


Homelessness and Substance Use in Cook County

A report prepared for the
Department of Alcoholism and Substance Abuse
State of Illinois

by

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EXECUTIVE SUMMARY

The State of Illinois Department of Alcoholism and Substance Abuse funded the University of Illinois Survey Research Laboratory to conduct a survey of homeless persons in Cook County. The purpose of the survey was to assess alcohol and other drug use in this population.

Two groups of individuals were identified for inclusion in this study: the literal homeless and those at risk of becoming homeless. The literal homeless were represented by those found in emergency and transitional shelters, drop-in centers, and soup kitchens (the shelter sample). Individuals sampled in single room occupancy (SRO) hotels were sampled to represent those at risk of homelessness (the SRO sample).

Using a two-stage cluster design, 481 interviews were completed: 237 in the shelter sample and 244 in the SRO sample. The overall completion rate for the survey was 78.2 percent. The average length of completed interviews was 36 minutes, and all respondents were paid \$10 for participation. Survey results were weighted to compensate for unequal probabilities of selection.

Sample Characteristics

- Although the sample was predominantly male, females were a majority of those interviewed in the shelter sample (55.0%). In the SRO sample, 77.5 percent were male.
- Majorities in both samples were African American: 78.4 percent in the shelter sample, 52.7 percent in the SRO sample.
- The average age was 39.2 years. Persons interviewed in the shelter sample were considerably younger (average = 33.9 years) than were those in the SRO sample (average = 43.8 years).
- A majority of both samples had earned at least a high school diploma.
- The SRO sample was more likely to be currently employed (36.0% vs. 7.3% of the shelter sample) and to have earned \$5,000 or more last year (74.5% vs. 31.6% of the shelter sample).

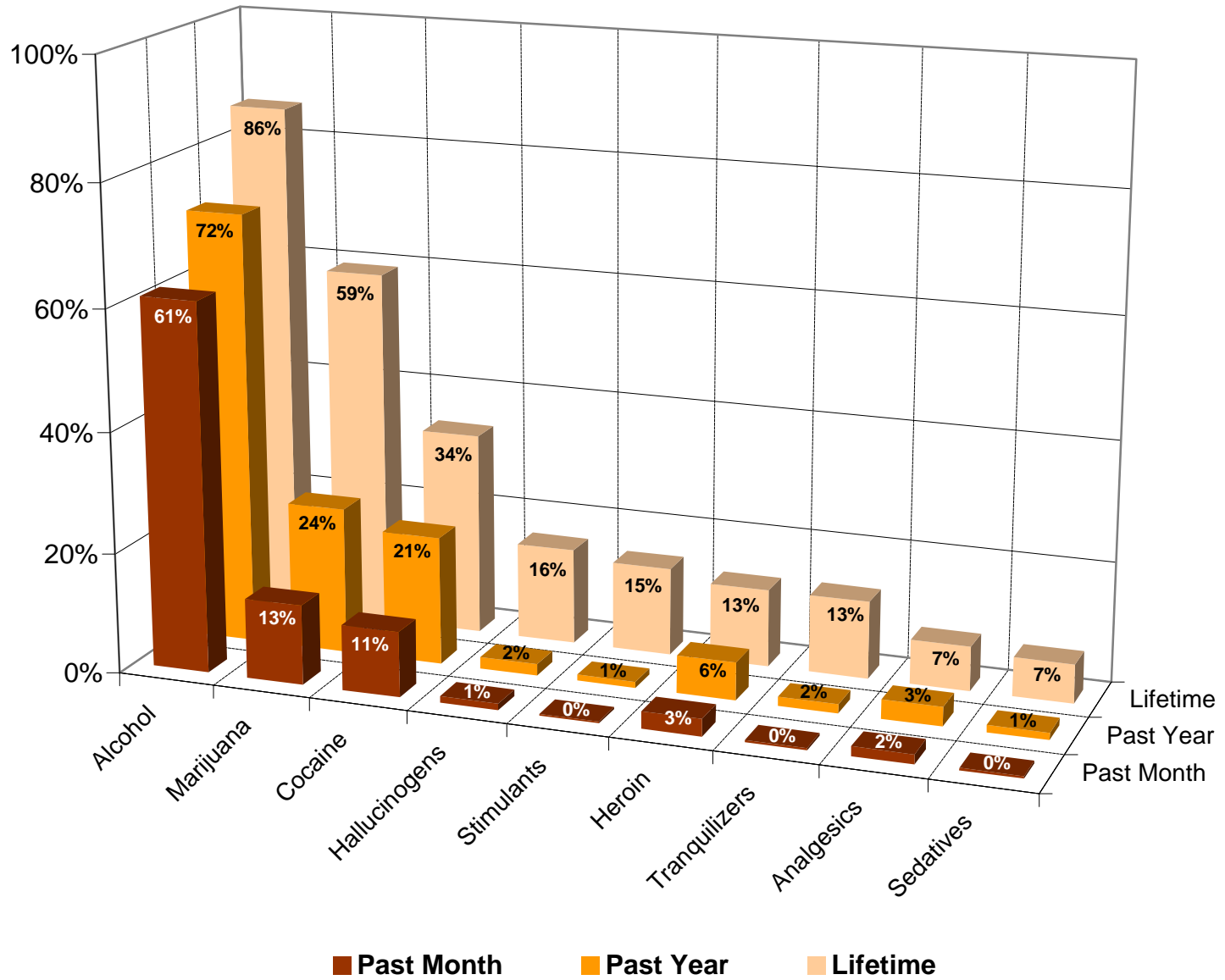
Substance Use

- Most had used alcohol at some point in their lives (85.6%); 71.5 percent reported using alcohol in the past year; and 61.2 percent had consumed it in the past 30 days (see Figure 1).
- Approximately 30 percent of the sample can be characterized as heavy alcohol users. Males were much more likely to fall into this category, as were those living in SRO hotels, older respondents (over age 34), and whites.
- Approximately 60 percent had used at least one drug at some time during their life, just over one-third had taken a drug in the past year, and about 20 percent reported having taken one or more drugs in the past 30 days (see Figure 1).
- The drugs most commonly taken were marijuana and cocaine during all time intervals.
- Approximately 30 percent also can be characterized as heavy drug users.
- In contrast to the profile of heavy alcohol users, heavy drug users were more likely to be in shelter settings, young (those under age 35), male, and African-American.
- About 5 percent of the homeless persons in this survey reported intravenous (IV) drug use in the past year. This behavior also was most common among older respondents, those in shelters, males, and African Americans.

Need for Treatment

- More than half of the total sample (56.7%) were classified as not being in need of treatment for alcohol or other drug abuse.
- Approximately equal proportions were in need of treatment for alcohol abuse (16.3%), other drug abuse (13.5%), and dual abuse of both alcohol and other drugs (13.5%).
- Individuals most in need of alcohol treatment were older white males staying in SRO hotels.
- In contrast, those most in need of dual treatment were young African-American males staying in shelters.
- Those most in need of drug treatment were young African Americans of either gender staying in shelters.

**FIGURE 1
PAST-MONTH, PAST-YEAR, AND LIFETIME PREVALENCE
OF ALCOHOL AND OTHER DRUG USE**



- Over half of all males (54.3%) were found to be eligible for some form of treatment for substance abuse. In contrast, only one-quarter of all women required some form of treatment.

Reasons for Homelessness

- More than 90 percent of currently homeless individuals cited economic factors as contributing to their current homeless episode. Less than half mentioned substance abuse as a reason.
- A majority of males (56.4%), however, did cite substance abuse as a factor related to their homelessness. This factor was second only to economic reasons (91.3%) among men.
- Among females, substance abuse (18.2%) was cited less often as a reason for current homelessness than were the following: economic problems (92.6%), social problems (40.5%), housing-related problems (28.6%), and health problems (18.3%).

Reasons for Substance Use

- Reasons for alcohol use cited by those having had five or more drinks in one day during the past month included the following: enjoyment of drinking (75.6%), to escape from or forget about problems for a while (66.7%), and because of the stress of not having a place to live (65.1 %).
- Similar reasons were cited by those reporting drug use in the past year. Among those in this group, the most common reasons for drug use were to escape from or forget about problems for a while (74.4%), enjoyment of using drugs (73.4%), and to make bad feelings go away (65.4%).

Relationship Between Homelessness and Substance Abuse

- Using data from a number of survey questions, it was determined that 38.3 percent experienced events related to substance abuse at ages earlier than their first reported episode of homelessness. Substance abuse events are defined here as (a) considering oneself a heavy substance user, (b) having been in a detox facility, (c) having received other treatment for substance abuse, and (d) having had arguments with family regarding substance use.
- Less than one-tenth (7.8%) reported experiencing substance abuse events for the first time after first becoming homeless.
- Almost half (48.0%) of those having experienced homelessness reported never having had any of the substance abuse events examined.

- Males were more likely than females (51.5% vs. 20.0%) to have reported substance abuse events prior to their first homeless episode.

Study Limitations

Several potential sources of error should be considered in reviewing these survey results. First, the approximately 20 percent of homeless persons who were not covered by the sample design may be heavier alcohol and other drug users. This may be due in part to the fact that many of the facilities where interviews took place prohibit entrance to obvious alcohol and other drug users. There also may be some underreporting of alcohol and other drug use, since all information was obtained by self-reports. This is a problem in most studies on sensitive topics that are based on self-reported behaviors. As a consequence, the survey's findings should be considered conservative estimates of alcohol and other drug use among homeless persons. Finally, it should be noted that this report does not cover the issue of mental illness and its relationship to homelessness and substance use.

I. INTRODUCTION

In the spring of 1990, the State of Illinois Department of Alcoholism and Substance Abuse (DASA) asked the University of Illinois Survey Research Laboratory (SRL) to design and conduct a study of substance use patterns among homeless persons in Cook County. The goal of the study was to develop estimates for a population that is usually ignored in large-scale household surveys. The project also was designed in part to permit alcohol and other drug use comparisons with a survey of Illinois households that was being conducted during the same time period (Macro Systems, 1991). The purpose of this report is to present basic findings from the study of homeless persons in Cook County.

II. PREVIOUS RESEARCH

The growing literature on homelessness includes numerous assessments of substance use. Rather than attempt a comprehensive review of this research, we will briefly describe some of the findings that are more relevant to this study and that may help place its findings within a broader context (for more detailed reviews, see Institute of Medicine, 1988; Mulkern and Spence, 1984; Rossi, 1989). In reviewing this work, it is important to emphasize that considerable differences in the populations examined and the measures used make comparisons across studies difficult.

A. Alcohol Use Among Homeless Persons

Early descriptions of life among homeless persons, particularly those found on skid rows, emphasized the widespread use of alcohol (Bahr and Caplow, 1974; Bogue, 1963). During his review of these studies, Rossi (1989) commented that although seldom more than one-third of these populations were considered alcoholic (a figure that, of course, is much higher than that found among the general public), the overall perception produced by this early research was one of epidemic alcoholism among homeless people. This perspective, which remains common to this day, tended to overlook the fact that a solid majority of these individuals were not alcoholics. More recently, Rossi's (1989) own ambitious efforts at estimating the "literal homeless" in Chicago has provided useful information. Similar to the earlier works, he reported that almost exactly one-third of those located in the streets and in public shelters had previously been in a detoxification unit for alcohol or other drug abuse.

Another study recently conducted in Chicago (Sosin, Colson, and Grossman, 1988) also provides important information regarding alcohol use among the homeless population. Among meal program users found to have ever been homeless, 23 percent reported at least one symptom of late-stage alcoholism, and 22 percent reported binge drinking.

Research completed elsewhere has presented a similar picture, with less than half of the homeless persons in most studies being assessed as having severe alcohol problems. These studies have relied on a variety of methods and evaluation criteria in making these assessments. In New York, a review of the medical records of over 6,000 homeless persons passing through that city's public shelter system found that 32.6 percent had evidence of drinking and/or drug-related problems in their records (Wright et al., 1987). Also in New York City, a survey of men in public shelters estimated that 35 percent were alcoholic (Susser, Struening, and Conover, 1989). In Los Angeles County, 26 percent of the homeless men and women surveyed in various locations, including shelters, soup kitchens, and parking lots, were classified as alcohol abusers and an additional 19 percent as alcohol dependent (Ropers and Boyer, 1987). In the skid row section of Los Angeles, 32.7 percent were diagnosed as abusing alcohol or being alcohol dependent in the past year (Kogel and Burnam, 1987). Within the past three years, 40.8 percent were diagnosed as having had these problems. In Hennepin County, Minnesota, 44 percent of those interviewed in shelters considered themselves to be alcoholic (Kroll et al., 1986). In Baltimore, researchers using the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) instrument reported overall alcoholism rates of 68 percent among men and 32 percent among the women interviewed in missions, shelters, and jails (Breakey et al., 1989). Finally, using this same indicator, 33.3 percent of those being evicted from a

single-room occupancy (SRO) hotel in Pittsburgh were diagnosed as being alcoholic (Davies et al., 1987).

It is notable that despite the methodological variety of the surveys reported, the estimates of the proportion with alcohol problems generally range between one-third and one-half. Reviews by others have supported this assessment, estimating that less than half of the homeless population probably have alcohol-related problems (Mulkern and Spence, 1984; Rossi, 1989; Wright, 1989).

B. Drug Use Among Homeless Persons

Considerably less research has focused on the drug use behaviors of homeless people. Two studies have been conducted by the New York State Department of Substance Abuse Services. The first was a 1981 survey of SRO hotels in New York City (Kaestner et al., 1990). This study reported that one of seven SRO residents in that city was an extensive user, having taken five or more different drugs during the previous six months (45% had not used drugs during this time period, and 30% had never used drugs nonmedically). A similar study conducted five years later was extended to cover the entire state of New York and individuals in shelters as well as SROs (Frank et al., 1988). When compared with the general public, those interviewed in these facilities were found to have much higher rates of cocaine use over the previous six-month period (27% among transients in New York City, compared with 5% of those in households; 11% of shelter and cheap hotel occupants in up-state New York, compared with 3% of other residents).

Other studies that have collected systematic information on the drug use habits of homeless samples have been conducted in Los Angeles, New York, and Baltimore. In Los Angeles County, Gelberg and Linn (1989) found that 50 percent of

their sample were current users of illegal drugs. In New York City, Susser, Struening, and Conover (1989) examined 223 men entering shelters for the first time and found that 38 percent had used a drug other than marijuana more than 50 times. Of these, cocaine was reported to be the drug of choice, having been used 50 or more times by 27 percent (25% also had used cocaine in the past month). In addition, 25 percent had used opiates, mostly heroin, more than 50 times. In Baltimore, 22 percent of the men and 17 percent of the women interviewed in missions, shelters, and jails met the DSM-III criteria for drug abuse or dependence (Breakey et al., 1989).

These findings leave us with the general perception that less than one-half of homeless persons also may be drug users. Again, differences in findings across these studies may be a consequence of several factors, including differences in the populations defined as homeless. We now will turn to the difficult question of how to define homelessness.

II. WHO ARE THE HOMELESS?

The debate over who should be considered homeless has yet to be resolved. Indeed, a decade of social research has done less to develop a consensus than it has to expand the selection of alternative definitions available. The most narrow conception, that of the “literal homeless,” is represented by those without a roof over their heads (Rossi, 1989; Sachs, Phillips, and Cappelletty, 1987). Included in this definition are the stereotypical homeless: those found sleeping in overnight shelters, abandoned buildings, or bus terminals, on park benches, and under bridge overpasses.

This literal perspective often is criticized as being too restrictive, and others have expanded the definition of homelessness to include those with only a very precarious claim to housing or to those perceived as socially isolated (Bachrach, 1984; Grunberg and Eagle, 1990; Ropers and Boyer, 1987; Roth and Bean, 1986; Susser, Conover, and Struening, 1989). In addition, recent longitudinal evidence suggests that individuals can drift in and out of literal homelessness many times over a relatively brief span (Sosin, Piliavin, and Westerfelt, 1990). This suggests that a more complete understanding of the homeless condition might come from research that also examines individuals at high risk but who are not literally homeless at the time that they are interviewed.

In this study, we have attempted to acknowledge this debate in the following manner. First, we have defined a literal group of homeless persons as those individuals who currently do not have secure living quarters of their own. Of the various

studies that we have examined, there appears to be considerable agreement that these individuals should be included in any definition of homelessness.

In addition, we also have defined a second group of “at-risk” individuals. This “at-risk” group is represented by persons who are not now homeless in the literal sense. By virtue of their economic and social circumstances, however, they have a higher than average probability of having been homeless at some time in the past or of becoming homeless in the future. Although eligibility for this group becomes much more difficult to establish, it might include individuals who are living temporarily with family and friends and who have no place else to go (Devall, 1986). It also might include individuals staying in SRO hotels (Davies et al., 1987). Here, the “at-risk” definition becomes even more problematic, since some individuals in SROs may in reality be literal homeless who have earned enough from day labor to rent a room for a single night, whereas other SRO occupants should not qualify as being “at risk” for homelessness, given that they have stable jobs and residence in the same SRO hotel room for many years.

III. SURVEY METHODOLOGY

A. Sampling Strategy

This study employed a “watering hole” approach to locate and identify individuals who fit our definitions of homeless populations. By “watering hole,” we mean that individuals were sampled at locations where homeless people are likely to congregate in order to receive available services.

For the literal homeless, those found staying overnight in either an emergency or transitional shelter were considered to be eligible. In addition, individuals found using the services provided by either drop-in centers or soup kitchens were considered homeless if they answered screening questions indicating that they currently did not have a room, apartment, or house to live in. Locations where homeless persons are known to congregate but do not receive services also were investigated as potential sites for identifying the literal homeless. These included out-of-door locations, such as streets and parks, and in-door locations, such as abandoned buildings and bus/airport terminals. Ultimately, each of these was excluded from the study for one or more of the following reasons: high cost, interviewer safety, and/or inability to maintain a random probability sample at that location. Of course, to the extent that some persons who are literally homeless do not frequent the types of “watering holes” selected for this study, our results are not representative of all members of this group.

To represent persons at high risk of becoming homeless, individuals found staying in SRO hotels also were interviewed. SROs traditionally have been described

as a source of low-cost housing for the working poor and skid row dwellers. Some have argued that the dramatic increases in the number of literal homeless observed in recent decades is a consequence of the reduced availability of SROs (Hoch and Slayton, 1989). If correct, those individuals currently residing in these buildings should be considered at risk of becoming homeless as SROs continue to be demolished. Persons who currently are “doubling-up” with friends or relatives were cited earlier as other example of persons at risk for homelessness. The cost of identifying these individuals within established households was, unfortunately, prohibitive for this study. It should be noted, however, that some of those interviewed in this survey reported having stayed with family and/or friends during the past month.

B. Sample Design

A two-stage cluster sampling method was developed for this study (Sudman, 1976). In the first stage, a sample of facilities was selected, and in the second stage, individuals found within each site were sampled. In order to develop separate estimates for the literal homeless and for those at risk, the overall sample was stratified such that one-half of the interviews would be completed in SRO hotels and the remaining half would be proportionately distributed across the remaining four types of facilities. These were identified as the SRO and shelter (including soup kitchens and drop-in centers) strata, respectively.

The next step was the development of an effective sampling frame. A variety of governmental and private sources provided lists of facilities available to serve homeless people in Cook County. These multiple lists were combined and checked for duplications, and a comprehensive sample frame was developed. Subsequently, each facility identified was called, and a short interview was conducted over the

telephone to elicit an approximate estimate of the numbers of homeless persons served at each facility per day. These numbers then were used as the Measure of Size (MOS) of the various first-stage units. This often proved to be a difficult task, since the facilities, particularly those in the non-SRO strata, could not provide an accurate or reliable MOS. The MOSs for facilities in the shelter strata varied widely depending on such factors as weather conditions, time of month, paydays, etc. SROs, on the other hand, were able to provide accurate MOSs, since each had a measurable and designated number of rooms.

Using the approximate MOSs, a sample of SROs was selected with probability proportional to size (PPS). Since the MOS was accurate in the SRO strata, the second-stage PPS sample size was fixed at an equal number for each SRO. A similar scheme also was developed for the shelter strata, using the approximate MOSs. Because approximations of the MOSs were used, the final sample in this strata had to be weighted to correct for the unequal probabilities of selection of persons across the various facilities. The weighting procedure simply involved computing the ratio of the expected overall probability of selection and the actual probability of selection for each primary sampling unit (PSU). This weight has been applied in the final analysis procedures for the comparisons made between the SRO and shelter populations. Where data from the SRO and shelter samples are combined, an additional weight has been added to adjust for different probabilities of selection between these two samples. (For additional details of these procedures, see Mitra and Newman, 1991.)

Interviewing was conducted during October and early November 1990. Fieldwork took place in a total of 36 facilities that were sampled from throughout Cook County. A total of 481 interviews were completed, and the study's completion rate

(completed interviews/eligible sample) was 78.2 percent. All respondents were paid \$10 for their participation.

Because this survey relied on a cluster sample design, it should be noted that there could be sizable margins of error in sample estimates, especially where demographic breakdowns result in small subsamples. This report is descriptive in nature and does not give standard errors for each estimate. Therefore, when making difference comparisons between groups that are not large, it is prudent to consider the possibility of error due to the design of the survey.

C. The Survey Instrument

The substance use questions included in the homeless survey instrument were adapted from a questionnaire designed by DASA and Macro Systems, Inc. (1990). The instrument contained detailed questions regarding current and past use of a variety of substances, including tobacco, alcohol, marijuana, cocaine, hallucinogens, stimulants, sedatives, analgesics (pain-killers), heroin, and tranquilizers. (Definitions of the substances included in this report are provided in the Appendix.) In addition, considerable space in the questionnaire was reserved for the collection of information related to the respondent's experiences with homelessness.

The instrument and sampling procedures were pretested in three facilities, including an emergency shelter, a soup kitchen, and an SRO, prior to the start of fieldwork. In addition, the questionnaire was reviewed by SRL's Questionnaire Review Committee, which is composed of SRL staff appointed by the Director to ensure that all questionnaires administered by the Survey Research Laboratory follow ethical practices and basic principles of questionnaire construction.

The questionnaire also was translated into Spanish. Although two members of the interviewing staff were fluent in Spanish, only three interviews were completed in this language.

The average length of completed interviews was 36 minutes.

D. Study Limitations

Any study based on self-reported behavior is subject to the criticism that findings may not be completely accurate. This concern is increased when the self-reports in question are concerned with highly sensitive and/or illegal behaviors. As discussed earlier, this survey asked an extensive battery of substance use questions, which both users and nonusers understandably might find threatening. A review of the literature on self-reported alcohol use, however, has concluded that self-reports of alcohol abuse are generally accurate, provided interviews are conducted in a research or clinical environment, respondents are alcohol-free at the time of the interview, and they are guaranteed confidentiality (Sobell and Sobell, 1990a). A similar review of the research literature related to other substance abuse did, however, find a greater degree of variability in the accuracy of self-reported behavior (Maisto, McKay, and Connors, 1990). It remains unclear the extent to which these findings are attributable to respondent misrepresentation or to the complexity of the questions being asked (Sobell and Sobell, 1990b). Although we cannot provide a final answer to this question here, it should be noted that attempts to validate data collected from homeless populations generally have found that self-reports from this group are as accurate as those obtained from other disadvantaged populations (Annis, 1979; Bahr and Houts, 1971).

As previously mentioned, the study's sample design excluded homeless individuals who did not use the types of facilities where interviewing took place. In an effort to assess the practical implications of this design, a supplemental survey was conducted. The goal of this brief survey was to determine what proportion of homeless people encountered out-of-doors had some probability of inclusion in the main study by virtue of having used one of the facility types where interviewing was being conducted. During a one-day sweep of the county one month into the survey period, a team of interviewers traversed Chicago's central business district, several public parks known to be used by homeless persons, and several "skid row" or "main stem" areas that traditionally have provided refuge for homeless persons in Cook County (Vander Kooi, 1973). This survey relied on nonrandom, convenience methods to screen and interview homeless individuals encountered on the streets.

Interviewers were instructed to approach and screen persons who either by appearance or behavior suggested that they might be homeless (we were aware from experiences in soup kitchens and other facilities where interviewing took place that these screening criteria would exclude some homeless people).

In this brief supplemental survey, a total of 194 interviews were completed with individuals identified as homeless. The cooperation rate was 85.1 percent. All respondents were paid \$1 for this brief interview. Of those surveyed, 80.9 percent reported having used at least one of the types of facilities included in the main study during the previous month. These results indicate that a large proportion of the literal homeless who were found out-of-doors were covered by the study's operational definition. That nearly 20 percent were missed by this definition, however, also suggests that many homeless individuals may not be represented in this survey.

It also should be noted that assessments of rates of mental illness among homeless persons and/or the association between mental illness and homelessness are not presented in this study. Although this is a very important topic, mental illness was not considered to be a primary goal of this project. Thoughtful studies of this serious problem include the following: Bassuk (1984), Isaac and Armat (1990), Lamb (1984), and Snow et al. (1986).

IV. SURVEY FINDINGS

A. Sample Characteristics

Demographic and other background characteristics for the total sample, and separately for those interviewed in various shelter settings (the literal homeless) and in SRO hotels (those at risk for homelessness) are presented in Table 1. Although males were a majority of those interviewed overall (62.3%), females were a majority of those in the shelter sample (55.0%). This, of course, is contrary to the findings of most surveys of the homeless population, which generally have estimated that less than one-quarter of homeless adults are women (Bachrach, 1987). In this study, females were more heavily represented because the operational definition of the literal homeless included those staying in transitional shelters, which are overwhelmingly female. Of course, if our sample had included interviews with people found on the street, the proportion who were female might have been smaller. (It should be noted, however, that homeless females who do not use available services, such as shelters and soup kitchens, also were interviewed on the street during the sample design validation phase of this project.) In the SROs, slightly over three-quarters were male.

The sample as a whole primarily was African American, with the shelter sample being more so than those in SROs (78.4% vs. 52.7%). The average age of all respondents was 39.2 (SD = 13.7). Respondents in the shelter sample were considerably younger than those interviewed in SROs. The average age of those in shelter settings was 33.9 (SD = 11.5), compared with an average of 43.8 (SD = 13.7)

TABLE 1
DEMOGRAPHIC CHARACTERISTICS, BY SAMPLE
(Percent)

Demographic characteristics	Shelter sample (N = 237)	SRO sample (N = 244)	Total sample (N = 481)
Gender:			
Male	45.0	77.5	62.3
Female	55.0	22.5	37.7
	100.0	100.0	100.0
Race:			
African American	78.4	52.7	64.4
White	12.5	33.7	24.0
Other	9.1	13.6	11.6
Hispanic/Latino	(3.4)	(5.4)	(4.5)
American Indian	(2.1)	(3.7)	(3.0)
Asian/PI	(0.0)	(0.8)	(0.4)
Other/Mixed	(3.6)	(3.7)	(3.7)
	100.0	100.0	100.0
Age:			
18–29	41.1	13.9	26.5
30–39	39.1	32.0	35.3
40–49	9.7	22.1	16.4
50–59	5.1	14.8	10.3
60–69	4.7	13.1	9.2
70–78	0.3	4.1	2.3
	100.0	100.0	100.0
Education:			
0–8 years	7.0	12.3	9.8
9–11 years	33.6	28.7	31.0
High school graduate	35.2	31.9	33.5
Some college/technical school	19.4	20.9	20.2
College graduate	4.8	6.2	5.5
	100.0	100.0	100.0

(Continued)

TABLE 1—Continued

Demographic characteristics	Shelter sample (N = 237)	SRO sample (N = 244)	Total sample (N = 481)
Employment status:			
Employed full time	7.3	36.0	22.7
Employed part time	6.2	10.7	8.6
Works for room & board/day labor	0.4	3.7	2.2
Looking for work	52.8	18.0	34.0
Not looking for work	20.1	8.6	14.0
Disabled	10.2	15.2	12.9
Retired	1.5	6.6	4.2
Other	1.5	1.2	1.4
	100.0	100.0	100.0
Income last year:			
Under \$5,000	68.4	25.5	45.2
\$5,000 and over	31.6	74.5	54.8
	100.0	100.0	100.0
Marital status:			
Married	5.9	9.9	8.1
Divorced	13.3	27.3	20.8
Separated	13.7	11.6	12.6
Widowed	3.9	4.1	4.0
Never married	63.2	47.1	54.5
	100.0	100.0	100.0

in SRO hotels. Majorities of both shelter and SRO respondents had earned at least a high school diploma. The SRO sample was somewhat more variable in proportions with high and low levels of formal education. The shelter sample was more likely to have never been married, and the SRO sample was more likely to have been divorced.

Compared with the shelter sample, the SRO sample was much more likely to be currently employed full time (36.0% vs. 7.3%) and much less likely to be looking for work (18.0% vs. 52.8%). The proportion of the SRO sample reporting that they earned \$5,000 or more last year also was much greater than for the shelter sample (74.5% vs. 31.6%).

Sources of income in the last year also were examined (table not shown). Among those in shelters, a wide variety of income sources were reported. Most commonly cited was General Assistance (39.8%). Other formal sources of income for this group included full- or part-time employment (29.6%), AFDC benefits (23.8%), and other work-related income, including day labor, seasonal, minimum wage, and pick-up work (21.2%). Less commonly mentioned sources of formal support included SSI (6.9%), Social Security (5.9%), and unemployment insurance (2.0%). In addition, 60.7 percent received food stamps. Informal sources of income reported by the literal homeless included money received from relatives (25.5%) and friends (24.2%), panhandling (14.2%), the collection/selling of bottles and cans (13.7%), the sale of blood and plasma (7.7%), the sale of things taken from others (7.5%), and the sale of clothing and other personal possessions (5.7%).

A different pattern of income sources was found among SRO residents. In particular, a majority of this group (54.1%) received income from full- or part-time employment. Another one-fifth (21.7%) reported income from other work (including

day labor, seasonal, minimum wage, and pick-up work). Compared with the shelter sample, fewer received income from General Assistance (18.4%), AFDC (4.1%), and Social Security (15.2%). Only 1.2 percent received unemployment insurance. Approximately one-quarter (26.8%) of the SRO residents indicated receiving food stamps. Fewer of these individuals reported income from informal sources such as relatives (17.6%) and friends (17.2%). No more than 1 in 20 received income from panhandling (5.0%), the collection/sale of bottles and cans (14.1%), or the sale of blood and plasma products (2.1%), food stamps (2.9%), personal possessions (1.6%), and items taken from others (1.2%).

B. Additional Characteristics of the Shelter Sample

Of those interviewed in emergency shelters, drop-in centers, and soup kitchens, a majority reported that they had not had a room, apartment, or house of their own to live in for at least a year: 26.3 percent had gone between one and three years without a place to live, and 22.0 percent had been without a place for more than three years. Less than 1 in 10 of the respondents (8.7%) had become homeless in the last 30 days. Just over a quarter of this sample (26.6%) had been without a place to live for more than one but less than six months. A smaller proportion (7.9%) had been without housing for 6 to 12 months. A few of these individuals did not know how long they had been homeless. The average age at which individuals reported not having a place to live for the first time was 29.6 years (SD = 11.0).

These homeless persons had slept overnight in a variety of locations over the previous 30 days. The largest majority (82.0%) had stayed in a shelter for at least one night during the past month. Smaller proportions also had stayed in their own room or apartment (13.4%), with family members in their homes (12.8%), or with

friends in their homes (17.8%) at least once in the last 30 days. At least one-tenth of the shelter sample also had slept in a car or truck (12.8%), an abandoned building (10.9%), someplace else indoors (10.1%), or someplace else outdoors (21.6%). Stays in institutional settings also were reported: 7.1 percent had spent at least one night in a hospital, 4.5 percent in an alcohol or other drug treatment program, and 4.3 percent in jail or prison.

When asked if finding a place to sleep was a problem, 30.8 percent responded that it was a problem most of the time. An almost equal proportion (30.0%) indicated that it was a problem sometimes. Almost one-quarter (24.2%) said that finding a place to sleep was never a problem for them, and 13.6% felt that it was rarely a problem for them.

These individuals also were asked if getting enough food to eat was a problem for them. A plurality (40.1%) said that this was never a problem, and 14.0 percent said that it was a problem most of the time (32.9% said that it was sometimes a problem and 13.0% said “rarely”). The most common source of meals for these individuals was a shelter or mission, where 93.4 percent had received meals during the past 30 days. Several other sources also were reportedly used, including food that they had purchased and cooked themselves (57.5%), fast food restaurants (56.8%), other restaurants (47.9%), soup kitchens (47.3%), friends and relatives (45.7%), and handouts from restaurants (10.1%).

C. Additional Characteristics of the SRO Sample

More than one-quarter of the individuals interviewed in SRO hotels (27.2%) reported having lived in the same hotel for more than three years. Equal proportions of the sample (19.3%) reported having lived in the same hotel from one to three

years and for a month or less. An additional one-third (34.2%) had been living in the same SRO between 2 and 12 months.

Those interviewed were generally satisfied with their hotel as a place to live. Almost half (49.0%) were somewhat satisfied, and 27.6 percent were very satisfied. Less than one-quarter were either somewhat dissatisfied (14.0%) or very dissatisfied (9.5%).

Less than half of the SRO residents (44.3%) indicated that they had ever been without a room, apartment, or house of their own in which to live. Of those who had been without a place to live in the past, most indicated that it had been between one and three years ago (25.0%) or more than three years ago (31.5%). Few had been without a place to live in the last month (4.6%). Equal proportions (19.4%) had gone between 2 and 5 months and between 6 and 12 months since not having a place to live.

Most SRO residents (56.4%) indicated that getting enough food to eat was never a problem for them. Only 8.2 percent said that this was a problem most of the time (21.0% said that it was sometimes a problem, and 14.4% indicated that it was rarely a problem). During the past 30 days, SRO residents were most likely to have received their meals from the following sources: food that they had bought and cooked themselves and food purchased in non-fast food restaurants (75.8% each), fast food restaurants (63.5%), and from friends and relatives (43.0%). Less than one in five had received food from shelters or missions (18.9%) and other soup kitchens (17.2%).

D. Lifetime Alcohol and Other Drug Use

Lifetime prevalence of alcohol and other drug use was estimated from survey questions asking if the respondent had **ever** used each substance in question.

Results are presented in Table 2. For the study population as a whole, 85.6 percent indicated having used alcohol at some time in their life. Respondents interviewed in SRO hotels, those under age 35, males, and whites were most likely to have ever used alcohol.

Overall, approximately 60 percent of the interviewed homeless reported that they have used at least one drug at some time during their lives. The drugs most likely to have ever been tried were marijuana (59.2%), cocaine (33.6%), hallucinogens (15.9%), stimulants (14.6%), and heroin and tranquilizers (both ever used by 12.9%). Less than 10 percent of those interviewed reported ever having used analgesics (7.4%) or sedatives (6.5%). Males were more likely than females to have ever experimented with each of these substances. Those age 34 and younger were more likely to have tried most substances. Older respondents (those 35 and over) were more likely to have at some time used analgesics. Persons in shelters were also more likely to have used most of the types of substances included in the survey, with the exceptions of stimulants and hallucinogens, which were more often cited by those in SROs. Finally, African-American respondents indicated higher lifetime prevalence rates than did whites and members of other ethnic groups.

E. Alcohol and Other Drug Use in the Past Year

Prevalence rates of alcohol and other drug use during the past year are presented in Table 3. Of the total sample, 71.5 percent indicated having used alcohol during the previous 12 months. The largest differences in alcohol use were by

TABLE 2**LIFETIME PREVALENCE OF ALCOHOL AND OTHER DRUG USE, BY SAMPLE/DEMOGRAPHIC CHARACTERISTICS
(Percent)**

Sample/ Demographic characteristics	N	Alcohol	Marijuana	Cocaine	Stimulants	Sedatives	Halluci- nogens	Heroin	Analgesics	Tranquil- izers	All other drugs
Sample:											
Shelter	237	80.8	61.4	36.5	13.4	9.3	14.0	16.0	9.7	15.1	64.1
SRO	244	89.8	57.4	31.2	15.6	4.1	17.6	10.3	5.3	11.1	59.8
Age:											
18–34	214	81.9	70.5	44.0	16.0	6.2	17.5	13.8	5.9	15.3	73.2
35+	266	88.4	50.5	25.4	13.1	6.8	14.8	12.3	8.5	11.2	53.0
Gender:											
Male	305	92.6	67.8	38.2	17.8	8.7	20.7	15.1	8.4	16.7	69.6
Female	176	73.9	45.0	26.1	9.2	2.9	8.1	9.2	5.7	6.7	49.0
Race:											
African American	308	84.6	67.2	41.4	15.9	7.6	17.4	17.6	8.4	15.9	70.2
White	107	89.6	43.1	15.4	11.8	6.2	13.6	3.8	6.8	6.8	44.0
Other	57	86.2	49.7	29.3	13.2	1.9	13.0	7.6	3.8	11.1	53.4
All	481	85.6	59.2	33.6	14.6	6.5	15.9	12.9	7.4	12.9	61.8

TABLE 3**PAST-YEAR PREVALENCE OF ALCOHOL AND OTHER DRUG USE, BY SAMPLE/DEMOGRAPHIC CHARACTERISTICS
(Percent)**

Sample/ Demographic characteristics	N	Alcohol	Marijuana	Cocaine	Stimulants	Sedatives	Halluci- nogens	Heroin	Analgesics	Tranquil- izers	All other drugs
Sample:											
Shelter	237	64.6	26.6	28.6	2.2	2.6	3.2	9.3	4.5	3.2	40.0
SRO	244	77.5	22.1	14.8	0.0	0.0	0.8	3.7	2.1	0.0	29.9
Age:											
18–34	214	69.4	33.3	27.9	2.1	0.9	4.4	7.1	3.3	2.2	45.5
35+	266	73.0	17.4	16.2	0.2	1.4	0.0	5.8	3.1	1.0	26.4
Gender:											
Male	305	82.1	30.2	22.8	1.5	1.2	2.1	6.7	3.0	1.7	40.8
Female	176	53.8	14.2	18.6	0.2	1.3	1.7	5.6	3.5	1.2	24.4
Race:											
African American	308	72.4	30.8	29.0	0.9	1.6	2.0	8.4	3.6	1.7	44.3
White	107	70.9	10.5	2.3	1.1	0.9	0.9	2.3	3.0	0.9	13.8
Other	57	72.8	18.0	18.0	1.8	0.0	3.6	3.8	1.9	1.8	26.5
All	481	71.5	24.2	21.2	1.0	1.2	1.9	6.3	3.2	1.5	34.6

gender and interview location. Males were much more likely than females to have used alcohol during this time period, as were those interviewed in SRO hotels.

Just over one-third (34.6%) reported having used at least one drug during the past year. Most commonly used were marijuana (24.2%), cocaine, (21.2%), and heroin (6.3%). In contrast to the findings for alcohol, reports of past-year use of these three drugs were found to be most prevalent among the literal homeless (those in shelters). Use of these three drugs during the past year also was more common among those under age 35, males, and African Americans.

F. Alcohol and Other Drug Use in the Past Month

During the past 30 days, just over 60 percent reported that they had consumed alcohol. Those interviewed in SRO hotels were considerably more likely to have used alcohol during this time period, as were males (Table 4). Older respondents (35 and older) also were more likely to have used alcohol in the past month. In terms of ethnic status, all three groups classified in this study were about the same in their likelihood of having consumed alcohol in the past month.

Just under 20 percent reported having used one or more drugs during the past 30 days. Again, those most commonly used were marijuana (13.2%), cocaine (10.8%), and heroin (2.9%). Cocaine and heroin were more likely to have been used by those interviewed in shelters. All three drugs were more commonly used by males and African Americans. Younger individuals were more likely to have used marijuana and cocaine, while those 35 and older were slightly more likely to have used heroin.

TABLE 4**PAST-MONTH PREVALENCE OF ALCOHOL AND OTHER DRUG USE, BY SAMPLE/DEMOGRAPHIC CHARACTERISTICS
(Percent)**

Sample/ Demographic characteristics	N	Alcohol	Marijuana	Cocaine	Stimulants	Sedatives	Halluci- nogens	Heroin	Analgesics	Tranquil- izers	All other drugs
Sample:											
Shelter	237	49.6	12.8	15.3	0.6	0.9	1.9	4.8	2.4	0.8	22.1
SRO	244	71.3	13.5	7.0	0.0	0.0	0.4	1.2	0.8	0.0	18.0
Age:											
18–34	214	57.0	18.5	12.6	0.7	0.7	2.5	2.2	2.1	0.9	25.6
35+	266	64.7	9.1	9.5	0.0	0.2	0.0	3.5	1.2	0.0	15.7
Gender:											
Male	305	74.6	17.8	13.6	0.3	0.5	1.3	3.8	1.6	0.5	26.2
Female	176	38.9	5.5	6.2	0.2	0.2	0.8	1.5	1.5	0.2	9.5
Race:											
African American	308	62.0	16.7	15.2	0.1	0.3	1.4	4.2	1.4	0.3	25.9
White	107	59.2	4.9	0.0	0.0	0.9	0.0	0.0	3.0	0.9	6.8
Other	57	65.5	11.3	8.4	1.8	0.0	1.8	1.9	0.0	0.0	15.0
All	481	61.2	13.2	10.8	0.3	0.4	1.1	2.9	1.6	0.4	19.9

G. Indicators of Heavy Alcohol Use

A number of indicators of heavy alcohol use were developed from various questions included in the survey. One was based on the Short Michigan Alcoholism Screening Test (SMAST). This 13-question instrument was developed to “provide a consistent, quantifiable” measure for detecting alcoholism (Selzer, Vinokur, and van Rooijen, 1975). The questions ask about whether respondents are able to stop drinking when they want to, whether or not they have gone to anyone for help with their drinking, and what effect their drinking has had on social relationships, as well as other drinking-related problems. The authors have suggested that individuals responding positively to two or more of these questions may possibly be alcoholics. The first column of percentages in Table 5 shows those respondents in this survey who reported two or more of these problems. For the sample as a whole, 23.0 percent may be classified as possible alcoholics by this criterion. Males are much more likely to be so classified than are females. Whites also are more likely to be classified as possible alcoholics. There was a lesser tendency for those staying in SRO hotels and older respondents to indicate having two or more of these problems.

A measure of drinking frequency, the proportion of respondents reporting that they had consumed five or more drinks of alcohol in one day on six or more different days during the last month, is next shown in Table 5. Overall, just under 20 percent reported having done so. Again, males were more likely to report having done so, as were whites, those 35 and older, and those interviewed in SROs.

A related measure of drinking quantity is also presented in Table 5. This measure estimates the proportion of the sample who reported having had 60 or more drinks of alcohol during the last month. Just under 4 percent indicated that they

TABLE 5
INDICATORS OF HEAVY ALCOHOL USE, BY
SAMPLE/DEMOGRAPHIC CHARACTERISTICS
(Percent)

Sample/ Demographic characteristics	N	Two or more alcohol problems	Had five or more drinks 6+ days in last month	Had 60+ drinks in last month	Arrested for drunk driving or drunken behavior	Heavy alcohol user
Sample:						
Shelter	237	21.3	15.0	3.6	13.8	24.0
SRO	244	24.5	23.0	4.1	15.2	34.8
Age:						
18–34	214	21.3	17.4	5.3	13.0	27.8
35+	266	24.4	20.8	2.8	15.7	31.4
Gender:						
Male	305	34.0	26.4	4.7	21.9	41.5
Female	176	4.9	7.5	2.4	2.3	10.4
Race:						
African American	308	21.1	18.6	4.7	12.0	28.8
White	107	29.8	23.6	0.0	22.0	34.2
Other	57	23.1	17.0	7.5	15.7	30.8
All	481	23.0	19.3	3.9	14.5	29.8

had drunk this amount of alcohol during that time. Males and younger and nonwhite respondents were most likely to have had 60 drinks or more in the last month.

Table 5 also presents the proportion of respondents indicating that they have been arrested for either drunken driving or other drunken behavior. For the total sample, 14.5 percent reported having been arrested. Most notably, males and whites were most likely to have had at least one of these experiences.

Finally, a composite measure of heavy alcohol use was constructed from these other measures. Any individual reporting two or more SMAST symptoms, having had at least five drinks in one day during six or more days in the past month, having had a total of 60 or more drinks during the past month, or having been arrested for drunk driving or drunken behavior was classified as a heavy alcohol user. For the sample as a whole, 29.8 percent met one or more of the criteria for this definition. Males were much more likely than females to be heavy alcohol users. In addition, those interviewed in SRO hotels, older respondents, and whites were more likely to be heavy users.

H. Indicators of Heavy Drug Use

Several measures of heavy drug use also were constructed from survey responses. These are presented in Table 6. The first is an indicator of the proportion of the sample answering “yes” to one or more of the eight drug-involvement items. These items are modified versions of questions adopted from the Drug Use Questionnaire, an instrument developed to identify drug dependence (Skinner and Goldberg, 1986). Included are questions about neglect of various relationships and responsibilities due to drug use, getting through the week without drugs, experiencing blackouts and flashbacks, and being unable to quit using drugs. Overall, 24.1

TABLE 6
INDICATORS OF HEAVY DRUG USE, BY
SAMPLE/DEMOGRAPHIC CHARACTERISTICS
(Percent)

Sample/ Demographic characteristics	N	One or more drug problems	Used drugs 6+ days in last month	Used drugs weekly for last year	Heavy drug user	IV drug user
Sample:						
Shelter	237	32.8	8.8	21.8	35.3	8.0
SRO	244	16.3	4.9	13.5	19.7	2.5
Age:						
18–34	214	30.9	7.9	24.1	35.5	3.8
35+	266	19.1	5.9	12.3	20.5	6.0
Gender:						
Male	305	27.2	8.8	20.3	31.6	6.0
Female	176	18.9	3.3	12.5	19.2	3.3
Race:						
African American	308	32.5	9.3	22.6	35.2	6.7
White	107	5.6	1.9	5.8	7.2	1.4
Other	57	16.6	3.6	13.9	23.5	3.8
All	481	26.3	7.5	18.5	29.1	5.4

percent indicated that one or more of these dependency items were applicable to them. Twice as many of the literal homeless (those in shelters) responded affirmatively to one or more of these items. Younger individuals, males, and African Americans also were more likely to have said “yes” to at least one of these questions.

The proportion of homeless persons having used drugs six or more days during the past month also is presented in Table 6. Overall, 7.5 percent reported having done so. In addition, 18.5 percent estimated that they had used drugs on at least a weekly basis during the past year. For both of these patterns of use, those interviewed in shelters, males, African Americans, and those under age 35 were the groups most likely to have used drugs with these frequencies.

These indicators (“yes” to one or more drug dependency questions, having used drugs during at least six days in the past month, and having used drugs weekly during the past year) were used to develop a composite measure of heavy drug use. Individuals who were identified as having at least one drug dependency or who used drugs with either a high monthly or annual frequency were classified as heavy drug users. Overall, the proportion defined as heavy users by these criteria was 29.1 percent. Heavy drug users were more likely to be in shelters and among the young, males, and African Americans.

A final indicator of heavy drug use that was examined was the prevalence of intravenous (IV) drug use among homeless persons. In recent years, IV drug use has been linked epidemiologically with HIV infection, owing in large part to needle sharing (Friedland, 1989). Recent research in Chicago and New York City has found that homeless IV drug users are more likely to engage in the high-risk needle-sharing behaviors often associated with HIV infection than are IV drug users in more stable

living situations (Popkin et al., 1991). A measure of IV drug use was derived from questions asking if users of various drugs had injected these with needles during the past year. Overall, 5.4 percent of the interviewed homeless persons indicated IV drug use in the past year (Table 6). Of these, IV injection of cocaine and heroin accounted for three-quarters of all needle use (data not shown in table). IV drug use was most common among older respondents (over age 34), those in shelters, males, and African Americans.

I. Need for Treatment

A summary indicator of probable need for alcohol and/or other drug treatment was produced from the measures described above. Individuals were identified as not needing treatment if they were not classified as heavy users of either alcohol or other drugs. Those classified as heavy users of either alcohol or other drugs were considered in need of treatment for that substance, respectively. Those considered heavy users of both alcohol and other drugs were classified as being in need of dual treatment. As Table 7 indicates, more than half of those surveyed (56.7%) did not require treatment by these criteria. Roughly equal proportions were in need of treatment for alcohol abuse (16.3%), drug abuse (13.5%), and dual abuse of both alcohol and other drugs (13.5%).

The groups most in need of alcohol treatment were those staying in SRO hotels, those age 35 and older, males, and whites. Those most in need of drug treatment and dual treatment were those in shelters, younger respondents, and African Americans. Females were slightly more likely to require drug treatment, and males were much more likely to need dual treatment.

TABLE 7
NEED FOR ALCOHOL AND/OR OTHER DRUG TREATMENT,
BY SAMPLE/DEMOGRAPHIC CHARACTERISTICS
(Percent)

Sample/ Demographic characteristics	N	No treatment needed	Alcohol treatment needed	Drug treatment needed	Dual treatment needed	Total
Sample:						
Shelter	237	58.4	6.3	17.6	17.7	100.0
SRO	244	55.4	25.0	9.8	9.8	100.0
Age:						
18–34	214	55.6	8.9	16.6	18.9	100.0
35+	266	57.5	22.0	11.1	9.4	100.0
Gender:						
Male	305	45.7	22.7	12.9	18.7	100.0
Female	176	75.0	5.7	14.5	4.8	100.0
Race:						
African American	308	53.4	11.4	17.8	17.4	100.0
White	107	62.6	30.3	3.2	3.9	100.0
Other	57	58.9	17.6	10.3	13.2	100.0
All	481	56.7	16.3	13.5	13.5	100.0

Additional breakdowns of treatment needs by gender are reported in Table 8. The purpose of this table is to help further identify those groups most in need of substance abuse treatment. Over one-half of all males (54.3%) were found to be eligible for some form of treatment for substance abuse. In contrast, only one-quarter of all women required treatment. For alcohol, these data indicate that older white males staying in SRO hotels are most in need of treatment. In contrast, those most in need of dual treatment are young African-American males staying in shelters. Those most in need of drug treatment are young African Americans of either gender staying in shelters.

J. Alcohol and Other Drug Use Correlates

Several additional correlates of heavy alcohol and other drug use were examined. In Table 9, the relationships that education, income, employment status, and personal military history have with these behaviors are examined. Heavy alcohol use was somewhat higher among those without a high school diploma and those with incomes above \$5,000. Military veterans were much more likely to be heavy users of alcohol. Those with lower incomes were more likely to be heavy drug users, as were those not currently employed. Those classified as both heavy alcohol and heavy drug users were more likely to have lower incomes, to be unemployed, and to have had military service.

Associations between heavy substance use and physical and mental health indicators are shown in Table 10. Heavy alcohol users were more likely to rate themselves as being in poor health and as depressed. They also were less likely to have ever been treated for mental illness. In contrast, heavy drug users were somewhat more likely to have ever been treated for mental illness and to have been

TABLE 8
GENDER DIFFERENCES IN NEED FOR ALCOHOL AND/OR OTHER DRUG TREATMENT,
BY SAMPLE/DEMOGRAPHIC CHARACTERISTICS
(Percent)

Sample/ Demographic characteristics	No treatment needed		Alcohol treatment needed		Drug treatment needed		Dual treatment needed		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Sample:										
Shelter	35.5	77.1	11.2	2.3	18.4	17.0	34.9	3.6	100.0	100.0
SRO	50.7	70.9	28.6	12.7	10.1	9.1	10.6	7.3	100.0	100.0
Age:										
18–34	39.4	73.0	14.1	3.4	16.3	17.0	30.3	6.5	100.0	100.0
35+	49.2	77.4	27.6	8.6	10.9	11.5	12.2	2.6	100.0	100.0
Race:										
African American	40.7	71.6	16.9	3.5	17.7	18.0	24.7	6.9	100.0	100.0
White	55.2	80.6	38.0	11.5	1.3	7.9	5.5	0.0	100.0	100.0
Other	49.0	81.5	19.9	12.3	12.1	6.2	19.0	0.0	100.0	100.0
Total	45.7	75.0	22.7	5.7	12.9	14.5	18.7	4.8	100.0	100.0

TABLE 9
SELECTED DEMOGRAPHIC CORRELATES OF HEAVY ALCOHOL
AND OTHER DRUG USE
(Percent)

Correlates	N	Heavy alcohol user	Heavy drug user	Heavy alcohol and other drug user
Education:				
Not a high school graduate	198	31.8	26.1	12.9
High school graduate	283	28.4	27.6	13.9
Income:				
Under \$5,000	196	28.1	33.0	16.3
\$5,000 or over	220	34.8	24.8	12.6
Currently employed:				
Yes	147	29.3	21.7	9.5
No	333	30.1	29.1	15.3
Armed Forces veteran:				
Yes	104	44.9	25.0	18.2
No	376	25.6	27.5	12.2

hospitalized in the past year. Heavy drug users also were much more likely to rate themselves as being depressed. Those classified as being heavy users of both alcohol and other drugs were more likely to consider themselves in poor health and depressed. They also were more likely to have been hospitalized in the past year but were much less likely to have ever received treatment for mental illness.

Table 11 presents associations between substance use and whether or not respondents have ever been in prison or had been victimized during the past year. Those having served time in prison were more likely to be heavy users of both

TABLE 10
SELECTED PHYSICAL AND MENTAL HEALTH CORRELATES
OF HEAVY ALCOHOL AND OTHER DRUG USE
(Percent)

Correlates	N	Heavy alcohol user	Heavy drug user	Heavy alcohol and other drug user
Self-rated health:				
Poor	39	43.8	25.8	18.4
Not poor ^a	440	28.6	27.2	13.1
Hospitalized in past year:				
Yes	122	30.7	34.1	17.6
No	357	29.6	24.5	12.2
Self-rated as depressed:				
Yes	193	33.9	42.3	22.2
No	284	27.2	17.0	8.1
Ever treated for mental illness:				
Yes	60	14.6	29.4	4.1
No	417	32.2	26.4	15.0

^aIncludes those who rated their health as “excellent,” “very good,” “good,” or “only fair.”

alcohol and other drugs. Heavy substance users also were more likely to have been crime victims during the past year.

The associations between heavy alcohol use and several additional alcohol-related factors are shown in Table 12. The first two factors provide evidence of a potential link between heavy parental use of alcohol and personal use. Heavy maternal use of alcohol, in particular, was found to be strongly related to the likelihood of

TABLE 11
HEAVY ALCOHOL AND OTHER DRUG USE,
BY PRISON EXPERIENCE AND VICTIMIZATION
(Percent)

Variables	N	Heavy alcohol user	Heavy drug user	Heavy alcohol and other drug user
Ever in prison:				
Yes	214	42.6	41.1	22.0
No	267	20.0	16.1	6.9
Victimized in past year:				
Yes	202	32.1	32.4	15.2
No	279	28.2	23.1	12.2

being a heavy user. Those reporting previous experiences in detoxification centers for alcohol-related problems also were more likely to be currently classified as heavy users. Respondents indicating the availability of a friend or relative to help them obtain alcohol also were more likely to be heavy users.

Similar comparisons are presented for heavy drug use in Table 13. Both maternal and paternal drug use were associated with heavy drug use by the respondent. Those individuals reporting prior experience in a detox facility for drug use also were much more likely to currently be heavy users. Having someone to help them obtain drugs also was related to the likelihood of being a heavy user.

K. Reasons for Alcohol and Other Drug Use

Among those interviewed in emergency shelters, drop-in centers, and soup kitchens, the respondents who reported drinking five or more drinks in one day

TABLE 12
HEAVY ALCOHOL USE, BY SELECTED ALCOHOL-RELATED VARIABLES
(Percent)

Variables	N	Heavy alcohol user	Not a heavy alcohol user	Total
Father drank heavily:				
Yes	168	33.1	66.9	100.0
No	269	28.2	71.8	100.0
Mother drank heavily:				
Yes	86	46.1	53.9	100.0
No	373	26.5	73.5	100.0
Ever been in detox center for alcohol abuse:				
Yes	81	49.8	50.2	100.0
No	332	31.4	68.6	100.0
Have someone to help you get alcohol:				
Yes	195	42.8	57.2	100.0
No	278	20.4	79.6	100.0

during the last month were read a list of possible reasons for the use of alcohol and asked which ones applied to them (first data column in Table 14). The most commonly cited reason was that they “enjoy drinking” (75.6%). Also cited by approximately two-thirds were “to escape from or forget about problems for a while” (66.7%) and “because of the stress of not having a place to live” (65.1%).

The same set of questions was asked of individuals in emergency shelters, drop-in centers, and soup kitchens who had taken one or more drugs during the past

TABLE 13
HEAVY DRUG USE, BY SELECTED DRUG-RELATED VARIABLES
(Percent)

Variables	N	Heavy drug user	Not a heavy drug user	Total
Father used illegal drugs:				
Yes	37	41.1	58.9	100.0
No	383	23.4	76.6	100.0
Mother used illegal drugs:				
Yes	27	44.1	55.9	100.0
No	428	26.2	73.8	100.0
Ever been in detox center for drug use:				
Yes	58	85.8	14.2	100.0
No	419	20.0	80.0	100.0
Have someone to help you get drugs:				
Yes	125	46.5	53.5	100.0
No	349	19.2	80.8	100.0

year. These findings, presented in the second column of figures in Table 14, reveal a similar pattern. The most commonly cited reasons for using drugs were “to escape from or forget about personal problems for a while” (74.4%), because they “enjoy doing it” (73.4%), and “to make bad feelings go away” (65.4%). The stress of not having a place to live was cited by 47.8 percent.

These findings, although based on small numbers of interviews, do suggest that attempts to cope with personal problems are a reason that many homeless individuals abuse alcohol and, to a lesser extent, other drugs.

TABLE 14

**REASONS CITED FOR ALCOHOL AND OTHER DRUG USE AMONG HEAVY
USERS INTERVIEWED IN EMERGENCY SHELTERS, DROP-IN CENTERS,
AND SOUP KITCHENS
(Percent “Yes”)**

Reasons	Heavy user of alcohol ^a (N=75)	Heavy user of drugs ^b (N=106)
Because enjoy (drinking)/(using drugs)	75.6	73.4
To escape from or forget about problems for a while	66.7	74.4
Because of the stress of not having a place to live	65.1	47.8
Because friends do it	55.2	55.6
Because it is something to do	51.6	49.6
To make physical pains go away	40.4	42.7
Because it’s a habit you can’t break	47.1	48.0
To make bad feelings go away	37.3	65.4

^aThose who said that they had five or more drinks in one day during the last 30 days.

^bThose who said that they had used any drugs during the last 12 months.

L. Reasons for Homelessness

The reasons that individuals drift or fall into homelessness are multifaceted. Respondents interviewed in emergency shelters, drop-in centers, and soup kitchens were asked to indicate in their own words what was the most important reason that they currently did not have a place to live. Their answers have been summarized and are presented in the first three columns of figures in Table 15. The most important

TABLE 15
REASONS FOR HOMELESSNESS, BY GENDER
(Percent)

Reasons	Most important reason			Any reason ^a		
	Males (N=106)	Females (N=34)	Total (N=140)	Males (N=106)	Females (N=34)	Total (N=140)
Economic problems	57.2	84.4	64.5	91.3	92.6	91.7
Substance abuse	29.1	4.5	22.5	56.4	18.2	46.3
Social problems	5.0	0.0	3.7	49.8	40.5	47.3
Health problems	3.9	0.0	49.8	21.0	18.3	20.2
Housing problems	0.7	5.8	2.0	23.3	28.6	24.7
Deinstitutionalized	0.0	0.0	0.0	21.6	12.9	19.3
Other	4.1	5.3	4.4	18.3	16.6	17.9
	100.0	100.0	100.0			

^aPercentages add to more than 100.0 because each respondent could choose multiple reasons.

types of reasons volunteered were those related to economic problems, including trouble paying rent, the loss of a job, and not receiving sufficient money from public aid. Overall, one of these reasons was considered most important by 64.5 percent. The only remaining types of reasons volunteered as most important by more than a few respondents were those related to substance abuse (either alcohol or other drugs), mentioned by 22.5 percent of the respondents. Substance use problems are related to homelessness mostly among men (29.1% vs. 4.5%). In contrast, economic reasons were found to be more common among women (84.4% vs. 57.2%).

Recognizing that there often are many factors that converge to render a person homeless, additional questions were asked to learn if one or more other factors contributed to a person's experience with homelessness. These responses have been combined with the most important reasons mentioned above to examine what proportion cited each type of reason as a cause of their homelessness. This information is presented in the three right-hand columns of Table 15. Overall, more than 90 percent cited economic factors as contributing to their current homeless episode. Less than half mentioned substance use as a reason. However, a majority of males did cite substance abuse (56.4%). Among females, the proportion mentioning social problems, such as spouse or child abuse or disagreements with family, neighbors, or a roommate, was higher (40.5%) than substance abuse (18.2%) as a reason for their homelessness. Housing problems for females, including the place that they were living being condemned or torn down and disagreements with a landlord, also were more common (28.6%) than substance abuse.

M. Relationship Between Homelessness and Substance Use

One of the most difficult questions to address in examining substance use among the homeless population is that of causality. The question often is asked with the expectation that the correct answer is either-or: either substance abuse causes homelessness or homelessness causes substance abuse. Consideration also must be given to the possibility that the correct answer may vary with the individual. Although the cross-sectional data presented in this paper cannot begin to resolve this question, some evidence bearing on this question is available.

Based on responses to a number of questions asked in the survey, an indicator was developed to identify whether individuals may have first experienced

homelessness or substance abuse problems. Although this may enable us to determine which of these events may have been experienced first (substance use or homelessness), we cannot attribute causal direction. This information will, however, provide an opportunity to begin investigating this question.

Age at which any one of several events first occurred in an individual's life was reviewed to determine the age at which symptoms of alcohol or other drug abuse may have first appeared. The specific events that were examined included (1) the age at which the respondent may have first thought he/she was a heavy drinker or heavy user of nonprescription or illegal drugs; (2) the age at which the respondent may have entered a detoxification facility for alcohol or other drug use for the first time; (3) the age at which he/she may have received other treatment for alcohol or other drug use; and (4) the age at which he/she may have first had arguments with family members regarding the amount of alcohol or other drugs used.

This information was compared with the age at which respondents first reported not having a room, apartment, or home of their own to determine which event occurred first. For this analysis, individuals in the shelter sample, as well as those in the SRO sample who reported previously being homeless, were included if sufficient information was available to make a determination (N = 240).

Results of this analysis are presented in Table 16. For this subsample as a whole, as shown in the far right column, 38.3 percent experienced events related to substance abuse at ages earlier than their first reported homeless episode. Only 7.8 percent reported experiencing substance abuse events for the first time after first becoming homeless. Almost half (48.0%), however, reported having never having experienced any of these substance abuse events. These findings suggest that, for approximately 40 percent of those examined, there is some possibility that substance

TABLE 16
HOMELESSNESS AND SUBSTANCE ABUSE EXPERIENCES, BY GENDER
(Percent)

Respondent experience	Males (N=146)	Females (N=94)	Total (N=240)
Substance abuse first	51.5	20.0	38.3
Homeless first	10.6	3.7	7.8
Homeless/no substance abuse	32.8	69.2	48.0
Homeless and substance abuse in same year	5.1	7.1	5.9
	100.0	100.0	100.0

abuse may have contributed to the individuals' homeless experiences. For a near majority of these persons, however, it is equally suggestive that substance abuse cannot be associated with their initial homeless experiences.

In the disaggregated data by gender, Table 16 shows that males are more likely than females (51.5% vs. 20.0%) to have reported substance abuse events prior to their first homeless episode. This information further suggests that substance abuse is more often associated with homelessness among men than among women.

V. DISCUSSION

The information collected in this survey serves as a reminder that homeless individuals are a very heterogeneous group, both in terms of demographic composition and life experiences. In this regard, a key finding is that, contrary to what often are popular stereotypes, less than half of the homeless individuals interviewed should be considered in need of treatment for alcohol and/or other drug abuse. These findings are consistent with the available literature, which generally indicates that less than half of all homeless persons are heavy users of alcohol and other drugs. By the same token, more than 40 percent of those surveyed, including a large majority of males, do appear to have some substance abuse treatment needs.

In attempting to interpret the findings presented in this report, it is worth noting that alcohol and other drugs may often provide positive benefits to homeless persons. Just as many others in society use these substances as a method of coping with personal problems, the use of alcohol and other drugs often may provide those who are homeless with some measure of relief. As Wright (1989, p. 102) observes, “many homeless substance abusers drink heavily or take drugs to ease the miseries of their material and psychic existence.” Other researchers have reached similar conclusions (Morgan et al., 1985; Shandler and Shipley, 1987). Data examined in this study also support this assessment, finding that many homeless persons who abuse these substances do so in order to cope with emotional and physical pains, as well as with the stress of not having a place to live. What is truly unfortunate is that alcohol and other drug abuse may be the only coping mechanism

readily available to many of these individuals. It also should be recognized that treatment for alcohol and other drug abuse among homeless persons without addressing the underlying reasons for these behaviors may not be sufficient to avoid future problems.

It also must be acknowledged that alcohol and other drug abuse often may precipitate homelessness, as well as maintain it. When asked why they were currently homeless, one-fifth of the respondents cited substance abuse as the major reason, and just under half mentioned it as either the major or a contributing factor. These figures are very similar to a survey conducted in another city (Fischer and Breakey, 1987). They are further supported by additional analyses of respondent ages at which episodes of homelessness and evidence of possible substance abuse first appeared.

Another important point that continually has been observed in these data is the finding that males are more likely than women to use most of the substances examined, to be heavy users of each, and to have greater treatment needs. In addition, substance abuse appears to be causally related to homelessness among a much larger proportion of males than females. Although this survey clearly indicates the presence of substance abuse among some homeless females, it appears to be predominantly a male problem. Factors other than substance abuse should therefore be explored to account for the increasing rates of homelessness among women.

As discussed earlier, several important sources of error may bias some of these survey results. The street survey of homeless persons that was conducted permitted an assessment of the proportion of homeless persons found outdoors who may have been missed because they avoid the types of facilities where interviewing took place. Most (about 80%), but not all, were covered by our operational definition.

Given findings from other studies (Gelberg and Linn, 1989), it is probable that those who were missed are more likely to be heavy substance users. In addition, many of the facilities where literal homeless persons were interviewed have rules prohibiting entrance to those visibly intoxicated or “high” (we did nonetheless observe both alcohol and drug use in several of these facilities). Finally, despite our best efforts to guarantee confidentiality, it is likely that some respondents probably underreported their substance use (especially current use) in order to avoid any real or imagined penalties. As a consequence of these factors, the findings presented in this report should be considered somewhat conservative estimates of substance use and abuse among homeless persons in Cook County.

As a final note, although this study has had as its primary focus an examination of the dual issues of homelessness and substance abuse, it is important to emphasize that these often-related problems do not exist in a symbiotic vacuum. For many persons, economic, social, and health-related conditions are central to their homeless experiences, and many have never had substance abuse problems. Conversely, although many homeless persons are substance abusers (more so than in the general adult population), only a very small percentage of substance abusers ever experience homelessness. It has been estimated, for example, that only 3 to 5 percent of the alcoholics in the U.S. can be found on skid row (Morgan et al., 1985). It appears that homelessness is only a portion of the substance abuse dilemma in this country and that substance abuse is only one aspect of homelessness. Recognition that a host of factors can be implicated in the etiology of both homelessness and substance abuse is essential to an understanding of both conditions.

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APPENDIX

Substance Use Definitions

Alcoholic beverages: includes beer, wine, and liquor.

Analgesics: pain-killers, including Darvon, codeine, and Percodan, for nonmedical reasons.

Cocaine: in any form, including “crack” or “rock” cocaine, for nonmedical reasons.

Drink of alcohol: a can or bottle of beer, a four-ounce glass of wine, a one-ounce shot of liquor, or a mixed drink.

Hallucinogens: any hallucinogenic drugs, including LSD, mescaline, PCP, “Ecstasy,” peyote, and mushrooms.

Heroin: includes heroin, morphine, opium, and other heroin-like drugs.

Intravenous (IV) drug use: having injected any of the following substances with a needle: analgesics, cocaine, heroin, sedatives, stimulants, and tranquilizers.

Marijuana: includes marijuana, hash, or hash oil.

Sedatives: includes sedatives and sleeping pills like quaaludes, Tuinal, Seconal, and Nembutal for nonmedical reasons.

Stimulants: includes stimulants like Ritalin, or amphetamines like Benzedrine, Desoxyn, or Dexamyl being used for nonmedical reasons, and any kind of nonprescription “speed,” including “crystal meth,” “crank,” and “ice.”

Tranquilizers: includes diazepam (Valium), Librium, and meprobamate (Miltown) being used for nonmedical reasons.