE MAINT.

The coding system above is largely self-explanatory and permits a wide range of comparisons. The data under the PACT heading (Columns 59-65) relates to internal management data concerning its own decisions and who made them (screener, rating, decision) and enables PACT to classify applicants by clusters of treatment programs or referral groups as well as according to the actual treatment program, time in treatment or current status (splitee, graduate, etc.)

EXHIBIT TWO

APPENDIX D

P.A.C.T.

EMPLOYER RECORD

DATE _____

SUBMITTED BY _____

PARTICIPANT SOCIAL SECURITY NUMBER	TRAN. CODE	REFERRAL ONE										REFERRAL TWO									
		COMPANY CODE	S.I.C. CODE	ZIP CODE	DOW-ORD	DATE		COMPANY CODE	S.I.C. CODE	ZIP CODE	DOW-ORD	DATE									
						MTH.	YEAR					MTH.	YEAR								
1	9	10	12	14	15	17	21	22	23	26	27	29	30	32	36	37	38	41			

HIRED BY					INITIAL STATUS										
COMPANY CODE	S.I.C. CODE	ZIP CODE	INCORPORATED	KNOWNS	DATE HIRED			JOB TITLE	CATEGORY	GROSS WEEKLY PAY	D.O.T. CODE				
					MTH.	DAY	YEAR								
42	44	45	47	51	52	53	54	59	60	65	66	67	69	70	75

TRAN. CODES

32 = NEW
 34 = FILE MAINT.

The employer record is used to record referral and hiring activity and will enable PACT to conduct analysis of rejection rates and hiring rates by industry (SIC code) as well as by individual company. Data on this record can also be combined and compared with any data on the other records.

EXHIBIT THREE

APPENDIX D
FRONT

STATUS REPORT AS OF XX/XX/XX		
SOC. SEC. # XXX XXXX	DATE OF HIRE XX XX XX	EMPLOYER CODE XXX
INITIAL JOB	INITIAL WAGES XXX	
CURRENT JOB _____	CURRENT WAGES _____	
CURRENT RATING (CHECK APPROPRIATE BOX)	IF TERMINATED (CHECK APPROPRIATE BOX) MTH./YR.	IF FIRED (CHECK APPROPRIATE BOX)
EXCELLENT <input type="checkbox"/>	RESIGNED - NEW JOB <input type="checkbox"/>	ATTENDANCE <input type="checkbox"/>
GOOD <input type="checkbox"/>	RESIGNED - SCHOOL <input type="checkbox"/>	PRODUCTIVITY <input type="checkbox"/>
AVERAGE <input type="checkbox"/>	RESIGNED - UNKNOWN <input type="checkbox"/>	INSUBORDINATION <input type="checkbox"/>
BELOW AVERAGE <input type="checkbox"/>	FIRED <input type="checkbox"/>	DRUG ABUSE <input type="checkbox"/>
UNSATISFACTORY <input type="checkbox"/>	OTHER <input type="checkbox"/>	ARREST <input type="checkbox"/>
		OTHER <input type="checkbox"/>
SPECIAL NOTES: _____	SIGNATURE: _____	
	DATE: _____	

BACK

PACT EMPLOYEE STATUS REPORT

This card is the employer report used to update the PACT data bank. PACT asks that employers complete the card at 30, 60, and 90 days after employment and at the end of the 2nd, 3rd and 4th quarters of employment. The Status Report should be completed as of the date shown at the top of the card irrespective of the current status of the individual. In order to update our records we need information on the employee as of the date shown on the top of the card:

- "CURRENT JOB" - Show title of current position. This will be encoded and stored in the computer.
- "CURRENT WAGES" - Show gross weekly wages for normal work week as of date of top of card.
- "CURRENT RATING" - We would like the supervisor's evaluation of the employee compared to other workers in the same or similar job.
- "IF TERMINATED" - Show month and year and check appropriate box showing reason.
- "IF FIRED" - Check box indicating reason for termination.

Please complete card and return to PACT - 415 Madison Avenue, New York, New York 10017. If there are any questions call - (212) 371 - 2950.

This pre-printed form is computer-generated and the "X's" above represent computer-printed data. The cards are mailed to employer representatives who complete the forms and return them to PACT which used the completed form to update computer records.

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APPENDIX E

Industry Structure

Both New York and Boston are major metropolitan areas with highly diversified economies. No single industry predominates employment opportunities in either Boston or New York City. In fact, despite the great difference in the size of the two cities, the underlying industrial structure of both economies is remarkably similar.

In terms of the seven major industry sector, the New York SMSA has a somewhat higher percentage of its total employment in the transportation/communication/utilities sector (9.3% vs. 6.6%), and in finance/insurance/real estate (9.5% vs. 7.5%), and somewhat less in manufacturing (20.7% vs. 22.4%). In the other major sectors (construction trade, services and agriculture/forestry/mining) the differences between their proportions of total employment in the New York and Boston SMSAs amounts to one percentage point or less.

TABLE VI.A.1

COMPARATIVE INDUSTRY STRUCTURE, BOSTON AND NEW YORK SMSA
MAJOR INDUSTRY SECTORS

<u>Industry Sector</u>	<u>Boston SMSA</u>	<u>N.Y.C. SMSA</u>
Manufacturing	22.40	20.7
Construction	5.0	4.3
Transport., Communic., Util.	6.6	9.3
Wholesale, retail trade	21.0	19.9
Finance, Insurance, Real Estate	7.5	9.5
Services (inc. govt.)	36.9	35.8
Agriculture, Mining, Forestry, Fisheries	.6	.5
	100.0%	100.0%
	(1,136,474)	(1,607,100)

When these major sectors are disaggregated, the detailed differences between the two local economies are further high-lighted.

When Manufacturing, employment is divided into 12 standard census categories New York's specialization in apparel manufacturing becomes apparent. This is, in fact, the only manufacturing industry that has a markedly greater share of total employment in New York than in Boston. In New York's second largest manufacturing industry, Printing and Publishing, the difference between New York and Boston is less than 1 percent (2.8% vs. 2.1%).

Manufacturing in the Boston area is more highly concentrated in electrical equipment (4.1% vs. 1.8% in New York), miscellaneous non-durables (3.2% vs. 2.8%), non-electrical machinery (2.7% vs. 1.1%), transportation equipment (2.0% vs. 1.2%) and fabricated metal products (1.3% vs. 0.9%).

It is important to note that while these differences in the type of manufacturing carried out in the two areas are well known, they should not be overemphasized. Textiles and apparel manufacturing may be almost three times as important in New York area than it is in Boston but it still represents only 4.6% of the New York SMSA employment (versus 1.6% in Boston). And while the electrical equipment and machinery categories are over twice as important in the Boston SMSA as in New York, they still account for only 4.1% and 2.7% respectively of that area's total jobs. The fact that these major manufacturing industries in both cases account for less than 5 percent of total employment, represents a similarity that is equally as significant as the differences in detailed industry characteristics between the two economies.

The same observation is true for the non-manufacturing sectors. The basic similarity of the industrial structure in the two areas is in many ways more striking than their differences.

The top three categories of non-manufacturing employment are, for example, identical in New York and Boston, though their relative ranking is reversed. Finance, insurance and real estate (except for banking and

credit) is the largest non-manufacturing category in New York with 6.6% of total employment (a reflection of the importance of "Wall Street" employers), and public administration is third with 5.7%. In Boston, public administration is first with 5.9% and the non-bank finance category ranks third with 5.2%. In both SMSA's the miscellaneous retail category is second among non-manufacturing industries, with 5.9% of total employment in New York and 5.8% in Boston. Despite these differences, in order, the absolute percentages in each of these industry categories are quite close.

More noticeable differences occur among the lower ranking industries. Employment in air and water transportation and related industries boosts New York City's percentage of employment in "miscellaneous transportation" to 3.8% compared to Boston's 1.8%. Business services, which includes the advertising industry ("Madison Avenue") is also a more important part of New York's economy, with 3.4 percent of total employment in the SMSA, than in Boston (2.4%), as is the entertainment industry ("Broadway") with 1.3% (versus .7% in Boston).

The Boston area, on the other hand, is more specialized in Hospitals ("Mass General") with 5.1% of total employment (vs. 4.0% in New York) and private schools and colleges (4.3% vs. 2.0%). In the other industries which have a larger share of SMSA employment in Boston than in New York, the percentage differences are even smaller than those cited above.

In summary, the basic underlying similarity in the industrial structure (categories of employers) in the Boston and New York SMSA's are as apparent as the differences. The differences are what are usually identified because they serve to identify what is unique about the two metropolitan areas.

Compared to the overriding fact that both New York and Boston are major and mature metropolitan areas, the differences in their economic structures appear to be relatively minor, at least in absolute percentage terms.

TABLE VI.A.2

COMPARATIVE INDUSTRY STRUCTURE, NEW YORK AND BOSTON SMSA
A. MANUFACTURING INDUSTRIES

<u>BOSTON SMSA</u>	<u>% of Total Employed</u>	<u>NEW YORK SMSA</u>	<u>% of Total Employed</u>
<u>MANUFACTURING</u>	22.4%	<u>MANUFACTURING</u>	20.7%
<u>4.0-4.9%</u>		<u>4.0-4.9%</u>	
1. Electrical Equipment	4.1	1. Textiles and Apparel	4.6
<u>3.0-3.9%</u>		<u>3.0-3.9%</u>	
2. Miscel. Non-durable goods	3.2		
<u>2.0-2.9%</u>		<u>2.0-2.9%</u>	
3. Machinery (non-electrical)	2.7	2. Printing, publishing	2.8
4. Misc. durable goods	2.7	3. Misc. non-durable goods	2.8
5. Printing, publishing	2.1	4. Misc. durable goods	2.6
6. Transportation equip.	2.0		
<u>1.0-1.9%</u>		<u>1.0-1.9%</u>	
7. Textiles, apparel	1.6	5. Electrical equipment	1.8
8. Food processing	1.3	6. Transportation equipment	1.2
9. Fabricated metals	1.3	7. Food processing	1.2
		8. Machinery (non-electrical)	1.1
		9. Chemicals & related	1.0
<u>0-0.9%</u>		<u>0-0.9%</u>	
10. Chemicals & related	.7	10. Fabricated metal products	.9
11. Furniture, lumber, wood	.4	11. Furniture, lumber products	.5
12. Primary metals	.3	12. Primary metals	.3

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TABLE VI.A.2 (cont'd)

COMPARATIVE INDUSTRY STRUCTURE, NEW YORK AND BOSTON SMSA

B. NON-MANUFACTURING INDUSTRIES

<u>BOSTON SMSA</u>	<u>% of Total Employed</u>	<u>NEW YORK SMSA</u>	<u>% of Total Employed</u>
<u>NON-MANUFACTURING</u> <u>6.0-6.9%</u>		<u>NON-MANUFACTURING</u> <u>6.0-6.9%</u>	
		1. Insurance, real estate, other fin.	
		<u>5.0-5.9%</u>	<u>5.0-5.9%</u>
1. Public administration	5.9%	2. Miscel. retail	5.93
2. Miscel. retail	5.80	3. Public administration	5.67
3. Insurance, real est., other fin.	5.2		
4. Hospitals	5.1		
5. Construction	5.0		
		<u>4.0-4.9%</u>	<u>4.0-4.9%</u>
6. Wholesale trade	4.8	4. Wholesale trade	4.99
7. Public schools & colleges	4.6	5. Public schools & colleges	4.75
8. Miscel. services	4.4	6. Construction	4.27
9. Private schools & colleges	4.3	7. Miscel. services	4.26
		8. Hospitals	4.01
		<u>3.0-3.9%</u>	<u>3.0-3.9%</u>
10. Retail, general merchandise	3.2	9. Miscel. transport (incl. air)	3.81
11. Eating and drinking places	3.1	10. Business services	3.43
		11. Miscel. personal services	3.08
		<u>2.0-2.9%</u>	<u>2.0-2.9%</u>
12. Retail food, bakery, dairy	2.7	12. Banking and credit	2.87
13. Miscel. personal services	2.7	13. Eating and drinking places	2.84
14. Miscel. health services	2.6	14. Retail food, dairy, bakery	2.7
15. Business services	2.4	15. Retail general merchandise	2.7
16. Banking and credit	2.3	16. Communications	2.1
		17. Private schools, colleges	2.0
		18. Miscel. Health Services	2.0

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TABLE VI.A.2 (cont'd)

COMPARATIVE INDUSTRY STRUCTURE, NEW YORK AND BOSTON SMSA

B. NON-MANUFACTURING INDUSTRIES

<u>BOSTON SMSA</u>	<u>% of Total Employed</u>	<u>NEW YORK SMSA</u>	<u>% of Total Employed</u>
<u>1.0-1.9%</u>		<u>1.0-1.9%</u>	
17. Communication	1.9	19. Non-profit organizations	1.99
18. Miscel. transport.	1.8	20. Utilities, sanitation	1.94
19. Non-profit organizations	1.6	21. Repair services	1.61
20. Utilities, sanitation	1.5	22. Entertainment	1.29
21. Retail autos, service st.	1.4	23. Private households	1.16
22. Repair services	1.2	24. Trucking, warehousing	1.09
23. Trucking, rehousing	1.1	25. Retail autos, service sta.	1.0
<u>Less than 1%</u>		<u>Less than 1%</u>	
24. Private households	.8	26. Miscel. education	.5
25. Miscel. education	.7	27. Railroads, railway express	.4
26. Entertainment	.7	28. Agriculture	.4
27. Agriculture	.5	29. Mining	.1
28. Railroads, railway exp.	.3		

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The differences between the industrial structures of New York and Boston are reflected in the type of jobs available to the two areas' residents.

In both the professional and service occupations, Boston for example, has more health workers (as a percentage of its total employment) than does New York, despite the fact that the percentage employed as physicians and dentists (and related practitioners is the same in both areas). Boston's higher proportions of nurses, technicians, aides and orderlies (as opposed to practitioners) is a reflection of the area's high concentration of medical institutions, apparent in its industry employment statistics.

The Boston area also has proportionally more jobs for engineers and non-health-related technicians, machinists, and metal craftsmen than does the New York area, reflecting higher technological requirements of its manufacturers of electrical equipment and machinery, in contrast to New York City's apparel industry. For the same reason, while the proportions of workers who are classified as "operatives" is the same in both areas, (9.9%), those in the Boston area are more likely to make various "durable" goods, (e.g., stereos), while their counterparts in New York work on non-durables (e.g., clothing).

The disproportionate size of New York's "miscellaneous transportation" industrial category shows up again in the higher percentage of jobs as "transportation equipment operatives" (other than truck drivers).

Once again, the differences between the New York and Boston SMSA's in the proportion of total employment in these occupational categories is slight, and probably less important than other factors as a determinant of the types of jobs that are likely to be obtained by ex-addicts seeking employment.

TABLE VI.A.3

OCCUPATIONAL DISTRIBUTION OF EMPLOYED PERSONS

(PERCENTAGE OF TOTAL EMPLOYMENT)

<u>EMPLOYED PERSONS 16 YEARS OLD AND OVER</u>	<u>% of Total Employment</u>	
	<u>BOSTON</u> <u>SMSA</u>	<u>N.Y.C.</u> <u>SMSA</u>
<u>Professional, technical, & kindred workers</u>	<u>20.0%</u>	<u>16.9%</u>
Engineers	2.4	1.2
Physicians, dentists, and related practitioners	1.1	1.1
Health workers, except practitioners	2.4	1.6
Teachers, elementary and secondary schools	3.4	3.3
Technicians, except health	1.5	.8
Other professional workers	9.2	8.9
<u>Managers and administrators, except farm</u>	<u>9.0%</u>	<u>9.1%</u>
Salaries: Manufacturing	1.7	1.6
Retail trade	1.7	1.6
Other industries	4.6	4.9
Self Employed: Retail trade	.4	.4
Other industries	.5	.5
<u>Sales workers</u>	<u>7.7%</u>	<u>8.0%</u>
Manufacturing and wholesale trade	1.8	2.0
Retail trade	4.2	4.1
Other industries	1.7	1.9
<u>Clerical and kindred workers</u>	<u>22.9%</u>	<u>25.0%</u>
Bookkeepers	2.2	2.6
Secretaries, stenographers, & typists	6.8	7.1
Other clerical workers	13.9	15.2
<u>Craftsmen, foremen, and kindred workers</u>	<u>11.6%</u>	<u>11.0%</u>
Automobile mechanics, including body repairmen	.9	.9
Mechanics and repairmen, except auto	1.4	1.5
Machinists	.7	.3
Metal craftsmen, except mechanics and machinists	.7	.4
Carpenters	.9	.7
Construction craftsmen, except carpenters	2.2	1.8
Other craftsmen	4.9	5.4
<u>Operatives, except transport</u>	<u>9.9%</u>	<u>9.9%</u>
Durable goods manufacturing	3.9	2.6
Nondurable goods manufacturing	3.3	4.6
Nonmanufacturing industries	2.6	2.7

TABLE VI.A.3 (cont'd)

OCCUPATIONAL DISTRIBUTION OF EMPLOYED PERSONS

(PERCENTAGE OF TOTAL EMPLOYMENT)

	% of Total Employment	
	BOSTON SMSA	N.Y.C. SMSA
<u>Transport equipment operatives</u>	2.9%	3.7%
Truck drivers	1.2	1.1
Other transport equipment operatives	1.7	2.6
<u>Laborers, except farm</u>	3.2%	3.3%
Construction laborers	.6	.5
Freight, stock, and material handlers	1.5	1.6
Other laborers, except farm	1.1	1.2
<u>Service workers, except private household</u>	11.9%	11.8%
Cleaning service workers	2.3	2.4
Food service workers	3.7	3.0
Health service workers	1.7	1.4
Personal service workers	1.4	1.7
Protective service workers	1.8	2.1
Private household workers	.7	1.3
Farmers and farm managers	.1	.1
Farm laborers and farm foreman	.1	.1
	100%	100%
	(1,136,474)	(4,607,100)

The Educational Level of Employed Men, by Occupational Category

It is not surprising, given the high concentration of educational institutions in the Boston area, to find that the average level of schooling is higher there than in New York City.

The educational advantage of Boston workers is more strongly in evidence among workers in Blue Collar jobs than in White Collar occupations. As the table below shows, in each of the White Collar occupations, New York City men have almost the same median level of schooling as do Boston men, and in professional and technical occupations, the average level is even higher in New York than in Boston.

In the Blue Collar occupations, Boston men tend to be better educated, especially in the machine operative and service categories. The high level of schooling among Boston's private household workers (10.6 years) is especially notable, though the small numbers involved (an estimated 1,921 private household workers among employed Boston men) raise the possibility of sampling bias in this figure.

These figures would indicate that jobseekers with the same educational background would be likely to face stiffer competition in Boston than in New York City, especially in lower-level jobs, all other things being equal. The higher level of schooling among Boston's "transportation equipment operators", for example, might make it harder for a ninth grade dropout to get a job driving a truck there than in New York City, where Blue Collar education levels are lower.

TABLE VI.A.4
 MEDIAN YEARS OF SCHOOLING, BY OCCUPATIONAL CATEGORY,
 NEW YORK CITY AND BOSTON MEN (EMPLOYED)

<u>All Occupations</u>	<u>Boston</u>	<u>N.Y.C.</u>	<u>N.Y.C. Median as % of Boston</u>
<u>White Collar</u>			
Professional Technical	11.3	11.2	99%
Managers, Officials	15.4	15.7	102%
Sales Workers	11.7	11.5	98%
Clerical	11.5	11.3	98%
<u>Blue-Collar and Service</u>			
Craftsmen, Foreman	11.1	10.5	95%
Operators	10.1	8.9	88%
Transportation Equipment Operators	10.8	9.9	92%
Laborers	9.8	9.1	93%
Services, except Household Workers	10.6	9.4	89%
Private Household Workers	10.6	6.7	63%

Education, Earnings, and Ethnicity

Despite the lower average level of schooling among New York City men, wages in New York are higher, on the average, in nine of the ten major occupational categories. In the case of operatives, the reversed earnings differential between New York and Boston result from the different mix of detailed occupations within this rather broad occupational category. Machine operators in Boston's durable goods industries are likely to be working with higher technology machines and more productive equipment than the rather poorly paid sewing machine operators which are more typical of "operatives" in New York City.

The same basic relationship between education and wages appears in both places: higher paid occupational categories have higher average level of schooling than the lower wage categories, as is apparent in the table below (Table VI.A.5).

In both New York and Boston, the average educational level of employed white men is somewhat higher than that of Black men, while the Hispanic men's average level of schooling is lower than that of Blacks.

The lower educational level of the New York City population, which may also be a reflection of its role as the entry point for immigration to the United States, is found in all three major ethnic categories. The difference between the two cities in average educational attainment of the work force is, however, the least among Whites and greatest among Hispanic workers.

	<u>Median Years of Schooling</u>	
	<u>Boston</u>	<u>New York</u>
Black	11.0	10.7
Hispanic	10.3	8.7
White, Other	11.4	11.3

Minorities make up a smaller percentage of Boston's than of New York City's labor force. In both Boston and New York, Black and Hispanic men tend to be employed disproportionately in blue collar and service occupations, and especially in jobs at the lower end of the wage scale.

TABLE VI.A.5

<u>Occupational Category</u>	<u>Boston Men</u>		<u>New York City Men</u>	
	<u>Median Years of Schooling</u>	<u>Median Earnings (\$/yr.)</u>	<u>Median Years of Schooling</u>	<u>Median Earnings (\$/yr.)</u>
<u>White Collar</u>				
Professional/technical	15.4	\$8,229	15.7	\$10,682
Managers, administrators	11.9	9,395	11.8	11,454
Sales	11.7	7,103	11.5	8,557
Clerical	11.5	6,345	11.3	6,832
<u>Blue Collar and Service</u>				
Craftsmen	11.1	7,615	10.5	8,194
Operatives (Exc. transp.)	10.1	6,291	8.9	6,172
Transp. equip. oper.	10.8	6,688	9.9	7,183
Laborers	9.8	5,358	9.1	6,576
Service Workers (exc. household)	10.6	5,341	9.4	5,897
Private household	10.6	2,307	6.7	3,965

In the professional-technical and managers-administrators categories, the percentage of minority men is about the same in the two cities: between 10 and 15 percent. In New York, there are relatively more Black and Hispanic men in clerical-type occupations than in Boston; more, in fact, than in the craftsmen category among New York City's blue collar workers. In both cities, the percentage of minority men who are in sales jobs is less than would be predicted on the basis of wage levels above. (Table 6; see also Charts 1 and 2.)

Within each of the broad occupational categories Black and Hispanic men earn less, on the average, than do White men. This results both from their concentration in types of jobs that pay less and from their earning less than Whites in the same job title.

Wage differentials between Minority men and White men are less pronounced in Boston than in New York City. In Boston, Black men's median wage was 85 percent of the overall median in 1970. For Hispanic men the comparable figure is 82 percent. New York City's employed Black men's median wage was only 81 percent of the citywide median, and Hispanic men averaged only 71 percent as much as the average New York male earned. This pattern--Black and Hispanic men earning more, relative to the citywide average, in Boston, with New York City's Hispanic men especially bad off--was particularly evident among professional/technical manager/official and sales occupations. Among clerical and blue collar job categories, the ratio of Black and Hispanic median earnings to the overall average was more apt to be similar in New York and Boston.

TABLE VI.A.6

	Minorities' Percentage of Total Employment	
	<u>Boston Men</u>	<u>N.Y.C. Men</u>
<u>All Occupations</u>	<u>17.0</u>	<u>26.3</u>
<u>White Collar</u>		
1. Professional, technical	12.0	13.1
2. Managers, officials	11.1	11.8
3. Sales	7.9	13.5
4. Clerical	12.5	28.1
<u>Blue Collar- Service</u>		
5. Craftsmen	15.5	24.0
6. Operatives (exc. transp.)	30.8	42.6
7. Transp. equip. operatives	16.1	38.2
8. Laborers	18.9	35.0
9. Services (exc. household)	23.5	40.6
10. Private Household Workers	37.6	64.4

Labor Market Dynamics: Job Openings and Labor Turnover

Job openings may occur because an employer terminates his work force, either on a long term basis or after a seasonal lay-off period; because employers' need to replace experienced employees who have retired, died, become pregnant or otherwise left the active labor market; or to replace workers who have quit their jobs (or have been fired), but who continue to be active members of the citywide labor force. The need to replace workers who quit their jobs is generally the largest source of available job openings.

Data on labor turnover (additions to and terminations from employers' payrolls) is collected and published monthly by the U.S. Department of Labor, but only for manufacturing industries, which as we have seen, make up only about one-fifth of total employment in the New York and Boston metropolitan areas.

The labor turnover data on 20 manufacturing industry categories is published regularly for New York City, but not for Boston, where it is considered that the small size of the sample would make the data unreliable, even if it were available.

Analysis of the New York City data does, however, support some generalizations about labor market dynamics which are likely to hold for both areas. The key statistics, in terms of their usefulness in understanding hiring patterns, are the New Hire rate and the Quit rate.

The New Hire rate refers to the number of persons hired per month (expressed as a percentage of employees in an industry) who had never before worked for the employer that is hiring them. Other additions to employers' payrolls, e.g., the recall of workers previously laid off by the employer, the transfer into a local branch operation of an employee from the same parent company, etc., are included in a labor turnover category called "other Accessions." The importance of the New Hire rate lies in the fact that it is a measure of employers' hiring activity, which is a crucial factor for any individual or program trying to find jobs. When the citywide New Hire rate is relatively high, it means that more jobs are being filled and more people are being hired than when it is low. At any one time, employers with high New Hire rates have more job openings, relative to their total work force, than do employers with low New Hire rates. This much is self evident. The reason for studying the behavior of New Hire rate in some detail is for what it can tell us about which industries and which occupations are likely to account for a disproportionate share of the total number of job openings that occur.

The Quit rate refers to the number of workers who quit their jobs, and is also expressed as a percentage of total employment in an industry. Excluded from the Quit rate are workers who retire, who transfer to another establishment of the same company, who are fired by the employer or who leave to join the Armed Forces, all of which are combined into the category of Other Separations. Layoffs--suspensions from the payroll because of a lack of orders, model changeovers, seasonal employment, inventory, etc., have their own statistic, the Layoff rate.

The Quit rate is important because it is one of the most important determinants of variations in the New Hire rate, since much of the hiring that takes place is because of the need to replace people who have quit their jobs.

Labor turnover may be examined longitudinally, focusing on year to year fluctuations in relation to changing economic conditions, or in a "cross-section" analysis, emphasizing differences in rates among different industries in a single month or (using average annual rates) in a single year.

A cross section analysis of the relationship between New Hire rates in New York City's manufacturing industries and their average monthly rate of growth (or decline) in employment shows only a slight relationship between these two factors. When growth rates were expressed in terms of over-the-year percentage changes in each industry's total employment, they explained only 2% of the total variation in New Hire rates. Using the difference between annual average rates of accession and separation, to represent an industry's rate of growth or decline enabled this factor to explain 10 percent of the variation in New Hire rates.

Much more important, from the point of view of "explaining" differences in New Hire rates were inter-industry differences in Quit rates. A total of 78 percent of the variation in New Hire rates among New York City's manufacturing industries was attributable to differences in their Quit rates.¹ Industries in which a relatively high percentage of their employees quit their jobs each month, must do a great deal of hiring simply to maintain the size of their work force. Such high-quit, high-hire manufacturing industries include the makers of leather goods, rubber and plastic products, toys, novelties, etc. Low-quit, low-hire industries included petroleum products (a "central office" industry in New York City), food processing, machinery, chemical products (also with a higher than average white-collar component).

1. A total of 78 percent of the variation in New Hire rates among New York City's manufacturing industries was attributable to differences in their Quit rates.

The Quit rate has been analyzed in detail on a nationwide basis.¹ An industry's Quit rate was found, not surprisingly, to be strongly related to its wage rate. Differences in wage rates were, in fact, the most important determinant of differences in Quit rates in a multiple regression analysis which succeeded in "explaining" 82 percent of the inter-industry variation in this statistic.² The same pattern is found in the New York City data, which shows a markedly lower Quit rate among higher wage manufacturing industries than among those that paid below-average wages. (Charts 4 and 5). The overall outcome of this analysis is that hiring rates are much higher among low-wage industries, regardless of their relative rates of growth or decline. The need to replace workers who quit their jobs, especially in low-wage industries, overwhelms the effect of the growth factor on hiring patterns. There is every reason to believe, and no reason to doubt, that this basic pattern is the same in Boston as elsewhere and would be shown by the data if it were available.

Examination of year to year changes in hiring patterns reveals the expected relationship between New Hire rates and unemployment rates: when unemployment is high, hiring rates are low, and when unemployment is low, hiring is high. But it also reveals the error in the statement that "there are simply no jobs" when unemployment rates are high. On a nationwide basis, the average manufacturing New Hire rate in 1974, when unemployment averaged 6.7 percent, was 3.2 percent per month.

This means that on an annual basis, the number of New Hires that occurred in manufacturing industries during 1974 equalled almost 40 percent of the manufacturing work force. This is not to say that there were enough job openings for the people who sought them, only that many people were being hired as a result of continual turnover and job changing in the labor force.

Analysis of New York City data on unemployment and labor turnover from 1961 through 1973 points to the same conclusion. Job openings are less frequent during periods of high unemployment, but hiring continues to take place, albeit on a reduced scale. And part of the reason that Hiring rates fall when unemployment rises is because of the parallel decline in the Quit rate. When times are bad, fewer people quit their jobs, reducing the hiring required to replace quits: when times are good and jobs are plentiful, people are more likely to quit one job to be able to take another, which in turn opens up more jobs to replace those who quit. (See Charts 6 and 7).

1. See John Early and Paul Armknecht, The Manufacturing Quit Rate: Trends, Cycles and Inter-industry Variations, U.S. Government Printing Office, Washington, D.C., 1973.

2. Ibid., pp. 23, 35.

Unemployment

Unemployment rates in both New York City and Boston were relatively low in 1969, compared to what they have become since then. The differential impact of unemployment among different occupational categories is, however, clear from the Census data.

In 1970 the general pattern of the difference in severity of unemployment between the two areas was similar in New York and Boston. Men in white collar jobs were less likely to be out of work than men in blue collar or service occupations (Table 8).

Unemployment rates were, however, higher, among Boston men in nine out of ten major occupational categories. Once again operatives were the exception, reflecting the high rates of joblessness among apparel workers in New York City compared to Boston's durable goods manufacturing workers. Since then, overall unemployment levels have almost tripled in both areas, but the relative severity of joblessness among the various major occupational categories is not likely to be too different from what it was then. Professionals and technical workers, managers and officials are, in other words, still less likely to be unemployed than are men who are laborers, operatives, and private household workers.

TABLE VI.A.7

THE RATIO OF EMPLOYED BLACK AND HISPANIC MEN'S MEDIAN EARNINGS
TO THE CITYWIDE MEDIAN WAGE, BY OCCUPATIONAL CATEGORY

	Boston Men		N.Y.C. Men	
	<u>Black</u>	<u>Hispanic</u>	<u>Black</u>	<u>Hispanic</u>
<u>All Occupations</u>	<u>.85</u>	<u>.82</u>	<u>.81</u>	<u>.71</u>
<u>White Collar</u>				
Professional, technical	.87	.97	.77	.68
Managers, officials	.82	.93	.68	.60
Sales	.86	.84	.72	.64
Clerical	.88	.78	.89	.80
<u>Blue Collar, Service</u>				
Craftsmen	.82	.83	.83	.76
Operatives (exc. transp.)	.95	.83	.93	.81
Transp. equip. oper.	.91	.97	.95	.79
Laborers	.91	.79	.88	.76
Services (exc. household)	.93	.85	.94	.87
Private household workers	1.23	---	.88	.89

TABLE VI.A.8

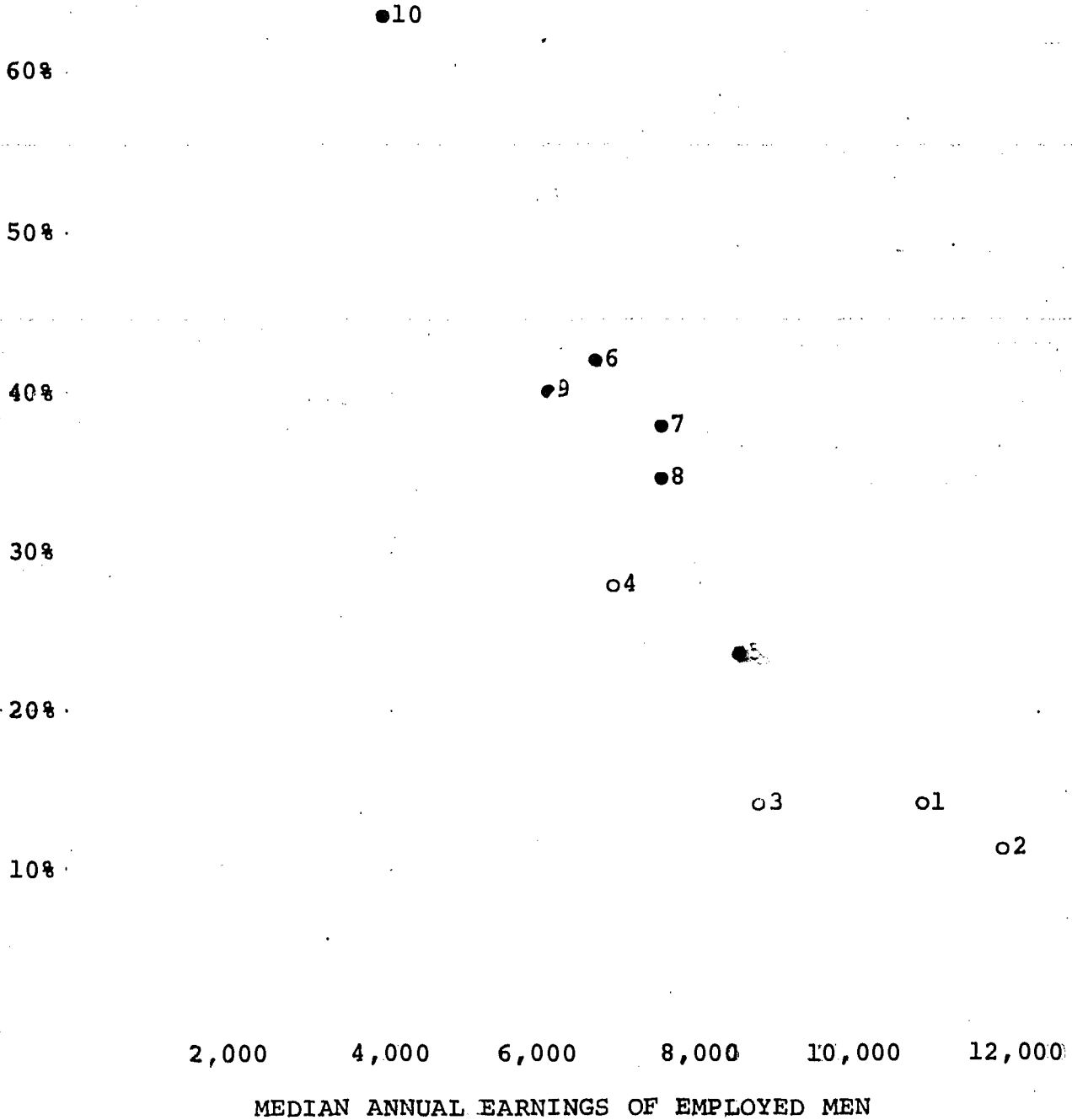
UNEMPLOYMENT RATES IN THE EXPERIENCED MALE LABOR FORCE
(BOSTON AND NEW YORK CITY)

	<u>Boston Men</u>	<u>N.Y.C. Men</u>
<u>All Occupations</u>	4.6%	3.4%
<u>White Collar</u>		
Professional/technical	2.7	2.6
Managers, officials	2.0	1.7
Sales	3.8	2.4
Clerical	3.8	3.5
<u>Blue Collar, Service</u>		
Craftsmen	5.6	3.9
Operatives (exc. transp)	5.6	6.5
Transp. equip. oper.	4.3	3.1
Laborers	9.7	6.3
Service (exc. household)	4.1	3.3
Private household workers	7.5	6.7

CHART VI.A.1

OCCUPATIONAL EARNINGS AND MINORITY EMPLOYMENT AMONG
EMPLOYED NEW YORK CITY MEN
(1970 Census)

MINORITIES' PERCENTAGE OF TOTAL EMPLOYMENT IN OCCUPATION



Note: Numbers refer to occupations listed in Table 6.

CHART VI.A.2

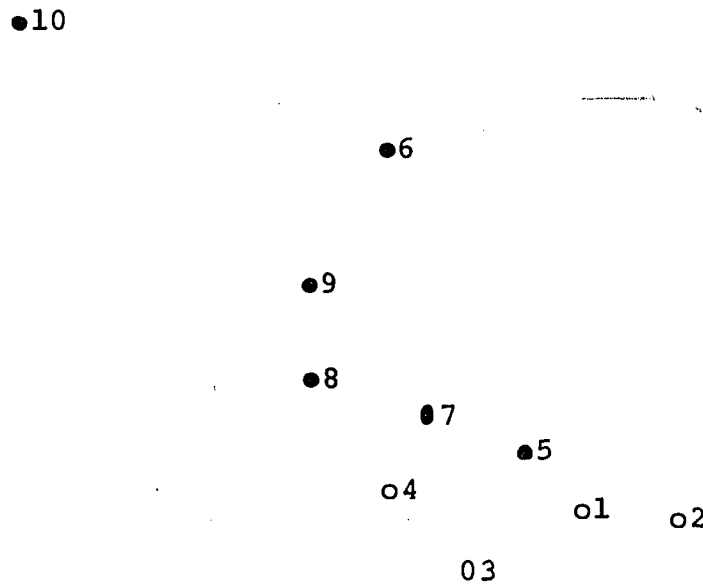
OCCUPATIONAL EARNINGS AND MINORITY EMPLOYMENT AMONG
EMPLOYED BOSTON MEN
(1970 Census)

MINORITIES' PERCENTAGE OF TOTAL EMPLOYMENT IN OCCUPATION

60%
50%
40%
30%
20%
10%

2,000 4,000 6,000 8,000 10,000 12,000

MEDIAN ANNUAL EARNINGS OF EMPLOYED MEN



See note to Chart 1.

CHART VI.A.3

COMPARATIVE UNEMPLOYMENT RATES, NEW YORK AND BOSTON MEN, BY OCCUPATIONAL CATEGORY (1970)

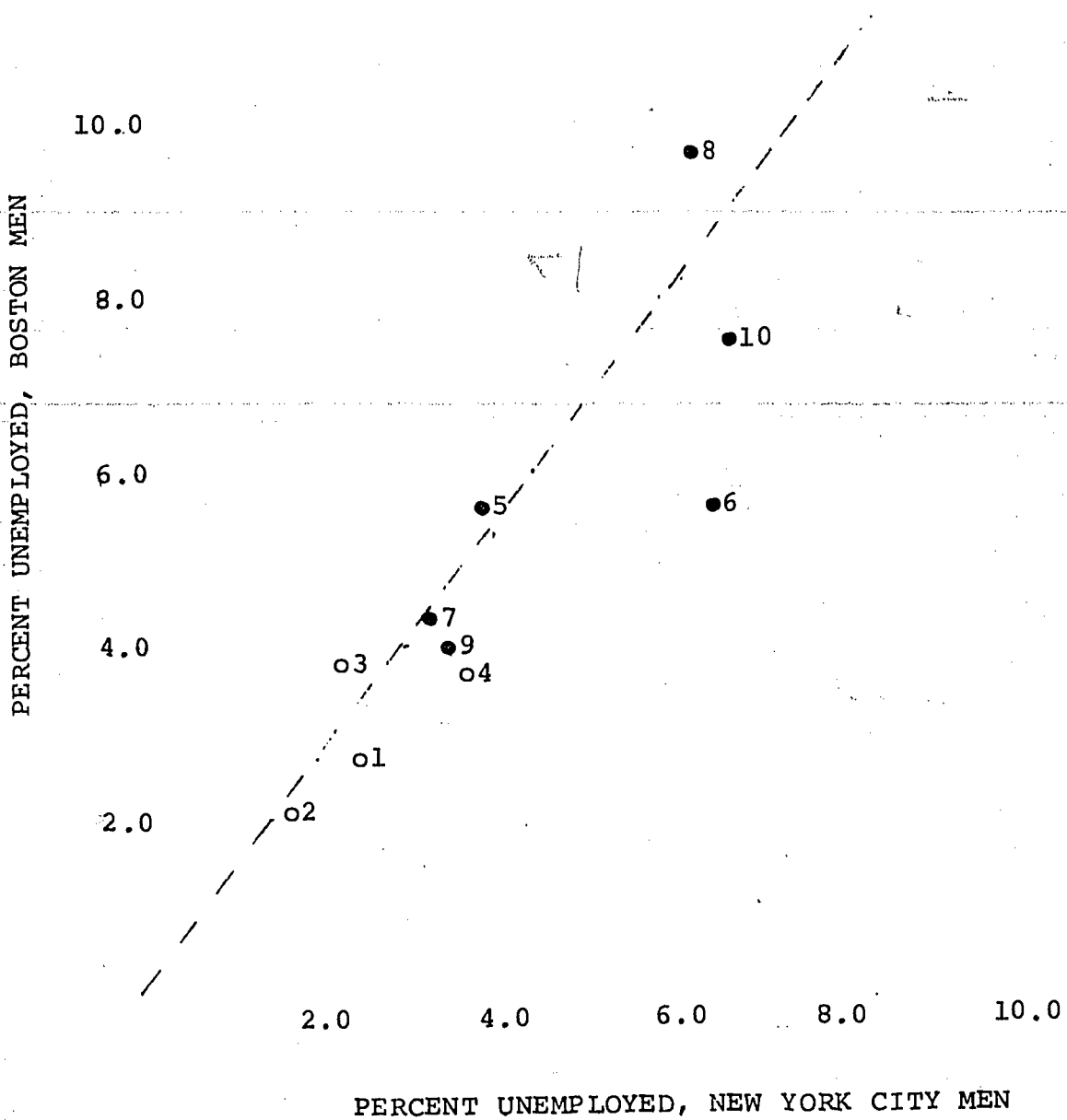
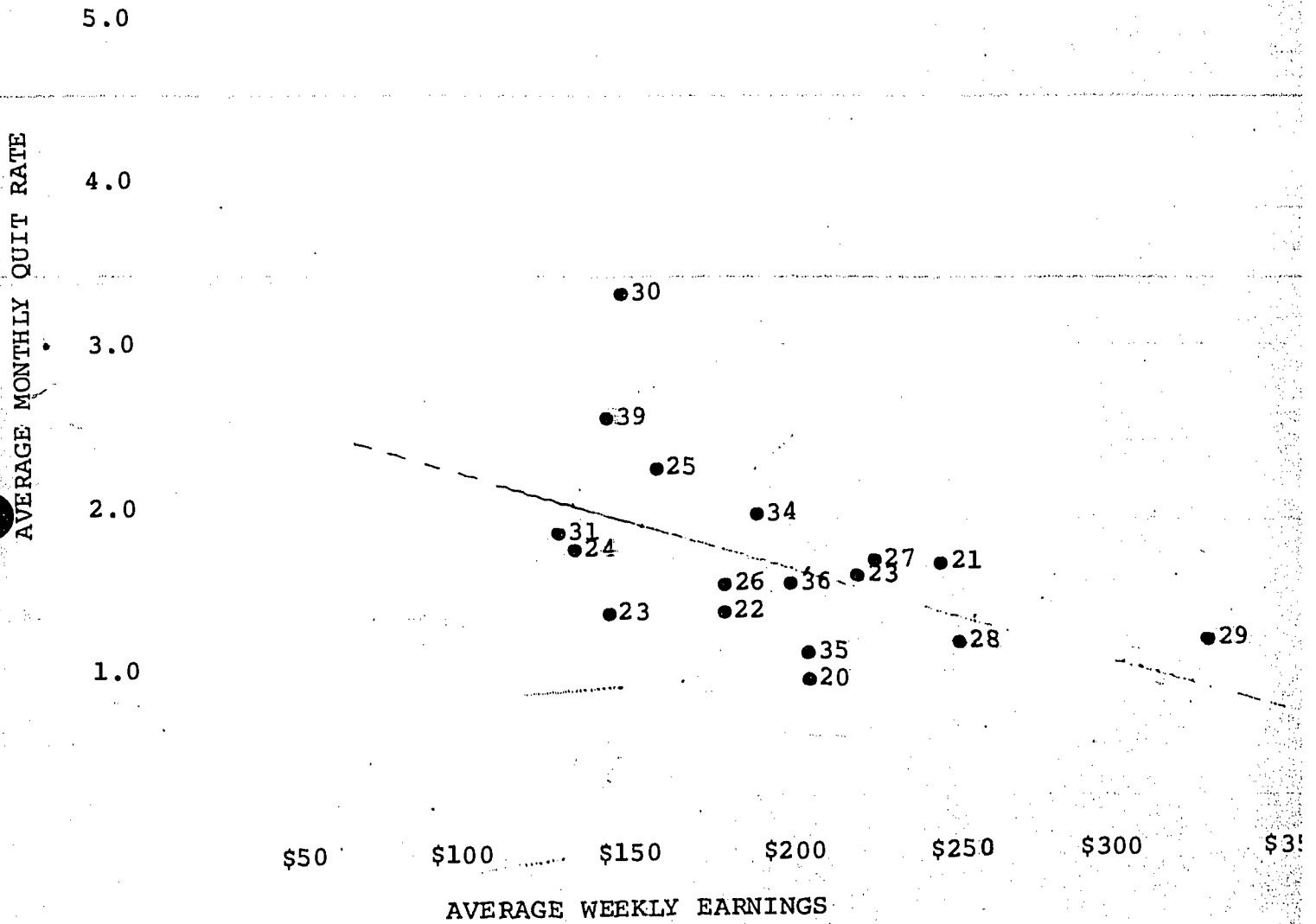


CHART VI.A.4

QUIT RATES AMONG NEW YORK CITY MANUFACTURING INDUSTRIES
AND AVERAGE WEEKLY EARNINGS (CROSS-SECTION) 1971



Note: Numbers in graph refer to Standard Industrial Classification (SIC) codes.

CHART VI.A.5

HIRING ACTIVITY AND WAGE RATES AMONG NEW YORK CITY
MANUFACTURING INDUSTRIES, 1971

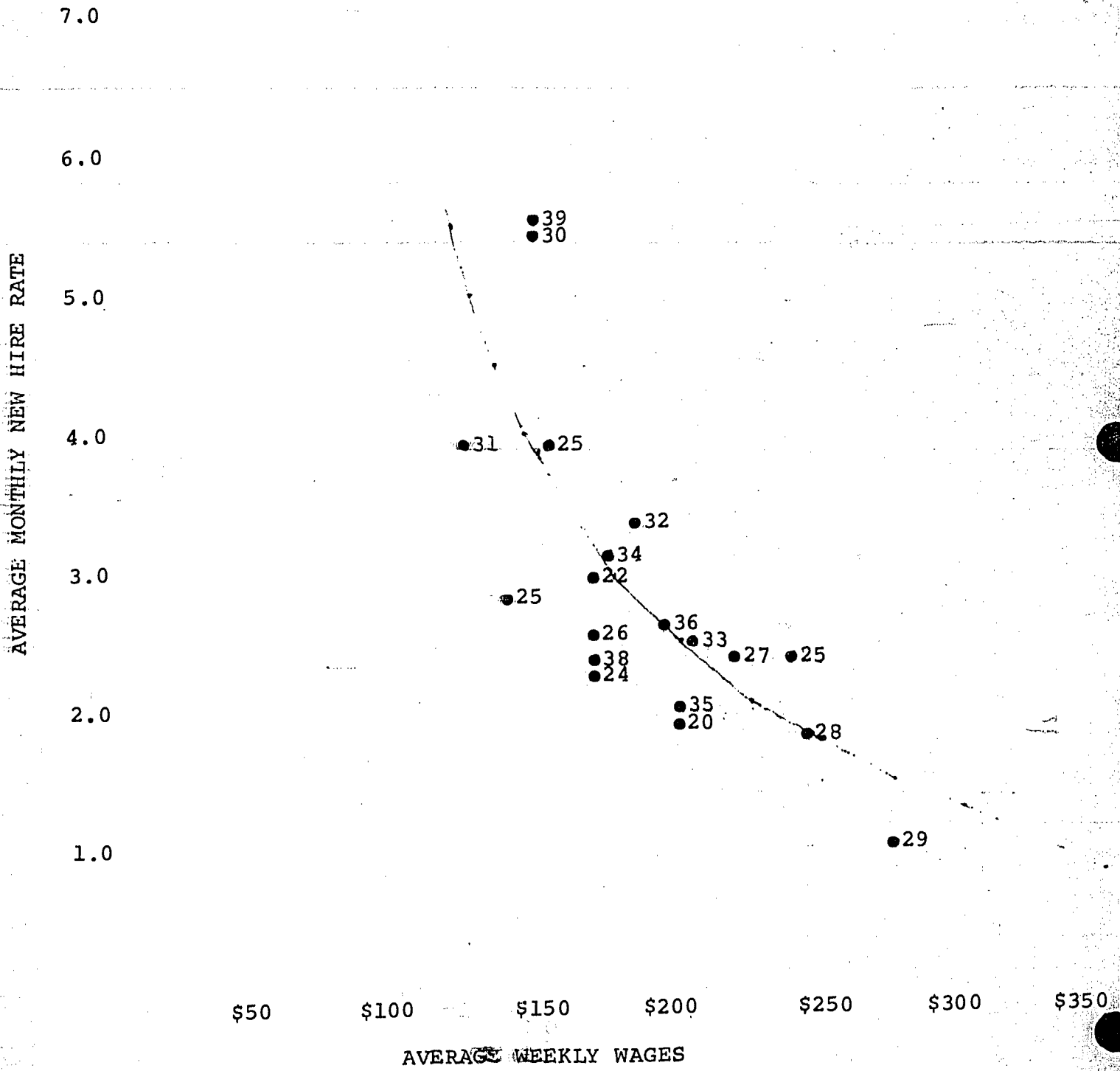
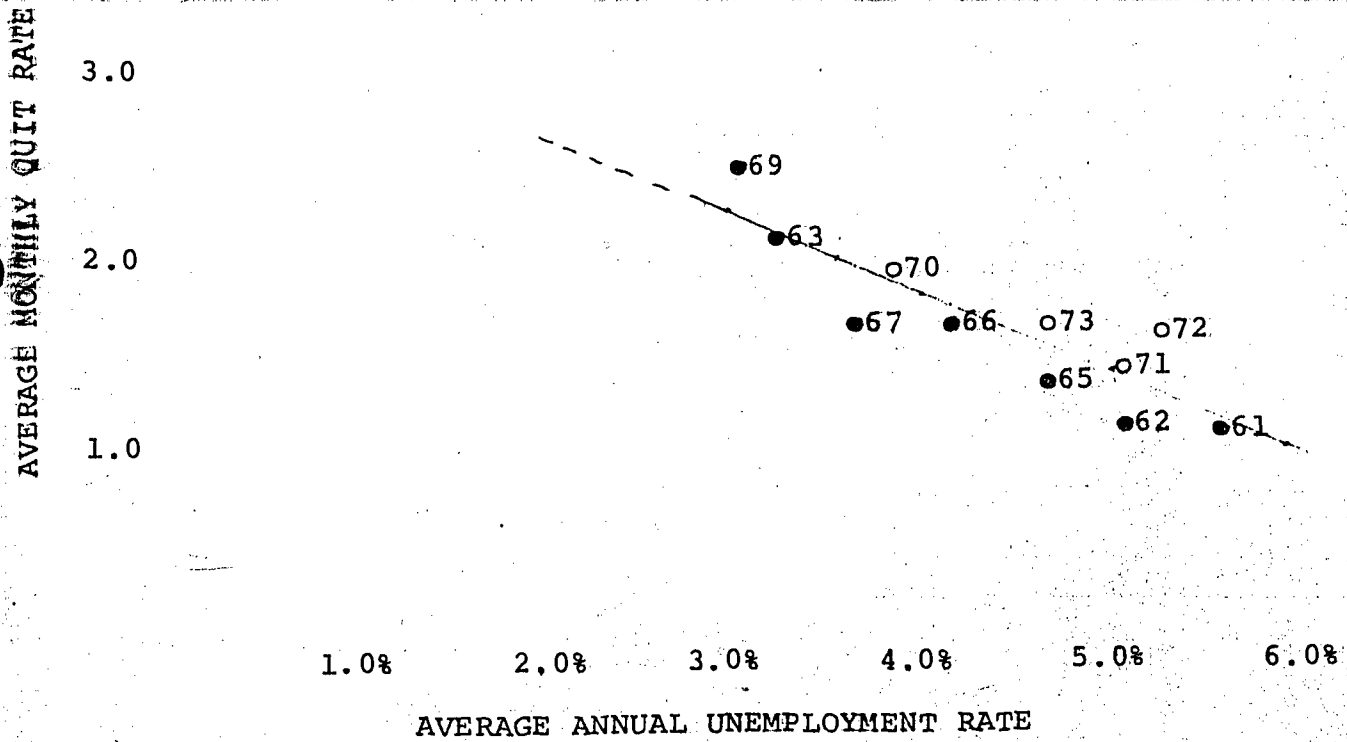


CHART VI.A.6

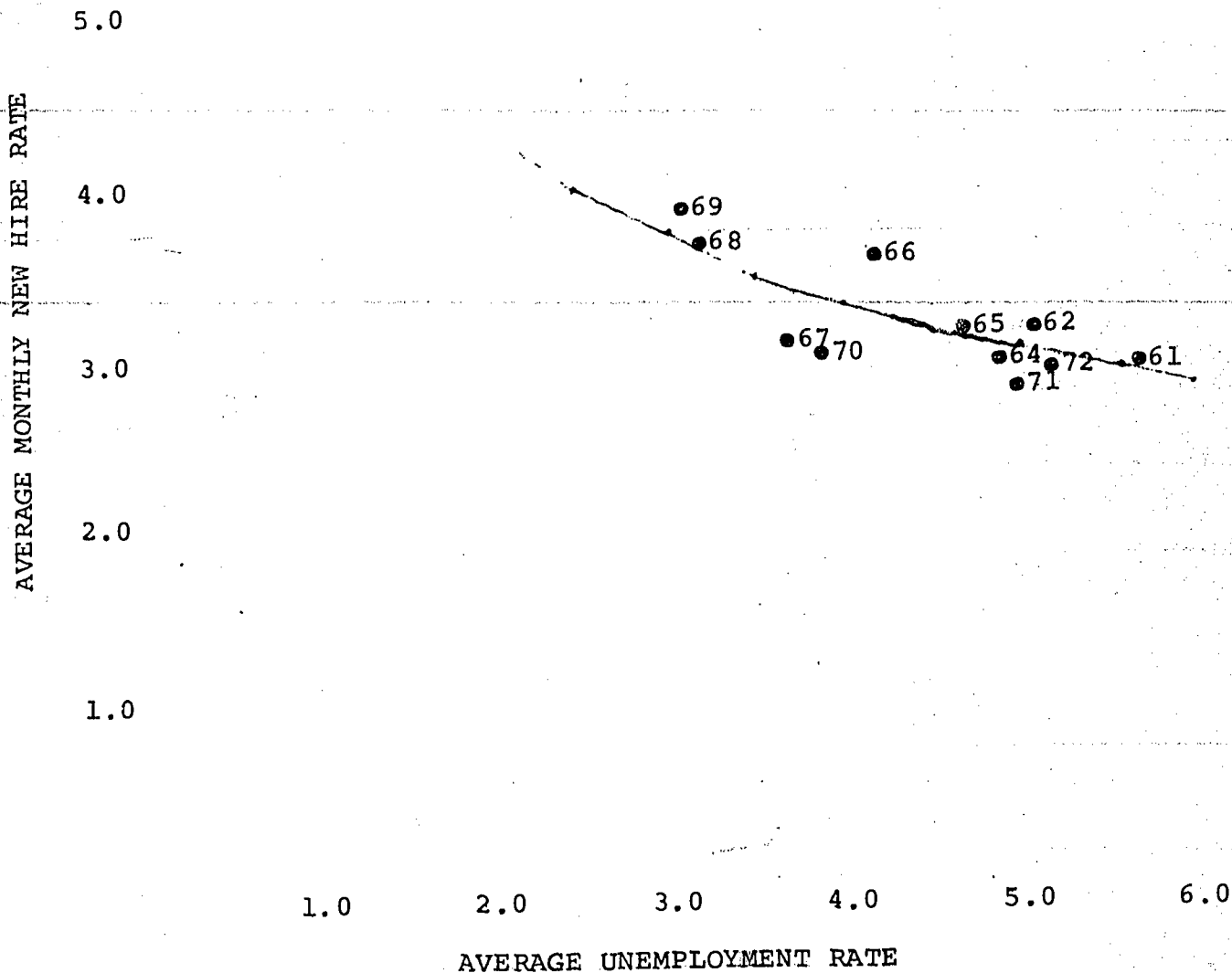
UNEMPLOYMENT RATES AND QUIT RATES IN NEW YORK CITY
MANUFACTURING INDUSTRIES, FROM 1961 to 1973



See note to Chart 7.

CHART VI.A.7

UNEMPLOYMENT RATES AND HIRING ACTIVITY IN NEW YORK CITY
 MANUFACTURING INDUSTRIES, FROM 1961 to 1973
 Average Annual Rate



Note: Unemployment rates are those computed by the New York State Department of Labor based on the size of the City's work force (including commuters). Numbers on chart refer to years.

668 600 20
 OE 009 894