

# **Health Care for the Homeless**

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## **Bibliography #7**

### **Substance Abuse Among People Who Are Homeless**

**February 2004**

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**2003**

Benda BB. **Discriminators of suicide thoughts and attempts among homeless veterans who abuse substances.** *Suicide Life Threat Behav* 33(4):430-42, 2003.

Six hundred homeless military veterans who abused substances were examined to determine what factors discriminate between nonsuicidal veterans, those who had suicidal thoughts, and persons who had attempted suicide. Several factors were considered based on attachment theory, including caregiver attachment, sexual abuse, physical abuse, resilience, self-efficacy, and self-esteem. Suicide attempters were discriminated from others by psychiatric comorbidity, early abuse, severity of substance abuse, and longevity of drug use. In contrast, the discriminators between nonsuicidal homeless substance abusers and others were elements of attachment and commitments such as marriage, employment, and religiosity. Some implications of the findings for intervention are discussed.

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Bride B, Real E. **Project Assist: A modified therapeutic community for homeless women living with HIV/AIDS and chemical dependency.** *Health and Social Work* 28(2): 166-168, 2003.

This article describes a substance abuse treatment program for homeless women who abuse substances and are living with HIV/AIDS. A therapeutic community model was modified to meet the unique needs of this population, and incorporates a variety of HIV support and education services, and provides enhanced health services to address the multiple medical needs of this population. To date, limited treatment options have been available to address the unique issues of women who are homeless, chemically dependent, and HIV-positive (authors).

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Clarke S, Delamere S, McCullough L, Hopkins S, Bergin C, Mulcahy F. **Assessing limiting factors to the acceptance of antiretroviral therapy in a large cohort of injecting drug users.** *HIV Med* 4(1):33-7, 2003.

**OBJECTIVE:** A comprehensive questionnaire was designed to assess the knowledge and understanding of injecting drug users (IDUs) regarding their HIV disease, and to determine any factors that may increase the acceptance of antiretroviral therapy (ART) by this group. **RESULTS:** Twenty percent of the total IDU cohort attending the GUIDE (GenitoUrinary Medicine and Infectious Diseases) clinic participated in the study. Fifty-two percent had been homeless in the past 5 years and 84% are unemployed. Seventy-two percent of patients did not complete second level education and 10% were illiterate. Fifty-one percent had siblings or parents with a history of injection drug misuse, and 25% had at least one sibling also HIV positive. Forty-seven percent started using drugs before the age of 13 years, and the most common initial drug was heroin. Ninety-five percent had attended for methadone maintenance therapy (MMT), with 39% currently attending for daily therapy. The majority of patients were unable to simply explain or interpret CD4 cell counts and 'viral loads'. Fifty-seven percent of patients were receiving highly active antiretroviral therapy (HAART). There was a statistically significant association between patients receiving HAART and both attendance at a primary care physician for methadone maintenance therapy, and weekly take-outs of methadone. There was also an association between adherence to HAART and attendance at a methadone maintenance clinic. **CONCLUSIONS:** This study highlights the chaotic lifestyle and complex social background of the IDU. Such factors were not, however, associated with acceptance of HAART. The primary factor associated with both the acceptance of and adherence to HAART was regular and stable attendance for methadone therapy.

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Ettner S, Argeriou M, Carty D, Dilonardo J, Liu H. **How did the introduction of managed care for the uninsured in Iowa affect the use of substance abuse services?** *Journal of Behavioral Health Services and Research* 30(1): 26-40, 2003.

In this article, the authors discuss the concerns raised about access under managed care for vulnerable populations such as publicly funded patients with substance abuse problems. According to the article, to estimate the effects of the Iowa Managed Substance Abuse Care Plan (IMSACP) on substance abuse service use by publicly funded patients, service use before and after IMSACP was compared; adjustments were made for changes in population sociodemographic and clinical characteristics. The authors state that between fiscal years 1994 and 1997, patient case mix was marked by a higher burden of illness and the use of inpatient, residential non-detox, outpatient counseling, and assessment services declined, while use of intensive outpatient and residential detox services increased. The authors also state that these findings were similar among women, children, and homeless persons. The article concludes that without knowing the impact on treatment outcomes, these changes cannot be interpreted as improved provider efficiency versus simply cost containment and profit maximization (authors).

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Farrell M, Howes S, Taylor C, Lewis G, Jenkins R, Bebbington P, Jarvis M, Brugha T, Gill B, Meltzer H. **Substance misuse and psychiatric comorbidity: An overview of the OPCS National Psychiatric Morbidity Survey.** *Int Rev Psychiatry* 15:43-49, 2003.

There have been a number of national surveys of psychiatric morbidity, which have included questions on drugs, alcohol, and tobacco. These surveys have helped delineate the overlap between substance use and dependence and other psychological morbidity. There is a strong association reported between high substance consumption and other measures of psychological problems. This article provides an overview of a national household survey, a survey of institutional residents with psychiatric disorders, and a national survey of a homeless population. All three surveys used comprehensive and complex sampling strategies and lay interviewers to conduct structured diagnostic interviews. The household survey included over 10,000 households, the institutional survey interviewed 755 individuals, and the homeless survey of hostels, night shelters, day centres, and private sector leased accommodation interviewed 1,061 individuals. This overview looks at patterns of nicotine, alcohol, and other drug use in the different samples and examines interactions with other psychiatric morbidity. The survey reports that substance-related disorders are some of the commonest disorders in the community, with 5% of the household sample alcohol dependent, 7% alcohol dependent in the institutional sample and over 21% in the homeless sample recorded as alcohol dependent. Tobacco, alcohol and other drug use and dependence were dramatically higher in the homeless sample than in either of the other two samples. Substance use was significantly associated with higher rates of psychological morbidity as measured by the Clinical Interview Schedule Revised. Future service planning needs to take account of the striking disparity of prevalence of psychiatric disorders in different subsections of the population.

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Ginzler JA, Cochran BN, Domenech-Rodriguez M, Cauce AM, Whitbeck LB. **Sequential progression of substance use among homeless youth: An empirical investigation of the gateway theory.** *Subst Use Misuse* 38(3-6):725-58, 2003.

We examined the sequence of substance-use initiation in 375 street youth (age 13-21) who were interviewed from 1994-99 in Seattle, Washington. Based on the "gateway theory," participants were categorized into six profiles to describe the order in which they initiated use of various substances (i.e., alcohol, marijuana, other drugs), or classified as nonprogressors if they had not tried all three classes of drugs. Youth progressing in the hypothesized gateway order (i.e., alcohol preceding marijuana, followed by other drugs) initiated their use at

an earlier age than youth who had not progressed through all three substance classes. However, there was no relationship between a substance initiation profile and current substance-use. Implications include the recognition that street youth may follow different patterns of use than normative groups, and that interventions geared toward youth who use substances heavily must include contextual factors, in addition to substance-use history.

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HCH Clinicians' Network. **A comprehensive approach to substance abuse and homelessness.** Healing Hands 7(5): 1-6, 2003.

In this edition, the authors discuss the issue of substance abuse and homelessness as inextricably intertwined for many individuals. According to the authors, substance use is often both a precipitating factor and a consequence of being homeless. Further, individuals who are homeless rarely have substance use disorders alone. Many have serious mental illnesses, acute and chronic physical health problems, and histories of trauma. They require safe and appropriate housing, multiple interventions, and client-centered care (authors). Available From: National Health Care for the Homeless Council, HCH Clinicians' Network, P.O. Box 60427, Nashville, TN 37206, [www.nhchc.org/Network/HealingHands/2003/hh-1003.pdf](http://www.nhchc.org/Network/HealingHands/2003/hh-1003.pdf).

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Milby JB, Schumacher JE, Wallace D, Frison S, McNamara C, Usdan S, Michael M. **Day treatment with contingency management for cocaine abuse in homeless persons: 12-month follow-up.** J Consult Clin Psychol 71(3):619-21, 2003.

Abstinence, employment, and homelessness treatment outcomes at 12-month follow-up are presented from a study comparing behavioral day treatment plus abstinence-contingent housing and work therapy with behavioral day treatment only among homeless persons who abuse crack cocaine. Within-group improvements were revealed, but group differences for drug abstinence found in J. B. Milby et al. (2000) failed to persist at 12 months. Drug use measurement and treatment termination explanations are discussed. Within- but not between-group differences were found for employment and homelessness outcomes at long-term follow-up. Research extending abstinence contingencies and continuous drug use monitoring is recommended. Questions about effectiveness of contingency management alone, role of coexisting psychiatric disorders on treatment outcome, and individualized treatment dosing are offered.

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National Health Care for the Homeless Council. **Providing treatment for homeless people with substance use disorders: Case studies of six programs.** Nashville, TN: National Health Care for the Homeless Council, 2003.

The National Health Care for the Homeless Council conducted a study of programs recognized for providing effective substance abuse treatment for people who are homeless. Council staff visited six of twenty programs nominated by administrators and clinicians in the field. Though each program is unique in its approach, some common themes emerged. Treatment for people who are homeless and have substance use disorders needs to be appropriate, accessible, and effective. Based on the experience of the six programs profiled, these expectations are best met by prioritizing access to appropriate housing and providing comprehensive, well-integrated, client-centered services with uniquely qualified staff (authors). Available From: National Health Care for the Homeless Council, HCH Clinicians' Network, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, [www.nhchc.org/Advocacy/FactSheets/CA05RCASESTUDIES-FINAL5.pdf](http://www.nhchc.org/Advocacy/FactSheets/CA05RCASESTUDIES-FINAL5.pdf)

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Nyamathi AM, Stein JA, Dixon E, Longshore D, Galaif E. **Predicting positive attitudes about quitting drug and alcohol use among homeless women.** Psych Addict Behav 17(1):32-41, 2003.

Two separate path models for alcohol and drugs were tested in which psychosocial, environmental, and sociodemographic variables predicted behavioral and substance abuse related factors as well as the key outcome of positive attitudes about quitting drugs or alcohol in a sample of 709 homeless women. A positive attitude about quitting alcohol was predicted by more Addiction Symptoms, fewer Positive Effects from using alcohol and not having a partner who uses alcohol. A positive attitude about quitting drugs was predicted by more Drug Problems, greater Drug Use in the Past 6 Months, more Active Coping, more education, less Emotional Distress, not having a partner who uses drugs, and fewer Addiction Symptoms. Implications of the results for drug and alcohol interventions are discussed.

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O'Toole T, Conde-Martel A, Gibbon J, Hanusa B, Fine M. **Health care of homeless veterans: Why are some individuals falling through the safety net?** Journal of Internal Medicine 18(11): 929-933, 2003.

This article discusses the importance of understanding the needs of those veterans who are homeless. The authors describe characteristics of homeless male veterans and factors associated with needing VA benefits from a two-city, community survey of 531 homeless adults. Overall, 425 were male, of whom 127 were veterans. Significantly more veterans had a chronic medical condition and two or more mental health conditions. Only 35.1 percent identified a community clinic for care compared with 66.8 percent of non-veterans; 47.7 percent identified a shelter-based clinic and 59.1 percent reported needing VA benefits. According to the authors, those reporting this need were less likely to report a medical comorbidity, although 66.7 percent had a mental health comorbidity and 82.7 percent met Diagnostic Screening Manual (DSM)-III-R criteria for substance abuse/dependence. They were also significantly more likely to access shelter clinics compared with veterans without this need. The authors conclude that homeless veterans continue to have substantial health issues and active outreach is needed for those lacking access to VA services (authors).

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Tam TW, Zlotnick C, Robertson MJ. **Longitudinal perspective: Adverse childhood events, substance use, and labor force participation among homeless adults.** Am J Drug Alcohol Abuse 29(4):829-46, 2003.

**OBJECTIVES:** We examined the long-term effects of adverse childhood events on adulthood substance use, social service utilization, and subsequent labor force participation. **METHODS:** A county-wide probability sample of 397 homeless adults was interviewed three times in a 15-month period. By using a path model, literature-based relationships between adverse childhood events and labor force participation with the mediating effects of adulthood substance use and service use were tested. **RESULTS:** Adverse childhood events were precursors to adulthood alcohol and drug use. Consistent substance use was negatively associated with long-term labor force participation and with social service utilization among homeless adults. Adverse events at childhood, however, were positively associated with service use. **CONCLUSIONS:** Adverse childhood events may contribute to negative adulthood consequences, including consistent substance use and reduced labor force participation. Agencies that are involved in halting the abuse or neglect also should participate in more preventive interventions. Job-related assistance is particularly important to facilitate employment and labor force participation among homeless adults.

## 2002

Bird C, Jinnett K, Burnam M, Koegel P, Sullivan G, Wenzel S, Ridgely M, Morton S, Mui, A. **Predictors of contact with public service sectors among homeless adults with and without alcohol and other drug disorders.** *Journal of Studies on Alcohol* 63(6): 716-725, 2002.

This study examined the predictors of contact with agencies in the health, mental health, social welfare and criminal justice sectors by alcohol and other drug (AOD) status among a probability sample of adults who are homeless in Houston, Texas. Structured face-to-face interviews provided screening diagnoses for AOD disorders, self-reported data on AOD treatment use and candidate predictors of treatment use. The authors suggest that AOD disorders hinder utilization of public sector services by people who are homeless, and these disorders may be masking need or otherwise acting as a barrier to accessing treatment and support (authors).

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Cowal K, Shinn M, Weitzman BC, Stojanovic D, Labay L. **Mother-child separations among homeless and housed families receiving public assistance in New York City.** *Am J Comm Psychol* 30(5): 711-730, 2002.

We examined the incidence, characteristics, and predictors of separations of children from mothers in 543 poor families receiving public assistance, 251 of whom had experienced homelessness during the previous 5 years. Forty-four percent of the homeless mothers and 8% of housed mothers were separated from one or more children. A total of 249 children were separated from 110 homeless families and 34 children from 23 housed families. Children were placed with relatives and in foster care but were rarely returned to their mothers. Maternal drug dependence, domestic violence, and institutionalization predicted separations, but homelessness was the most important predictor, equivalent in size to 1.9 other risk factors. We infer that policies regarding child welfare and substance abuse treatment should be changed to reduce unnecessary placements. Studies of homeless children who remain with families may be biased if separated children are excluded.

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Finlayson M, Baker M, Rodman L, Herzberg G. **The process and outcomes of a multimethod needs assessment at a homeless shelter.** *Am J Occup Ther* 56(3): 313-321, May-June 2002.

Many factors contribute to homelessness, including extreme poverty, extended periods of unemployment, shortages of low-income housing, deinstitutionalization, and substance abuse. As a result, the needs of people who are homeless are broad and complex. This needs assessment used literature reviews, review of local documents and reports, participant observation, locus groups, and reflective journals to guide the development of an occupational performance skills program at one homeless shelter in south Florida. Through these methods, the role of occupational therapy was extended beyond direct service to include program and resource development, staff education, advocacy, and staff-resident mediation. The findings of the needs assessment and the actions taken as a result of this work point to the huge potential for occupational therapists and students to work together with staff and residents of homeless shelters.

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Finnie A, Nicolson P. **Injecting drug use: Implications for skin and wound management.** Br J Nurs 11(6): S17-28, Mar 2002.

This article, the first of two parts, introduces the difficulties facing nurses working with injecting drug users with skin problems. Drug abuse is increasing globally, and has huge implications for healthcare practitioners. Increasing numbers of tissue viability nurses are also encountering drug injection-induced wounds in their practice, but there is a lack of evidence for management of chronic skin problems in this patient group. Together with rising numbers of injecting drug users, there are increased health implications such as bacteraemia, septicaemia, amputation and skin breakdown. Abscesses and chronic wounds as well as prolonged leg ulceration are common. Drug users may demonstrate chaotic lifestyles, which may inhibit access to usual healthcare provision. Issues relating to healing of these wounds are explored. The second part, which will appear in the next Tissue Viability Supplement, will describe the development of a specialist wound care clinic for homeless drug users.

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Galea S, Vlahov D. **Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration.** Public Health Rep 117(1): S135-145, 2002.

**OBJECTIVES:** This article reviews the evidence on the adverse health consequences of low socioeconomic status, homelessness, and incarceration among drug users. **OBSERVATIONS:** Social and economic factors shape risk behavior and the health of drug users. They affect health indirectly by shaping individual drug-use behavior; they affect health directly by affecting the availability of resources, access to social welfare systems, marginalization, and compliance with medication. Minority groups experience a disproportionately high level of the social factors that adversely affect health, factors that contribute to disparities in health among drug users. **CONCLUSION:** Public health interventions aimed at improving the health of drug users must address the social factors that accompany and exacerbate the health consequences of illicit drug use.

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Gonzalez G, Rosenheck RA. **Outcomes and service use among homeless persons with serious mental illness and substance abuse.** Psych Serv 53(4): 437-446, Apr 2002.

**OBJECTIVE:** This study compared baseline characteristics and clinical improvement after 12 months among homeless persons with a diagnosis of serious mental illness with and without a comorbid substance use disorder. **METHODS:** The study subjects were 5,432 homeless persons with mental illness who were participating in the Center for Mental Health Services' Access to Community Care and Effective Services and Supports (ACCESS) program. Analysis of covariance was used to compare clients who had dual diagnoses and those who did not and to identify any association between service use and clinical improvement. **RESULTS:** Follow-up data were available for 4,415 clients (81 percent). At baseline, clients with dual diagnoses were worse off than those without dual diagnoses on most clinical and social adjustment measures. Clients with dual diagnoses also had poorer outcomes at follow-up on 15 (62 percent) of 24 outcome measures. However, among clients with dual diagnoses, those who reported extensive participation in substance abuse treatment showed clinical improvement comparable to or better than that of clients without dual diagnoses. On measures of alcohol problems, clients with dual diagnoses who had a high rate of participation in self-help groups had outcomes superior to those of other clients with dual diagnoses. Clients with dual diagnoses who received high levels of professional services also had superior outcomes in terms of social support and involvement in the criminal justice system. **CONCLUSIONS:** Homeless persons with dual diagnoses had poorer adjustment on most baseline measures and experienced significantly less clinical improvement than those without dual diagnoses. However, those with dual diagnoses who received extensive

substance abuse treatment showed improvement similar to those without at 12 months.

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Harris HW, Young DM. **Care of injection drug users with soft tissue infections in San Francisco, California.** Arch Surg 137(11): 1217-1222, Nov 2002.

CONTEXT: Illicit injection drug use results in serious soft tissue infections that are the number one nonpsychiatric reason for admission to San Francisco General Hospital (SFGH), San Francisco, Calif. OBJECTIVE: To establish a specialized clinic to provide accessible, high-quality, and cost-effective medical care to patients with soft tissue infections. DESIGN, SETTING, INTERVENTION, AND OUTCOME MEASURES: The Integrated Soft Tissue Infection Services (ISIS) Clinic was established to provide coordinated surgical intervention, substance abuse counseling, and social services for patients with soft tissue infections treated in a public hospital. Demographic information, treatment outcome, and hospital utilization data were analyzed. RESULTS: In the clinic's first year of operation, there were 3365 patient visits and 2255 surgical procedures. A large number of patients reported recent injection of illicit drugs, were homeless, and either had hepatitis C, hepatitis B, or human immunodeficiency virus infection. Patients using heroin were enrolled in either a detoxification or maintenance program. Few patients were designated as treatment failures or were lost to follow-up. The ISIS Clinic dramatically reduced emergency department visits, surgical service admissions, inpatient acute care bed days, and operating room procedures, saving approximately \$8 765 200 in the first year of operation. CONCLUSIONS: This clinical intervention was notably cost-effective while preserving a high quality of medical services. Owing to limited data, we can only assume that other communities are similarly confronted with this public health problem. The ISIS Clinic could serve as a model intervention and thus have significant impact on the treatment of this prevalent but often overlooked challenge.

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Kashner TM, Rosenheck R, Campinell AB, Suris A, Crandall R, Garfield NJ, Lapuc P, Pycrz K, Soyka T, Wicker A. **Impact of work therapy on health status among homeless, substance-dependent veterans: A randomized controlled trial.** Arch Gen Psychiatry 59(10): 938-944, Oct 2002.

BACKGROUND: Little is known about the health outcomes of clinician-supervised, performance-based, abstinence-contingent therapeutic work programs on homeless persons with addiction disorders. This study examined the effect of the Department of Veterans Affairs compensated work therapy program (CWT) on nonvocational outcomes. With mandatory urine screenings and adherence to addiction treatment schedules, CWT provided work opportunities (wages, hours, and responsibilities) with jobs created from Veterans Affairs contracts competitively obtained from private industry. METHODS: Homeless, substance-dependent veterans from 4 Department of Veterans Affairs medical centers were randomized, assessed at baseline, and reassessed at 3-month intervals for 1 year. Both CWT and control groups had access to comprehensive rehabilitation, addictions, psychiatric, and medical services. Data were analyzed to determine an immediate CWT effect after treatment and rates of change during 1 year. RESULTS: Compared with control subjects, patients in the CWT program were more likely to (1) initiate outpatient addictions treatment, (2) experience fewer drug and alcohol problems, (3) report fewer physical symptoms related to substance use, (4) avoid further loss of physical functioning, and (5) have fewer episodes of homelessness and incarceration. No effect on psychiatric outcomes was found. CONCLUSION: Work therapy can enhance nonvocational outcomes of addiction treatment for homeless persons, although long-term gains remain unknown.

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Levounis P, Galanter M, Dermatis H, Hamowy A, De Leon G. **Correlates of HIV transmission risk factors and considerations for interventions in homeless, chemically addicted and mentally ill patients.** *J Addict Dis* 21(3): 61-72, 2002.

A study was conducted to ascertain correlates of HIV high risk behaviors and attitudes toward HIV. A questionnaire was administered to 103 men living in a modified therapeutic community (TC) for homeless, chemically addicted and mentally ill men. The psychiatric diagnoses of the sample population included psychotic disorders, depressive disorders, and bipolar disorders. Forty-two percent reported that their primary substance of abuse was cocaine and another 40% named alcohol as the substance to which they were most addicted. Two logistic regression analyses were conducted, one with needle sharing as the outcome measure and one with endorsement of the need for lifestyle changes to reduce risk of HIV transmission. Cocaine users were 3.4 times more likely to have shared needles than the rest of the sample. Patients who had a history of sexually transmitted diseases (STDs) were 17 times more likely to endorse the need for lifestyle changes. The level of HIV transmission knowledge was unrelated to HIV risk behaviors or attitudes.

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Munoz M, Koegel P, Vazquez C, Sanz J, Burnam A. **An empirical comparison of substance and alcohol dependence patterns in the homeless in Madrid (Spain) and Los Angeles (CA, USA).** *Soc Psychiatry Epidemiol* 37(6): 289-298, Jun 2002.

This article shows the results of comparing the data concerning alcohol and other drug abuse and dependence among the homeless population of Madrid (Spain) and Los Angeles (USA). **METHODS:** Data come from two studies carried out independently in each city. Both studies used a comparable methodology which included the same inclusion and diagnostics criteria, representative sampling methods and similar diagnostic structured interviews. In the present study, the data from these two studies are combined in a unique database which allows global and item-to-item comparison between the two studies. **RESULTS:** The results show different sociodemographic profiles for each city. Once controlled for the sociodemographic differences (age, education, current employment status and marital status), the life and 12-month prevalence rates of alcohol and other drug disorders are also different. There are also significant differences in social, emotional and health problems associated with the consumption of alcohol and other drugs. The Madrid and LA samples also present differences in the time patterns of the beginning of the homelessness situation and the onset of alcohol- and drug-related disorders. **CONCLUSIONS:** The pattern of results is discussed in the light of the differences in both socioeconomic and cultural among Madrid and Los Angeles which might explain, in turn, differences in the homelessness situation as well as in the alcohol and other drug use patterns.

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Nwakeze PC, Magura S, Rosenblum A. **Drug problem recognition, desire for help, and treatment readiness in a soup kitchen population.** *Subst Use Misuse* 37(3): 291-312, Feb 2002.

This study determined hypothesized predictors of three components of motivation for change--drug problem recognition, desire for help, and treatment readiness--in a high-risk, drug-using population. The sample consisted of 190 guests at two inner-city soup kitchens in Brooklyn, NY who reported drug/alcohol use and were not participating in substance dependency treatment. Ever receiving addiction treatment, having no trade/job skills, and more severe symptoms of depression were associated with greater drug problem recognition. More recent days of drug/alcohol use, intensive pattern of drug use, and greater problem recognition were associated with greater desire for help. Caring for children, more recent days of drug/alcohol use, physical health problems, and desire for help were the direct predictors of treatment readiness. Problem recognition had a strong indirect effect on readiness mediated through desire for help. Knowledge of a drug user's motivational state and the factors leading to it can help guide the development of more effective interventions.

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Quinlivan JA, Evans SF. **The impact of continuing illegal drug use on teenage pregnancy outcomes--a prospective cohort study.** BJOG 109(10): 1148-1153, Oct 2002.

**OBJECTIVE:** To evaluate the impact of continuing illegal drug use on teenage pregnancy outcomes. **DESIGN:** Prospective cohort study. **SETTING:** Three Australian obstetric hospitals. **SAMPLE:** Four hundred and fifty-six teenage antenatal patients. **METHODS:** Teenage antenatal patients were interviewed and completed questionnaires to establish their pattern of non-prescription drug use before and during pregnancy. Illegal drug use data provided by the participants were validated in a subgroup of 180 who were interviewed six months postpartum. Antenatal, intrapartum and postnatal outcomes were collated independently. Data were analysed using SAS. **MEASURES:** Antenatal co-morbidity, delivery and newborn outcomes. **RESULTS:** In the cohort, 20.3% used marijuana throughout their pregnancy. However, 33.5% of these were multidrug users. The remaining 79.6% did not use illegal drugs throughout pregnancy (non-users). However, half the 'non-users' were 'ex-users' who ceased drug use immediately before or during early pregnancy. Illegal drug use was associated with an increased incidence of concurrent cigarette and alcohol use and social and psychiatric morbidity. Multidrug use was associated with a significant increase in the incidence of chlamydial and other endocervical infections. After controlling for significant covariates, and in the setting of good antenatal care, the only difference in outcome was a significant linear trend towards an increased incidence of threatened preterm labour across the three groups. Of note, there were no effects on birthweight, birthweight ratio or preterm birth. **CONCLUSION:** Good antenatal care may be able to ameliorate many adverse pregnancy outcomes in teenagers who use illegal drugs throughout pregnancy. The high levels of coexisting psychosocial morbidity are a concern for future mothercrafting.

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Roy E, Haley N, Leclerc P, Cedras L, Boivin JF. **Drug injection among street youth: The first time.** Addiction 97(8): 1003-1009, Aug 2002.

**AIMS:** To describe the circumstances of the first drug injection among street youth. **DESIGN:** A cohort study conducted in 1995-2000. **PARTICIPANTS:** Subjects aged 14-25 years old were recruited in all major Montreal organizations offering free services to street youth. **MEASUREMENT:** Subjects who reported having ever injected drugs completed questions on the circumstances of their first injection (calendar time, location, type of relationship with the initiator, presence of others, drug first injected, source of needle and use of clean needle and other injection materials). Questions on characteristics of the initiator and prior use of the first injected drug were added during the course of the study. **FINDINGS:** Of 980 participants, 530 had ever injected drugs. Questionnaires were completed by 505 subjects, including 77 who also answered the additional questions. The mean age at first injection was 17.7 years. First injection occurred mainly in public places. It was performed by a close friend, the youth himself/herself an acquaintance, a lover or another person. Overall, 84% of youth first injected with a clean needle; only 62% used clean drug preparation equipment. The first drug injected was generally cocaine or heroin. Two-thirds had used the drug of first injection previously; however, the majority was not dependent upon it. **CONCLUSIONS:** Most street youth used clean needles at first injection, but use of other clean injection materials was less frequent. Factors other than dependence appear to play a significant role in initiation into injection.

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Shaffer HJ, Freed CR, Healea D. **Gambling disorders among homeless persons with substance use disorders seeking treatment at a community center.** Psychiatr Serv 53(9): 1112-1117, Sep 2002.

**OBJECTIVES:** Epidemiological research suggests that homelessness is a risk factor for elevated levels of psychiatric comorbidity and other health risks. This study examined the prevalence of disordered gambling

and its association with treatment of psychiatric and substance use disorders among a cohort of homeless people seeking treatment at a community services program. **METHODS:** Between 1998 and 2000, intake workers evaluated the level of gambling disorder among 171 consecutive homeless persons with substance use disorders who sought treatment at the Moving Ahead Program in Boston. Program staff administered the DSM-IV subscale of the Massachusetts Gambling Screen at intake. **RESULTS:** The prevalence rates of level 2 and level 3 gambling disorders were 12.8 percent and 5.5 percent, respectively. These rates are higher than that of the general adult population but comparable to those of other patients with substance use disorders and psychiatric diagnoses. Program participants with level 3 gambling disorders had been homeless more often and at a younger age and had had less substance abuse treatment and more psychiatric treatment than participants with level 1 or level 2 gambling disorders. Participants with level 2 gambling disorders had been homeless more often and for a longer duration than participants without gambling disorders. **CONCLUSIONS:** These findings should encourage clinicians working with homeless people to screen for gambling-related problems and disorders.

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Schumacher JE, Mennemeyer ST, Milby JB, Wallace D, Nolan K. **Costs and effectiveness of substance abuse treatments for homeless persons.** *J Ment Health Policy* 5(1): 33-42, Mar 2002.

**BACKGROUND:** Several reviews of the effectiveness of drug abuse treatment have concluded that treatment works. However, studies analyzing cost-effectiveness or cost-benefits of drug treatment have been limited. Consequently, policy decisions regarding substance abuse treatment have utilized educated guesses or consensus of experts in the absence of controlled and scientifically rigorous studies of the benefits and costs of treatment. **AIMS OF THE STUDY:** This study presents a cost analysis of two randomized controlled studies comparing four drug addiction interventions for homeless persons. The studies controlled for some limitations of previous research in this area including random assignment. Findings are based on treatment costs obtained from actual expenditures and treatment outcomes of drug abstinence from toxicology tests. Cost-effectiveness is considered from the viewpoint of the treatment program. Cost-effectiveness from a societal viewpoint is discussed, but not calculated. **METHODS:** This is a retrospective analysis of treatment and treatment outcome costs from two randomized controlled drug addiction treatment outcome studies: Homeless 1 and Homeless 2. Both studies were two-group-usual versus enhanced-care designs with similar treatment components, outcome variables and assessment points, but different research questions. Both studies investigated the efficacy of a contingency management intervention specifically designed for persons who are homeless. This costs analysis reports direct costs of treatment by service category and costs of abstinence at 2-, 6-, and 12-month points by study and study treatment group. Treatment costs and costs per week abstinent are reported for four substance abuse treatments across two studies for persons homeless and addicted primarily to crack cocaine. Treatment components for each program included counseling, housing, work, administrative, and other expenses. **RESULTS:** Drug abstinence rates by treatment program for each study revealed superior outcomes for the enhanced interventions with the greatest abstinence found at the earlier time points (up to 6 months) as established by previous research. Abstinence rates at 12 months failed to differentiate treatment groups. Average costs per abstinent week were generally greater for the enhanced programs compared to usual care, except early in treatment where these were similar. The incremental direct cost ratios (in year 2000 dollars) for these enhanced programs to increase abstinence by one average week were similar (\$1,244 and \$1,007) for the Homeless 1 and 2 projects at 12-months. These figures are compared to figures of other life saving events. **DISCUSSION:** When only the direct costs of programs and their abstinence rates are considered, treatments that involve abstinent contingent work and housing have incremental cost ratios that are within the range of many other common social and medical interventions. These enhanced programs are more cost effective earlier in treatment than at 12-month follow-up due to relapse common among existing drug treatment. A methodological limitation of this study is that direct program costs do not measure the societal value of reducing homelessness itself. **IMPLICATIONS FOR HEALTH POLICIES:** Usual and improved treatment methods offer a cost-effective approach to improving

abstinence among addicted homeless persons. Policy makers might reasonably choose to implement enhanced treatment programs that also reduce homelessness because the incremental cost of these programs is within a reasonable range compared to other common societal interventions. **IMPLICATIONS FOR FURTHER RESEARCH:** Methods and data need to be developed to better measure the societal benefit to communities of reducing the numbers of homeless persons with addictive drug problems.

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Sosin MR. **Outcomes and sample selection: The case of a homelessness and substance abuse intervention.** *Br J Math Stat Psychol* 55(1): 63-91, 2002.

In the likely event that some clients refuse to participate in a psychosocial field experiment, the estimates of the effects of the experimental treatment on client outcomes may suffer from sample selection bias, regardless of whether the statistical analyses include control variables. This paper explores ways of correcting for this bias with advanced correction strategies, focusing on experiments in which clients refuse assignment into treatment conditions. The sample selection modelling strategy, which is highly recommended but seldom applied to random sample psychosocial experiments, and some alternatives are discussed. Data from an experiment on homelessness and substance abuse are used to compare sample selection, conventional control variable, instrumental variable, and propensity score matching correction strategies. The empirical findings suggest that the sample selection modelling strategy provides reliable estimates of the effects of treatment, that it and some other correction strategies are awkward to apply when there is post-assignment rejection, and that the varying correction strategies provide widely divergent estimates. In light of these findings, researchers might wish regularly to compare estimates across multiple correction strategies.

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Steadman HJ, Cocozza JJ, Dennis DL, Lassiter MG, Randolph FL, Goldman H, Blasinsky M. **Successful program maintenance when federal demonstration dollars stop: The ACCESS program for homeless mentally ill persons.** *Adm Policy Ment Health* 29(6): 481-493, Jul 2002.

A major issue that has long dogged federal human services demonstration programs is the perception that when federal dollars end, the programs end—regardless of any proven successes. Access to Community Care and Effective Services and Supports (ACCESS) was a 5-year federal demonstration project to foster partnerships between service providers for homeless people with serious mental illness and co-occurring substance abuse disorders; and to identify effective, replicable systems integration strategies. After federal funding ended, research teams visited the ACCESS sites to determine which project elements remained and which strategies were used by the sites to continue ACCESS. This article describes ACCESS services and systems integration activities retained by the sites, new funding streams, and strategies used to obtain continued funding.

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Stein JA, Leslie MB, Nyamathi A. **Relative contributions of parent substance use and childhood maltreatment to chronic homelessness, depression, and substance abuse problems among homeless women: Mediating roles of self-esteem and abuse in adulthood.** *Child Abuse Negl* 26(10): 1011-1027, Oct 2002.

**OBJECTIVE:** This study, using latent variable methodology, explores simultaneously the relative effects of childhood abuse and early parental substance abuse on later chronic homelessness, depression, and substance abuse problems in a sample of homeless women. We also examine whether self-esteem and recent violence can serve as mediators between the childhood predictors and the dysfunctional outcomes. **METHOD:** The sample consists of 581 homeless women residing in shelters or sober living centers in Los Angeles (54% African-American, 23% Latina, 22% White, mean age=33.5 years). Multiple-indicator latent variables served

as predictors and outcomes in structural models. Childhood abuse was indicated by sexual, physical, and verbal abuse. RESULTS: Childhood abuse directly predicted later physical abuse, chronic homelessness, depression, and less self-esteem. Parent substance use directly predicted later substance use problems among the women. Recent physical abuse predicted chronic homelessness, depression, and substance use problems. Greater self-esteem predicted less depression and fewer substance use problems. Childhood abuse also had significant indirect effects on depression, chronic homelessness, and drug and alcohol problems mediated through later physical abuse and self-esteem. CONCLUSIONS: Although there was a strong relationship between childhood abuse and parent drug use, childhood abuse was the more pervasive and devastating predictor of dysfunctional outcomes. Childhood abuse predicted a wider range of problems including lower self-esteem, more victimization, more depression, and chronic homelessness, and indirectly predicted drug and alcohol problems. The mediating roles of recent physical abuse and self-esteem suggest salient leverage points for change through empowerment training and self-esteem enhancement in homeless women.

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Substance Abuse and Mental Health Services Administration. **Emergency department trends from the drug abuse warning network: Preliminary estimates January-June 2002.** Rockville, MD: Substance Abuse and Mental Health Service Administration, 2002.

This report contains the most recently available mid-year estimates from the 2002 Drug Abuse Warning Network (DAWN), which collects data on estimates of drug-related emergency department episodes and drug mentions. It provides program administrators and health professionals with a measurement of the health consequences of drug use and the impact of drugs on the nation's health care system. DAWN relies on a sample of hospitals operating 24-hour emergency departments (EDs) to capture data on ED visits induced by or related to substance abuse. DAWN data does not measure the prevalence of drug use in the population, but the probability sample of hospitals is designed to produce representative estimates of ED drug episodes and drug mentions for the coterminous United States and for 21 metropolitan areas (authors). Available From: Substance Abuse and Mental Health Services Administration, Room 12-105 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, [www.samhsa.gov](http://www.samhsa.gov).

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Thornquist L, Biros M, Olander R, Sterner S. **Health care utilization of chronic inebriates.** Source *Academic Emergency Medicine* 9 (4): 300-308, 2002.

This article examines the effectiveness of three county programs developed to reduce emergency resource utilization while still providing a safe environment. The authors determined the frequency, cost, and types of health care services given to chronic inebriates living on the streets, and similar data after they enrolled in one of the county programs. The authors assert that program enrollment would reduce medical visits and related expenditures for this patient population (authors).

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Vangeest JB, Johnson TP. **Substance abuse and homelessness: Direct or indirect effects?** *Ann Epidemiol* 12(7): 455-461, Oct 2002.

PURPOSE: To investigate whether substance abuse is a direct factor in the explanation of homelessness or one that operates indirectly through disaffiliation and human capital processes to place individuals at greater risk of the condition. METHODS: Analyses were conducted using data on substance abuse and homeless experiences from a random probability sample of 481 homeless persons and those at risk of homelessness in Cook County, Illinois. Covariance structure models were used to assess substance abuse, human capital, and disaffiliation as potential precursors of homelessness, with particular attention paid to the direct and indirect role of substance abuse in the loss of domicile. RESULTS: Analysis of several nested models of homelessness

links substance abuse only indirectly to loss of domicile, primarily through its impact on social and institutional affiliations. Contrary to expectations, substance abuse did not impact homelessness indirectly by diminishing the accumulation of human capital. **CONCLUSIONS:** The role of disaffiliation as a proximate cause of homelessness was confirmed. This locates the phenomenon within the context of society itself, as a direct result of a breakdown in the social bonds necessary for human community. Substance abuse plays a critical role in this breakdown, negatively influencing social as well as institutional relationships.

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Whaley AL. **Demographic and clinical correlates of homelessness among African Americans with severe mental illness.** Community Ment Health 38(4): 327-338, Aug 2002.

The purpose of the present study is to compare the demographic and clinical characteristics of African Americans with and without an immediate history of homelessness upon entry into a state psychiatric hospital. Four variables made statistically significant contributions to the logit model predicting homelessness with the other variables controlled. They were never being married, lifetime comorbid substance abuse, severe paranoia, and high self-esteem. The four significant predictors from the logit model were used to assign patients to different risk groups. There was a significant dose-response relationship between the percentage of cases of homelessness and the number of these risk indicators.

## 2001

Appel PW, Hoffman JH, Blane HT, Frank B, Oldak R, Burke M. **Comparison of self-report and hair analysis in detecting cocaine use in a homeless/ transient sample.** J Psycho Drugs, 33(1):47-55, Jan-March 2001.

Detection of current (past 30 days) drug use by analysis of hair was examined along with self-reports of current use in a 1994 treatment needs assessment survey; the sample was 179 homeless/transient adults in New York state. Results of radioimmuno assay of hair (RIAH) were used to evaluate the veracity of self-reports of current cocaine use. Only 26% of those persons whose hair tested positive for cocaine (n=115) admitted to having used cocaine in the past 30 days. Subjects eligible for treatment, as indicated by a DSM-III-R diagnosis of cocaine dependency, were nearly four times as likely to admit current cocaine use than those who were not dependent. These results are consistent with other studies of populations at high risk for substance use.

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Inciardi JA, Surratt HL. **Drug use, street crime, and sex-trading among cocaine-dependent women: Implications for public health and criminal justice policy.** J Psychoactive Drugs 33(4): 379-389, 2001.

The linkages between the sex-for-crack exchanges, prostitution, and rising rates of HIV and other sexually transmitted diseases among cocaine-dependent women have been well documented. As crack began to disappear from the headlines during the 1990s, however, it was assumed by many that crack had fallen on hard times in the street drug culture. Within this context, this article examines the extent to which crack has remained primary in the culture of cocaine-dependent women. Data are drawn from a study of 708 cocaine-dependent women in Miami, Florida, during the years 1994 to 1996, and qualitative data gathered during 1998 and 1999 in the same field areas. Analyses focus on drug use, criminality and HIV/AIDS risk behaviors. Implications for policy alternatives in criminal justice and public health approaches for assisting this population are discussed.

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Lifson AR; Halcon LL. **Substance abuse and high-risk needle-related behaviors among homeless youth in Minneapolis: Implications for prevention.** *J of Urban Health*, 78(4): 690-98, December 2001.

Homeless and runaway youth face a variety of health risks, including those related to substance abuse and use of unsterile needles. During 1998-1999, we recruited 201 Minneapolis homeless youths aged 15-22 years; these youths were interviewed by experienced street outreach workers from settings where street youth were known to congregate. Respondents spent a median of 6 months in the previous year living on the streets or "couch hopping." There were 37% who reported having 15 or more alcoholic drinks per week, 41% smoked one pack or more of cigarettes per day, and 37% used marijuana 3 or more times a week; 15% reported lifetime injection drug use, including 6% who used injection drugs within the previous month. Twenty percent had received a tattoo, and 18% body piercing with a needle that had not been sterilized or had been used by someone else. There were 68% who had been tested for HIV, 52% for hepatitis B, and 25% for hepatitis C. There were 44% who said they did not have enough information about hepatitis B and C. Less than half (43%) received hepatitis B vaccine; however, 51% of unvaccinated youths indicated that they would receive vaccination if offered. These Midwestern homeless youths face multiple health risks, including those related to substance use and exposure to unsterile needles. Despite unsafe behaviors, many of these youths were interested in methods to protect their health, including education, knowing their HIV or viral hepatitis serostatus, and obtaining hepatitis B immunization.

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Lopez-Zetina J, Kerndt P, Ford W, Woerhle T, Weber M. **Prevalence of HIV and hepatitis B and self-reported injection risk behavior during detention among street-recruited injection drug users in Los Angeles County, 1994-1996.** *Addiction*, 96(4):589-95, 2001.

AIMS: To describe injection risk behaviors while in detention in a sample of injection drug users (IDUs) in Los Angeles County. DESIGN AND SETTING: Cross-sectional, interviewer-administered, face-to-face risk survey, and serological screening for HIV and hepatitis B conducted at four street locations in Los Angeles County between 1994 and 1996. All interviews were conducted in a non-institutionalized setting. MEASUREMENTS: Ascertainment of self-reported risk behavior during detention and screening for HIV and hepatitis B surface antigen (HbsAg) and antibody to the core (HbcAb) seromarkers. PARTICIPANTS: Six hundred and forty-two participants were street-recruited during the study period. Seventy-one per cent of the sample was male, the median age was 43 years, 61% were African-American, 27% were Latino, 8% were white and 36% considered themselves to be homeless. FINDINGS: Overall HIV prevalence was 3.0%; 3.1% tested positive for the hepatitis B surface antigen marker (HbsAg), and 80.3% for antibody to hepatitis B core antigen (HbcAb). After adjustment for length of injection drug use and recency of release from detention, HIV seroreactivity was significantly associated with history of detention due to possession of IDU paraphernalia (OR=1.9). The presence of the hepatitis B HbcAb seromarker was associated with injection drug use while in detention, (OR=1.8). CONCLUSIONS: IDU detainees constitute a high-risk group for blood-borne infections. Comprehensive prevention and health promotion efforts in the community need to include correctional facilities.

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McDonald DY. **An evaluation of the effectiveness of a jail-based public inebriate treatment and intervention program.** Southern Sociological Society 2001 (Conference).

The effectiveness of the Jail-Based Public Inebriate Treatment & Intervention Program, in the city of Roanoke, VA, is evaluated. This program targets those who have violated their interdiction status, ordered by the Circuit Court, to not consume, possess, or purchase beverages containing alcohol. A voluntary treatment program has been set up to treat those interdicted, housed within the jail. This treatment program hopes to

rehabilitate the offender, decrease the number of arrests within the City of Roanoke, and improve the aesthetics of the downtown area. The typical participant in this program is a 51-year-old homeless male who has been drinking for approximately 33 years. Methods of evaluation include the analysis of arrest data collected from 1996 to June 2000, as well as interviews conducted in local day shelters, within the jail, with a court community corrections representative, in the court house, at the Blue Ridge Community Treatment Center, and with a representative of the downtown business community. The goals of the program are evaluated for their effectiveness using the conflict model approach. Some goals are found to be more effective than others % the conflict approach is used to explain this variation.

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McNamara C, Schumacher JE, Milby JB, Wallace D, Usdan S. **Prevalence of nonpsychotic mental disorders does not affect treatment outcome in a homeless cocaine-dependent sample.** *Am J Drug Alcohol Abuse*, 27(1):91-106, Feb 2001.

This study presents the prevalence and treatment outcome of DUAL diagnoses (psychoactive substance use disorders [PSUD] plus other nonpsychotic mental disorders) among a population of homeless persons participating in a behavioral day treatment and contingency management drug abuse treatment program. Participants were 128 persons: 76.6% male, 23.4% female; 82.2% African-American, 17.2% Caucasian. There were 46 (35.9%) PSUDs and 82 (64.1%) DUAL participants. Cocaine (96.9%) and alcohol disorders (57.8%) were most prevalent overall, and 60.2% of participants had two or more psychoactive substance disorders. DUAL participants had significantly more alcohol disorders than PSUDs (62.2% versus 50.0%). The most prevalent mental disorders (other than substance use) for the total and DUAL samples were, respectively, mood (51.6% and 80.5%) and anxiety (35.9% and 56.1%), and 31.3% and 48.8% had more than two mental disorders. The DUAL group had more severe problems than the PSUD group at baseline in alcohol, medical condition, employment/support, and psychiatric status areas on the ASI. Both groups showed treatment improvements at 6-months follow-up with the DUAL group showing greater mean changes than the PSUD group in five of the seven ASI areas. These findings are discussed in terms of effect of dual diagnoses on treatment outcome and study limitations related to a retrospective design and select sample of nonpsychotic mental disorders.

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Opler LA, White L, Caton CL, Dominguez B, Hirshfield S, Shrout PE. **Gender differences in the relationship of homelessness to symptom severity, substance abuse, and neuroleptic noncompliance in schizophrenia.** *J Nerv Ment Dis*, 189(7):449-56, July 2001.

This study examined gender differences in the relationship of homelessness in schizophrenia to symptom severity, risk behaviors, and prognostic features. Four hundred subjects with schizophrenia were studied: 100 homeless men, 100 homeless women, 100 never homeless men, and 100 never homeless women. Assessments included derivation of five symptom factors by using the Positive and Negative Syndrome Scale (PANSS). Homelessness for the entire sample was associated with greater severity of positive, activation, and autistic preoccupation symptoms, younger age at first hospitalization, and substance abuse (SA). For men only, homelessness was associated with neuroleptic noncompliance (NN). When NN and SA were statistically controlled, symptom severity was not different between the homeless and never homeless. Women, independent of residential status, had more severe negative activation, and autistic preoccupation symptoms that were not associated with prognostic features or risk behaviors. For both men and women, SA was associated with homelessness, but independent of residence, but independent of residence, SA was less severe in women. Additionally, SA was less severe in homeless women than never homeless men. Thus, symptom severity in homeless individuals with schizophrenia appears as an interaction of symptom profiles and risk behaviors that are gender specific. Although cross-sectional analyses cannot distinguish cause from effect,

these findings suggest gender-specific routes to homelessness among indigent urban adults with schizophrenia.

Rew L; Taylor-Seehafer M; Fitzgerald ML. **Sexual abuse, alcohol and other drug use, and suicidal behaviors in homeless adolescents.** *Issues in comprehensive Pediatric Nursing*, 24(4): 225-40, October-December, 2001.

Previous research has shown that homeless youth have high rates of suicidal ideation, sexual abuse, and abuse of alcohol and other drugs. However, little is known about how these rates differ by gender and ethnicity. Our objective was to describe patterns of sexual abuse, alcohol and other drug use, and indicators of suicidal behaviors in homeless adolescents and to determine gender and ethnic differences in these factors. We used secondary data analysis of data from surveys completed by 96 homeless youth whose average age was 17.9 years. Over 60% of the sample reported a history of sexual abuse; the majority were under the age of 12 years when they first tried alcohol, marijuana, and cocaine; 56.3% had injected drugs, and 46.9% had tried inhalants. During the past 12 months, 35.1% had seriously considered suicide and 12.3% had actually attempted suicide at least once. Significantly more Hispanics than whites had considered suicide. A disproportionate number of Hispanics (95% of sample) reported a history of sexual abuse. Participants with a history of sexual abuse were significantly more likely than those who did not have a history of sexual abuse to have used alcohol and/or marijuana and to have considered suicide in the past 12 months. We found that sexual abuse history is greater in this sample than in the general population and is particularly prevalent among Hispanic/Latino subjects. As in other studies, sexual abuse was more common among females than among males. High prevalence of sexual abuse, alcohol and other drug use, and suicidal behaviors in this sample of homeless youth underscores the need to develop and test community-based interventions to improve their health status.

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Seal KH; Kral AH; Gee L; Moore LD; Blumenthal RN; Lorvick J; Edlin BR. **Predictors and prevention of nonfatal overdose among street-recruited injection heroin users in the San Francisco Bay Area, 1998-1999.** *American J Public Health*, 91(11): 1842-6, November 2001.

This study sought to determine prevalence of and risk factors for nonfatal recent overdose among street-recruited injection heroin users. From August 1998 through July 1999, 1,427 heroin injectors were recruited from 6 inner-city neighborhoods in the San Francisco Bay Area, California, and interviewed. Factors hypothesized to be associated with recent overdose were analyzed. Of the 1,427 participants, 684 (48%) had had an overdose, 466 (33%) had experienced 2 or more overdose events, and 182 (13%) had had a recent overdose. Being younger, having been arrested 3 or more times in the past year, drinking 4 or more alcoholic drinks per day, and having participated in methadone detoxification during the past year, were independently associated with recent overdose. Being homeless; identifying as gay, lesbian, bisexual, or transgender; having spent 5 or more years in prison or jail; and having engaged in sex work also were associated with recent overdose. Targeted interventions that decrease risk for overdose are urgently needed.

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Sears C, Guyish JR, Weltzien EK, Lum PJ. **Investigation of a secondary syringe exchange program for homeless young adult injection drug users in San Francisco, California, USA.** *J Acquir Immun Defic Syndr*, 27(2):193-201, June 2001.

This study investigated an HIV prevention program for homeless young adult injection drug users (IDUs) that combined a secondary syringe exchange program (SEP) with community-level activities. Homeless young IDUs were recruited from street-based settings in San Francisco, and a structured questionnaire was administered. The secondary SEP operated in a circumscribed geographic area, and for analytic purposes respondents were assigned to the intervention site youth had used the secondary SEP in the past 30 days and

were significantly more likely to share syringes, reuse syringes, share the cotton used to filter drugs, and use cotton with casual sex partners only inconsistently. In multivariate analysis, comparison site remained positively associated with sharing syringes, and inconsistent condom use with casual sex partners. This suggests that the intervention was effective in delivering SEP services to homeless young adult IDUs, and that IDUs who frequented the intervention site had a lower HIV risk than comparison group IDUs.

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Usdan SL, Schumacher JE, Milby JB, Wallace D, McNamara C, Michael M. **Crack cocaine, alcohol, and other drug use patterns among homeless persons with other mental disorders.** *Am J Drug Alcohol Abuse*, 27(1):107-20, Feb 2001.

This study examined the co-occurrence of cocaine, alcohol, marijuana, and other drug use among treatment seeking homeless persons to determine whether alcohol use predicted cocaine use differently than marijuana and other drugs predicted cocaine use. Participants were 141 homeless persons with substance use and other nonpsychotic mental disorders seeking drug treatment at a metropolitan health care agency for homeless persons. They were 72.3% male, 27.7% female, 82.7% African American, 17.3% Caucasian, with an average age of 37.7 (SD 7.1) years and had 13.1 (SD 2.4) average years of education. Results supported the assertion that cocaine use was strongly associated with extent of alcohol use and that the association between cocaine and alcohol was stronger than the association between cocaine and other drug use, including marijuana. Participants with cocaine plus alcohol disorders were retained longer in treatment than disorders of cocaine only with no differences in abstinence outcome. The findings should drive further research into the use of alcohol as a trigger or predictor of cocaine use, the deleterious effects of the combined use of cocaine and alcohol, and specialized treatments for polysubstance users.

## 2000

Brush BL, McGee EM. **Evaluating the spiritual perspectives of homeless men in recovery.** *Appl Nurs Res*, 13(4):181-6, 2000.

The purpose of this study was to describe the self-reported spiritual perspectives of 100 homeless male residents living in a communal shelter. The residents, in recovery from substance addiction, were asked to complete Reed's 10-item Spiritual Perspective Scale (SPS) as part of their initial health database. Their responses were described within the context of their participation in 12-step recovery programs, demographic characteristics, and perceived health status. Findings suggest that spirituality is an important health component for this population.

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De Leon G, Sacks S, Staines G, McKendrick K. **Modified therapeutic community for homeless mentally ill chemical abusers: Treatment outcomes.** *Am J Alcohol Abuse*, 26(3):461-80, 2000.

This study compared homeless mentally ill chemical abuser (MICA) clients, male and female, sequentially assigned to either of two modified therapeutic community programs (TC1 and TC2) and to a treatment-as-usual (TAU) control group. Follow-up interviews were obtained at 12 months postbaseline and at time F on a retrieved sample of 232 (68%) clients and 281 (82%) clients, respectively. Outcome measures assessed five domains: drug use, crime, HIV risk behavior, psychological symptoms, and employment. Individuals in both modified TC groups showed significantly greater behavioral improvement than TAU at 12 months and time F, and the modified TC2, with lower demands and more staff guidance, was superior to modified TC1.

Completers of both TC programs showed significantly greater improvement than dropouts and a subgroup of TAU clients with high exposure to other treatment protocols. The present findings support the effectiveness and longer-term stability of effects of a modified TC program for treating homeless MICA clients.

Janichill N, Hawke J, Yagelka J, **Gender, psychopathology, and patterns of homelessness among clients in shelter-based TCs.** Am J Drug Alcohol Abuse, 26(4):553-67, 2000.

Substance abuse and severe mental illness are factors that have been linked to homelessness, and the rates of mental illness have been reported to be higher among homeless women than men. Only recently have investigators begun to examine the prevalence of abuse among the homeless population and its relationship to indicators of psychopathology. This study builds on the existing literature and examines the relationship among psychiatric disturbance, abusive experiences, and homelessness among adult men and women admitted to shelter-based therapeutic community (TC) drug treatment programs. Gender differences indicate that, except for antisocial personality, females yield higher rates on measures of both psychiatric disturbance and abuse. The relationship between psychopathology and abuse also appears to be much stronger for females than for males. However, the relationship between abuse and adult homelessness appears to be similar for men and women. The gender differences in the relationship between histories of abuse and manifestations of psychiatric disturbance support a hypothesis that has been proposed elsewhere: Females internalize the trauma associated with abusive experience, while males externalize it. The findings suggest that, although there may be a need for gender-specific targeted interventions, treatment providers must also recognize that the impact of abuse seems to transcend gender within this population

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Magura S, Nwakeze PC, Rosenblum A, Joseph H. **Substance misuse and related infectious diseases in a soup kitchen population.** Subst Use Misuse, 35(4):551-, March 2000.

Representative samples of female and male guests were selected at two inner city soup kitchens. In the preceding month, 75% used cocaine/crack and 25% used heroin/opiates as determined by hair analysis. Relatively few guests were in substance dependency treatment. Infectious disease rates were: HIV, hepatitis B exposure, hepatitis B carrier, syphilis exposure. Years of injecting drug use and homelessness/marginal housing were associated with HIV infection and hepatitis B exposure. Soup kitchens should be prime locations for outreach to cocaine/crack and heroin users in need of treatment, medical care, and interventions to prevent infectious disease transmission.

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Milby JB, Schumacher JE, McNamara C, Wallace D, Usdan S, McGill T, Michael M. **Initiating abstinence in cocaine abusing dually diagnosed homeless persons.** Drug Alcohol Depend, 60(1):55-67, July 2000.

This study measured effectiveness of behavioral day treatment plus abstinence contingent housing and work therapy (DT+) versus behavioral day treatment alone (DT). A randomized controlled trial assessed participants at baseline, 2 and 6 months. Participants met criteria for cocaine abuse or dependence, non-psychotic mental disorders, and homelessness. DT+ achieved greater abstinence at 2 and 6 months and more days housed at 6 months than DT. Effectiveness of DT+ was demonstrated, with greatest impacts on abstinence outcomes. Results replicated earlier work demonstrating effectiveness of behavioral day treatment and contingency management as an effective combination for cocaine abusing homeless persons.

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Reid P, Klee H. **Young homeless drug users -- ways of coping with harassment.** J Commun Applied Soc Psych, 10(1):69-75, 2000.

This article explores young homeless drug users' ways of coping with harassment. Discussions of coping and

harassment are based on the cognitive appraisal model. Coping accounts were essentially problem-focused and action-oriented. Results indicate the need for more policy developments to prevent homelessness and for specific interventions around homelessness and harassment.

Royse D, Leukefe C, Logan TK, Dennis M, Wechsberg W, Hoffman J, Cottler L, Inciardi J. **Homelessness and gender in out-of-treatment drug users.** *Amer J Drug Alcohol Abuse*, 26(2):283-95, 2000.

This study examines 5225 out-of-treatment crack users and drug injectors drawn from five different geographic areas to examine selected factors associated with homelessness. Of these crack users, 27% considered themselves undomiciled, and 60% had previously entered some type of drug treatment. Logistic regression found that substance abusers that were married, female, and persons of color were less likely to be without a home when other variables were controlled. Trading sex for money and perceived chance of getting AIDS were associated positively with homelessness, while participating in methadone detoxification and methadone maintenance programs seemed to offer some protection from homelessness.

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Schumacher JE, Milby JB, Engle M, Raczynski J, Michael M. **Linking practice and science in the substance abuse treatment of homeless persons.** *J Applied Behav Sci*, 36(3):297-313, Sep 2000.

Describes the Homeless I Project. It is suggested that this project represents the successful linking of practice and science in the development, delivery, and evaluation of innovative interventions for substance abuse and homelessness in a community-based setting. The authors contend that several positive outcomes resulted from the collaboration between university investigators and providers of health care for the homeless. These included a productive research and service delivery collaboration, important project and community linkages, national research and service delivery linkages, service enhancements for homeless persons with substance abuse problems, development of an innovative abstinence-contingent work therapy and housing program, significant client and participation rates, effective dissemination of method and results, and continued practice and research. Obstacles and solutions related to integrating science and practice, overcoming community resistance, and maintaining linkages are presented. Suggested applications for linking science and practice are offered.

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Schumacher JE, Usdan S, M Ed, Milby JB, Wallace D, McNamara C. **Abstinence-contingent housing and treatment retention among crack-cocaine-dependent homeless persons.** *J Subst Abuse Treat*, 19(1):81-8, July 2000.

This study investigated Behavioral Day Treatment attendance in relation to treatment outcome among homeless persons dependent on crack-cocaine. Participants (n=141) were 72.3% male and 82.7% African American. Days attended, activities attended, and follow-up rates over a 12-month period were positively affected by the more attractive treatment of providing immediate, rent-free, abstinence-contingent housing during a 2-month Behavioral Day Treatment program. Results replicated previous findings that abstinence is a function of treatment attendance and more treatment is associated with greater abstinence. The loss of predictive power at long-term follow-up, limitations of a retrospective design, need to identify most predictive therapeutic activity types, and potential influence of mental disorders were discussed. Analytical techniques used in this study allows for the planning, predictability, and measurement of drug abuse treatment success as a function of service utilization.

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Scott-Lennox J, Rose R, Bohlig A, Lennox R. **The impact of women's family status on completion of substance abuse treatment.** *J Behav Health Serv Res*, 27(4):366-79, 2000.

This study examines the role of family status and demographic characteristics in explaining the nearly 60% dropout rate for women in substance abuse treatment. Data from the administrative record files of the Illinois Office of Alcoholism and Substance Abuse (OASA) for the fiscal year 1996-97 were analyzed for women age 12 or older who completed intake for publicly funded substance abuse treatment and whose outpatient treatment records were closed at year-end. Multivariate logistic regression models found that the likelihood of not completing treatment was greatest for women who were African American, pregnant, had custody of minor children, or were younger than age 21. However, African American women who had children in foster care were more likely to complete treatment. Implications for treatment and research are discussed.

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Song JY, Safaeian M, Strathdee SA, Vlahov D, Celentano DD. **The prevalence of homelessness among injection drug users with and without HIV infection.** *J Urban Health*, 77(4):678-87, 2000.

Cross-sectional investigations of homelessness have many potential biases. Data from 2,452 individuals enrolled in a longitudinal cohort study of Baltimore, Maryland, residents recruited in 1988-1989 with a history of injection drug use were analyzed to identify the extent and determinants of homelessness. Proportions having ever experienced homelessness were compared across subgroups of injection drug users (IDUs) who were human immunodeficiency virus (HIV) negative, HIV positive, and HIV seroconverting. Logistic regression identified independent predictors of homelessness. In the cohort, 1,144 (46.7%) participants experienced homelessness during the course of the study. There were differences in prevalence of homelessness by serostatus: 42.4% (n=621) of participants who remained HIV negative were ever homeless, while 50.6% (n=346) of HIV-infected individuals and 58.9% (n=178) of those who seroconverted during the study were ever homeless ( $P<.001$ ). Participants who consistently denied active injection drug use during the follow-up were unlikely to experience homelessness (19%). Independent predictors of homelessness were male sex, HIV seroprevalence, and HIV seroconversion. Following participants over time captures more experiences of homelessness than cross-sectional studies and more accurately identifies risk characteristics. Our data suggest that homelessness is a significant problem among IDUs, especially those with HIV/AIDS.

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Velasquez MM, Crouch C, von Sternberg K, Grosdanis I. **Motivation for change and psychological distress in homeless substance abusers.** *J Subst Abuse Treatm*, 19(4):395-401, 2000.

This study explores the treatment needs of homeless individuals participating in a large urban day shelter program. Alcohol and drug use, psychological distress, and stage of change were assessed in 100 participants presenting for services. The associations among substance use, risk perception, and readiness to change were examined for alcohol and drugs separately. Participants had high levels of psychological distress compared to "non-patient" samples. Eighty percent had used alcohol in the past 6 months, with 65% of those drinking at higher-risk levels; 60% had used drugs, with 82% in the higher-risk levels. While the majority felt that they drank and/or used drugs "too much", most were in precontemplation or contemplation stages of change. Intervention efforts for this population should focus on motivation, facilitation through the stages, and the associations between psychiatric symptoms and substance use.

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Witbeck G, Hornfeld S, Dalack GW. **Emergency room outreach to chronically addicted individuals: A pilot study.** J Subst Abuse Treatm, 19(1):39-43, Jul 2000.

There is a dearth of literature describing the treatment needs of substance-abusing or chronically mentally ill homeless individuals who frequently utilize emergency medical services (EMSs). This study describes a pilot program, supported by local county public funds and conducted by a nonprofit social work agency that was designed to provide intensive case management services to such a population. The broad goal of the Emergency Services Outreach Program is to help clients establish greater functional stability in order to facilitate movement to more traditional treatment settings. Outreach and case management activities resulted in linking clients to a broad range of entitlements and community services. The mean age of the 18 referrals was 45.7 yrs; all had a history of alcohol dependence and 8 had substance abuse disorders. Among those receiving outreach and case management services (n=10), EMSs (defined as ambulance response and transport followed by emergency room admission and treatment) decreased by 58% in the year following referral compared to the year before. Ss in the control group (n=8) showed no decrease in EMSs use. Results suggest that such community-based outreach programs can significantly improve client outcome and provide substantial cost savings.

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Whitbeck LB, Hoyt DR, Bao WN. **Depressive symptoms and co-occurring depressive symptoms, substance abuse, and conduct problems among runaway and homeless adolescents.** Child Dev, 71(3):721-32, 2000.

This study examines factors that contribute to depressive symptoms and to co-occurring depression, substance abuse, and conduct problems among 602 runaway and homeless adolescents. The respondents were interviewed in shelters, drop-in centers, and directly on the streets in four mid-western states (Missouri, Iowa, Nebraska, and Kansas). Results indicate that although family-of-origin factors contribute to depressive symptoms and comorbidity among runaway and homeless adolescents, experiences and behaviors when the adolescents are on their own also have powerful effects. The authors discuss the findings from a life-course perspective focusing on mechanisms through which street experiences accentuate or amplify already high levels of psychological distress and behavioral problems among this population of young people.

<b>1999</b>
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Booth RE, Zhang Y, Kwiatkowski CF. **The challenge of changing drug and sex risk behaviors of runaway and homeless adolescents.** Child Abuse and Neglect, 23(12):1295-306, 1999.

This article assesses HIV-related drug and sex risk behaviors and evaluates factors associated with change in risk behaviors among runaway and homeless adolescents. To conduct the study, 244 street youth were recruited from a community drop-in center serving high-risk youth. Approximately half of the participants received training in a peer-based intervention, while the remaining subjects received no intervention. Subjects were interviewed at baseline, immediately following the intervention, and three months later. Runaways receiving the intervention significantly increased their knowledge about HIV. Knowledge and greater

perceived chance for HIV were associated with high-risk behavior. However, lower concern about HIV infection was also associated with high-risk behavior. Despite the interventions success in increasing knowledge of HIV and AIDS, the association between knowledge, perceived likelihood of infection and high risk behaviors suggest that, without other alternatives, runaways will maintain their risks.

Brush BL, McGee EM. **The Expanded Care for Healthy Outcomes (ECHO) Project: Addressing the spiritual care needs of homeless men in recovery.** Clin Excell Nurse Pract, 3(2):116-22, March 1999.

As the nation's homeless population continues to rise, new practice models will need to address the specific health care needs of the homeless while providing cost-effective wellness-oriented quality care. This article describes the early development of one such model. The Expanded Care for Healthy Outcomes (ECHO) Project is an interdisciplinary curriculum/practice model that explores the vital intersection of spiritual and primary care in promoting health among homeless guests at the Pine Street Inn Nurses Clinics in Boston, Massachusetts. The authors describe the incorporation of spiritual assessment and care in clinical practice with homeless men to maximize patients' physical, psychosocial, and spiritual wellness.

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Center for Mental Health Services, Center for Substance Abuse Treatment. **Refocusing upstream: Interim status report of the Center for Mental Health Services and Center for Substance Abuse Treatment Collaborative Program to Prevent Homelessness.** Washington, DC: Center for Mental Health Services, Center for Substance Abuse Treatment, 1999.

The purpose of this report is to provide the field with background and preliminary descriptive data concerning the Center for Mental Health Services/Center for Substance Abuse Treatment Collaborative Program to Prevent Homelessness. The interventions and preliminary descriptive data presented in this report indicate that identification of persons at risk of homelessness occurs at multiple points along the treatment continuum rather than at a singular portal of entry. The target populations across the eight projects reflect the spectrum of individuals who are at risk. All the interventions have five components in common which appear critical to the prevention of homelessness among at-risk populations. These components include: (1) connection or provision of a range of affordable, safe housing options; (2) flexible case management services with varying degrees of intensity; (3) linkages to mental health and/or substance abuse treatment; (4) money management; and (5) a range of community support services

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Conrad KJ, Matters MD, Hanrahan P, Luchins DJ (eds.). **Homelessness prevention in treatment of substance abuse and mental illness: Logic models and implementation of eight American projects.** Alcoh Treatm Quart, 17(1/2): 1999.

In 1996 the Substance Abuse and Mental Health Services Administration (SAMHSA) funded eight, three-year knowledge development projects designed to prevent homelessness in high-risk populations with problems of alcoholism, drug abuse, and/or mental illness. The projects selected are state-of-the-art representations of four types of homelessness prevention: (1) supportive housing; (2) residential treatment; (3) family support and respite; and (4) representative payee and money management. This issue presents articles that provide an overview of the SAMHSA program and descriptions of the eight projects.

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Kingree JB, Stephens T, Braithwaite R, Griffin J. **Predictors of homelessness among participants in a substance abuse treatment program.** Amer J Orthopsych, 69(2):261-6, 1999.

Risk factors for homelessness were examined prospectively among recent participants in a residential substance abuse treatment program for low-income individuals. Low levels of support from friends, greater

depression, and recent substance use were associated with homelessness two months following completion. However, friend support was the only factor associated with homelessness after controlling for other significant predictors. The authors conclude that interventions to bolster social relations hold potential for preventing future homelessness.

Koegel P, Sullivan G, Brunam A, Morton SC, Wenzel S. **Utilization of mental health and substance abuse services among homeless adults in Los Angeles.** *Med Care*, 37(3):306-17, 1999.

This article examines utilization and predictors of mental health and substance abuse treatment among a community-based probability sample of homeless adults. The data analyzed were collected through interviews with 1,563 homeless individuals. Two-thirds of these homeless adults met criteria for chronic substance dependence, whereas 22% met criteria for chronic mental illness, with substantial overlap between those two disorders: 77% of those with chronic mental illness were also chronic substance abusers. Only one-fifth of each of those two groups reported receiving treatment within the last 60 days. Mental health service utilization was predicted largely by factors related to need (e.g., diagnosis, acknowledgment of mental health problem), whereas substance abuse service utilization was predicted by myriad additional factors.

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Ludny JW. **The burden of comorbidity among the homeless at a drop-in clinic.** *J Amer Acad Phys Assist*, 12(4):32-4, April 1999.

This was a retrospective chart review of 174 patients seen during their initial visit. Information was obtained from data reported by each patient during the history and physical exam. Patients most likely to use the clinic were predominantly male, between the ages of 20 and 39, African American, and living in an emergency shelter. Sixty-eight patients had some insurance coverage. Comorbidity was significant with 34 patients reporting all three types of pathology: physical, mental health, and substance abuse. Homeless patients reporting substance abuse were likely to report the coexistence of a medical condition or a mental health problem. Patients who reported problems of depression, anxiety, or suicidal ideation or who heard voices had a significant concomitant occurrence of all three types of clinical pathology. Patients living in an emergency shelter or on the street were at high risk of medical problems, mental health problems, and substance abuse. The prevalence of a medical problem, mental health problem, and substance abuse among the homeless is significant. Homeless patients may be at high risk of two or more comorbid conditions if they live in an emergency shelter or on the street, have a substance abuse problem, or have a mental health problem. Targeted clinical services and preventive medical programs would be beneficial to these persons.

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MacLean MG, Paradise MJ, Cauce AM. **Substance use and psychological adjustment in homeless adolescents: A test of three models.** *Am J Community Psychol*, 27(3):405-27, June 1999.

Three models of adolescent substance use, the deviance-prone, affect-regulation, and normative development models, were assessed regarding their ability to predict the substance use of a high-risk homeless adolescent sample with high rates of deviance, depression, and substance use. Hierarchical multiple regression analyses that included tests for curvilinear and gender interaction effects were performed. Results supported the deviance-prone model most strongly, with delinquency but not aggressive behavior predicting substance use. The affect-regulation model received support for females but not for males. With respect to the normative development model, results did not indicate that moderate substance users were better off than abstainers in terms of negative affect or interpersonal relationships.

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Nyamathi A, Bayley L, Anderson N, Keenan C, Leake B. **Perceived factors influencing the initiation of drug and alcohol use among homeless women and reported consequences of use.** *Women Health*, 29(2):99-114, 1999.

A qualitative research approach was used to explore the factors that influence the initiation of drug and alcohol use among homeless women and the health and social consequences of drug and alcohol use. The sample consisted of 238 women; of whom 209 women reported drug and/or alcohol use in the past month and 29 women reported no history of drug or alcohol use. Findings of the study revealed homeless women who currently used drugs and alcohol, homeless women who currently used drugs only, and to a lesser extent current alcohol users only, had suffered traumatic childhood events and family dysfunction and had to cope with low self-esteem, emotional distress, and poor physical health. The initiation of drug and/or alcohol use was strongly affected by the social influence of other users. In comparison, homeless women who did not use drugs or alcohol reported a positive self-image, few traumatic events, and chose partners who did not use drugs or alcohol. Common among current drug and/or alcohol users were the reported social benefits of drug use. Quantitative analyses revealed homeless women who were current drug users were significantly more likely to have experienced childhood and adult victimization as compared with women in the other groups. Thus, the need for social interventions and positive social support early in the lives of these women are strongly implicated in these findings.

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Orwin RG, Garrison-Mogren R, Jacobs ML, Sonnefeld LJ. **Retention of homeless clients in substance abuse treatment. Findings from the National Institute on Alcohol Abuse and Alcoholism Cooperative Agreement Program.** *J Subst Abuse Treat*, 17(1-2):45-66, July-Sept 1999.

Retaining clients in treatment who are homeless presents a particular challenge for substance abuse treatment providers. A National Institute on Alcohol Abuse and Alcoholism Cooperative Agreement Program offered the first opportunity to systematically study program retention in a multi-site study of interventions for homeless persons with alcohol and other drug problems. This article presents results from analyses conducted across 15 interventions implemented at 8 Cooperative Agreement sites. Both qualitative and quantitative data were collected and analyzed. Key findings were: (a) retention problems with homeless clients are as or more pervasive than in the general addicted population; (b) the provision of housing increases retention, but the increases tend to be nullified when the housing is bundled with high-intensity services; c) homeless clients leave treatment programs for a multitude of reasons; and d) midcourse corrections to increase retention are frequently successful. The discussion focuses on service components related to retention, the importance of attending to phase transitions, and the importance of being programmatically responsive when serving this population.

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Tommasello AC, Myers CP, Gillis L, Treherne LL, Plumhoff M. **Effectiveness of outreach to homeless substance abusers.** *Eval Progr Plan*, 22(3):295-303, 1999.

This article describes a program of substance abuse treatment conducted by a medical care provider for homeless persons in Baltimore and compares characteristics of outreach recipients to those of walk-in clients. The article also examines differences in drug abuse pathology and selected treatment outcomes among homeless and non-homeless clients. Composite scores on the Addiction Severity Index for homeless individuals are significantly higher on every measure in the interview, compared to non-homeless individuals.

Except for residential treatment settings, homeless persons demonstrate a shorter length-of-stay in substance abuse treatment than housed clients. Forty-two percent of outreach clients became service recipients. These findings indicate that outreach can be a successful method of targeting and engaging a segment of homeless substance abusers that are otherwise difficult to engage.

## 1998

Bailey SL, Camlin CS, Ennett ST. **Substance use and risky sexual behavior among homeless and runaway youth.** *J Adol Health*, 23(6):378-88, 1998.

This examines the relationships between substance use and risky sexual behavior in a sample of 327 homeless youth in Washington, DC. The aim was to characterize HIV-related risk behaviors, determine whether substance use is associated with risky sexual behavior, and to explore explanations for this relationship. Results indicated that sexual activity with many partners, "survival" sex, and substance use, were common. Needle use was rare, and consistent condom use was evident in half the sample. Lack of motivation to use condoms, longer histories of sexual activity and homelessness, symptoms of drug dependency, not discussing HIV risks with a partner, and being female were associated with nonuse of condoms. Results suggest that prevention and targeted intervention have had some positive effect on this population, but young homeless women are in need of targeted prevention.

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Bassuk EL, Buckner JC, Perloff JN, Bassuk SS. **Prevalence of mental health and substance use disorders among homeless and low-income housed mothers.** *Amer J Psych*, 155(11):1561-4, 1998.

This article compares the prevalence of DSM-III-R disorders among homeless and low-income housed mothers with the prevalence of these disorders among all women in the National Comorbidity Survey. The authors assessed 220 homeless and 216 housed mothers receiving public assistance. Homeless and housed mothers had similar rates of psychiatric and substance use disorders. Both groups had higher lifetime and current rates of major depression and substance abuse than did all women in the National Comorbidity Survey. Both groups also had high rates of posttraumatic stress disorder and two or more lifetime conditions. Programs and policies designed for low-income mothers must respond to the high prevalence of DSM-III-R disorders.

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Conrad KJ, Hultman CI, Pope AR, Lyons JS, Baxter WC, Daghestani AN, Lisiecki JP Jr, Elbaum PL, McCarthy M Jr, Manheim LM. **Case managed residential care for homeless addicted veterans. Results of a true experiment.** *Med Care*, 36(1):40-53, Jan 1998.

**OBJECTIVES:** The effectiveness of case-managed residential care (CMRC) in reducing substance abuse, increasing employment, decreasing homelessness, and improving health was examined. **METHODS:** A five-year prospective experiment included 358 homeless addicted male veterans 3, 6, and 9 months during their enrollment and at 12,18, and 24 months after the completion of the experimental case-managed residential care program. The customary control condition was a 21-day hospital program with referral to community services. **RESULTS:** The experimental group averaged 3.4 months in transitional residential care with ongoing and follow-up case management for a total of up to 1 year of treatment. The experimental group showed significant improvement compared with the control group on the Medical, Alcohol, Employment, and Housing measures during the 2-year period. An examination of the time trends indicated that these group differences tended to occur during the treatment year, however, and to diminish during the follow-up year.

CONCLUSIONS: Within groups, significant improvements were observed with time from baseline to all posttests on the four major outcomes. We learned, however, that veterans had access to and used significant amounts of services even without the special case-managed residential care program. This partially may account for improvements in the control group and may have muted the differences between groups.

Galaif ER, Nyamathi AM, Stein JA. **Psychosocial predictors of current drug use, drug problems, and physical drug dependence in homeless women.** *Addict Behav*, 24(6):801-14, Nov-Dec 1998.

We examined risk and protective factors associated with three qualitatively different drug use constructs describing a continuum of drug use among a sample of 1,179 homeless women. Relationships among positive and negative sources of social support, positive and negative coping strategies, depression, and the drug constructs of current drug use, drug problems, and physical drug dependence were assessed using structural equation models with latent variables. Current drug use was predicted by more negative social support (from drug-using family/friends), depression, and less positive coping. Drug Problems were predicted by more negative coping, depression, and less positive coping. Physical Drug Dependence was predicted by more negative social support and depression, and less positive social support. Results highlighted the importance of investigating both the positive and negative dimensions of psychosocial functioning, while suggesting that empowering homeless women and offering tangible resources for coping with the stress of being homeless may be beneficial to them.

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Irving LM, Seidner AL, Burling TA. **Hope and recovery from substance dependence in homeless veterans.** *J Soc Clin Psychol*, 17(4):389-406, 1998.

This article examines the relationship between current hopeful thinking about goals ("state hope") and recovery from substance dependence as assessed among residents and graduates of a residential treatment program for substance dependent homeless veterans. Contrary to the authors' predictions, residents and graduates did not differ in their level of state hope. As predicted, higher state hope was related to greater time abstinent and better quality of life, as well as greater self-efficacy, placing less emphasis on the advantages of substance use, and greater perceived social support. Also as predicted, current hopeful thinking was correlated with a greater number of recovery-related variables for residents than for graduates of the program. The implications and limitations of the results are discussed.

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Jones AB. **Harm reduction: Helping homeless drug users stay healthy.** Calverton, MD: Macro International, Inc., April 30, 1998.

The purpose of this presentation was to help participants: (1) understand the pros and cons of harm reduction; (2) learn harm reduction techniques; (3) examine strategies of working with active drug users; (4) examine treatment alternatives for active drug users; and (5) examine evaluation and research of harm reduction efforts. Included is the article, "Harm Reduction Protocol: The Minneapolis Experience" and a bibliography. AVAILABLE FROM: Macro International, Inc., 11785 Belville Dr., Calverton, MD.

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Kaspro WJ, Rosenheck R. **Substance use and psychiatric problems of homeless Native American veterans.** *Psychiatr Serv*, 49(3):345-50, March 1998.

OBJECTIVE: This study estimated the proportion and representation of Native Americans among homeless veterans and compared their psychiatric and substance abuse problems with those of other ethnic groups of homeless veterans. METHODS: The study was based on data from the Department of Veterans Affairs' Health Care for Homeless Veterans program, a national outreach program operating at 71 sites across the country. Alcohol, drug, and psychiatric problems of Native American veterans (n=950) reported during intake assessment were compared with problems reported by white, black, and Hispanic veterans (n=36,938).

RESULTS: Native Americans constituted 1.6% of veterans in the program. Relative to the general veteran population (of which 1.3% are Native Americans), Native Americans are over-represented in the homeless population by approximately 19%. Native American veterans reported more current alcohol abuse, more previous hospitalizations for alcohol dependence, and more days of recent alcohol intoxication than members of other ethnic groups. In contrast, Native American veterans reported fewer drug dependence problems than other minority groups and fewer current psychiatric problems and previous psychiatric hospitalizations than the reference group of white homeless veterans. CONCLUSIONS: Native Americans are over-represented in the homeless veteran population. They have more severe alcohol problems than other minority groups but somewhat fewer psychiatric problems.

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Lash SJ. **Increasing participation in substance abuse aftercare treatment.** Am J Dr Alcoh Ab, 24(1):31-6, 1998.

Increasing the length of participation in alcohol and drug treatment is associated with improved outcomes. The present study was designed to increase substance abuse aftercare participation following completion of inpatient treatment. We compared the effect of a 20-minute aftercare orientation session to a minimal treatment condition on aftercare group therapy participation. The orientation session was conducted by an aftercare group therapist, who met the participant to encourage him to attend aftercare, to explain why aftercare is helpful, and to have him sign an aftercare participation contract. Participants in the minimal treatment condition watched a videotape on motivation to reach goals. Participants were 40 males in an inpatient substance abuse treatment program at a Veterans Affairs Medical Center (VAMC). Ninety percent were alcohol dependent; 35% were cocaine dependent. Participants who received the aftercare orientation were more likely to attend aftercare (70%) than those who received the minimal treatment (40%). Additionally, the former group attended more sessions ( $x=3.0$ ) than those who were not oriented to aftercare ( $x=1.4$ ). The utility and limitations of a brief orientation session on aftercare adherence are discussed.

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Liberty HJ, Johnson BD, Jainchill N, Ryder J, Messina M, Reynolds S, Hossain M. **Dynamic recovery: Comparative study of therapeutic communities in homeless shelters for men.** J Subst Abuse Treat, 15(5):401-23, Sept–Oct 1998.

The Dynamic Recovery Project examined relationships between homelessness, substance abuse, and recovery, and investigated the effectiveness of the therapeutic community (TC) treatment model in helping homeless drug users move toward stable, drug-free living. This project compared two short-term TCs that were situated within pre-existing homeless shelters with a clean and sober dormitory. In a separate condition, peer counselors and staff were provided additional training in TC philosophy and practice to reduce program dropout. Dramatic decreases in drug and alcohol use at follow-up were verified by urinalysis. Length of time in treatment rather than specific program accounted for decreased alcohol and drug use. Important decreases in posttreatment criminality for both treatment programs were documented. The comparison group, starting with low criminality, experienced smaller, nonsignificant decreases unrelated to type of program or time in treatment. Major declines in Beck Depression Scores were evident, but were unrelated to groups or time in treatment. Training had no measurable impact on client retention or outcomes and there were no significant differences between TCs and the comparison group on posttreatment drug use, criminality, or depression. This report documents that short-term therapeutic communities can be successfully implemented in public shelters for homeless men.

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Logan TK, Leukefeld C, Farabee D. **Sexual and drug use behaviors among women crack users: Implications for prevention.** AIDS Educ Prev, 10(4):327-40, 1998.

The literature suggests that important and contributing factors in the rise of JIV and AIDS among women are crack use and the exchange of sex for drugs or money. However, not all women who use crack report they are exchanging sex or drugs for money. Thus, women are at differential risk for HIV and AIDS. The purpose of this study is to compare and describe women crack users (n=292) who reported exchanging sex for drugs and money with women crack users who exchanged sex (n=162) and women crack users who did not exchange sex (n=130) were likely to be African American, to be about the same age, to have had incomes below +500 during the previous month, to have had similar education and marital backgrounds, to have had unprotected sexual intercourse as often, to have had similar drug use patterns, and to have initiated drug use at similar ages. However, who exchanged sex had more sexual partners, had unprotected oral sex more often, used drugs before and during sex more often, and had a higher rate of sexually transmitted diseases than women who did not exchange sex. In addition, women who exchanged sex were also twice as likely to be homeless, four times more likely to have been in treatment, and twice as likely to have been arrested and charged/booked two or more times in their lifetime than women who did not exchange sex.

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Nyamathi A, Keenan C, Bayley L. **Differences in personal, cognitive, psychological, and social factors associated with drug and alcohol use and nonuse by homeless women.** *Res Nurs Health*, 21(6):525-32, Dec 1998.

The purpose of this study was to compare differences in personal, cognitive, behavioral, psychological, and social variables among homeless women who were current drug or alcohol users, or both, past drug or alcohol users, or both, and those who never used drugs or alcohol. The sample consisted of 1,013 women residing in 73 Los Angeles homeless shelters. Depression, anxiety, hostility, emotion-focused coping, lower self-esteem, and less social support were more prevalent among homeless women who continued to use drugs and alcohol than among past users or those who never used. AIDS knowledge was higher among past users. The results contribute important knowledge regarding the pattern of cognitive, psychological, and social differences between users and nonusers.

## 1997

Bhugra D, Bhamra J, Taylor P. **Users' views of a drop-in project for the homeless.** *Int J Soc Psychiatry*, 43(2):95-103, Summer 1997.

Homeless adults attending a drop-in voluntary project were approached to assess their views on the project, pathways into homelessness, physical and mental health needs and history of substance misuse. Over a six-week period, 70 users were interviewed. Of these, 54 (77%) were men and twenty-five (35%) were living in insecure accommodation. A significant proportion 61% (43) acknowledged having suffered from emotional or mental health problems in the past and nearly half (47%) admitted to having received a psychiatric diagnosis. Nearly one third reported past criminal record. The use of substances (drugs and alcohol) was fairly common. There were no ethnic differences in the findings although the numbers from ethnic minorities remain small. This is not a typical homeless sample but the findings suggest vulnerability of such a group. The group was by and large satisfied with the open access and flexible approach of the project. The findings are discussed in relation to the acceptable services provided by voluntary organizations.

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Bourgois P, Lettiere M, Quesada, J. **Social misery and the sanctions of substance abuse: Confronting HIV risk among homeless heroin addicts in San Francisco.** *Soc Probl*, 44(2):155-73, 1997.

Participant observation fieldwork among street-level heroin injectors in San Francisco demonstrates the need

for contextualized understandings of how power relations structure individual behavior in the transmission of HIV. The authors explore how externally-imposed power constraints are expressed in everyday practices constituting differential HIV injection rates within distinct population groups. The pragmatics of income-generating strategies and the symbolic hierarchies of respect and identity shape risky behavior. The political economy and symbolic representations of race, class, gender, sexuality, and geography organize chronic social suffering and distort research data. Traditional paradigms of applied public health neglect power relations and overemphasize individual behavior. Ignoring the centrality of power prevents a full understanding of the who, why, how, and where of HIV infection.

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Brindis CD, Theidon KS. **The role of case management in substance abuse treatment services for women and their children.** *J Psychoact Drugs*, 29(1):79-88, Jan 1997.

Given that addiction is a chronic, relapsing disease, ongoing support services are considered a crucial part of preventing relapse and assisting clients in building the foundation for a drug-free life. Building on the substantial history of case management services with other at-risk client populations, drug treatment programs have begun to integrate case management services as an effective, cost-efficient method of delivering coordinated care. This article summarizes what managed care is, describes three conceptual models, discusses the primary functions of case management, and reviews various programs that have used case management for chemically dependent women and their children. Also included is a presentation of the results of a survey of 46 case managers involved in seven pilot sites of California's Options for Recovery (OFR) treatment program, which combines case management and drug treatment. More than 50% of the respondents had worked as case managers previous to joining OFR. Approximately 38% of the OFR case managers spent 20% to 30% of their work week completing paperwork; 26% met with clients at least once per week and 25% met with clients every other week. The average case load was 20 clients, but case managers reported that 15 clients would be ideal. Nearly all the clients had a high-risk profile, with histories of varying problems ranging from drug use and abusive relationships to homelessness.

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Chantarujikapong SI, Smith EM, Fox LW. **Comparison of the Alcohol Dependence Scale and diagnostic interview schedule in homeless women.** *Alcohol Clin Exp Res*, 21(4):586-95, June 1997.

The Alcohol Dependence Scale (ADS) is a 25 item self-report instrument designed to evaluate the degree of severity of alcohol dependence. Although previous studies have reported on the validity of the ADS, no studies using the ADS have been done on the homeless population, a special and rapidly growing population. To assess the utility of the ADS in a population of homeless, substance-abusing women, the ADS questionnaire was compared with the DSM-III-R alcohol use disorder diagnosis as measured by the Diagnostic Interview Schedule (DIS). Both the ADS and the DIS were administered to 149 homeless, substance-abusing women by trained, lay interviewers. There was good agreement between the ADS and the past-year DIS diagnosis of alcohol use disorder. The level of agreement between the ADS and DIS, as well as sensitivity and specificity, for various ADS cutoff scores are reported to facilitate selection of cutoff scores by clinicians and future researchers.

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Devine JA, Brody CJ, Wright JD. **Evaluating an alcohol and drug treatment program for the homeless: An econometric approach.** *Eval Progr Plan*, 20(2):205-15, 1997.

The New Orleans Homeless Substance Abusers Project (NOHSAP) was designed as a randomized field experiment to test the effectiveness of a residential alcohol and drug treatment program on the sobriety, employment, housing, and social integration of homeless substance abusers. However, program staff

sabotaged randomization into treatment and control groups, and research attrition was also non-random. Non-random assignment to treatment and non-random research attrition threaten internal and external validity by biasing OLS estimates of the effects of treatment and necessitate use of econometric selection bias correction modeling techniques. Results of these corrected models are then used in subsequent estimates of treatment effects on a variety of outcome measures. After correction, positive treatment effects prove relatively modest. However, subsequent analysis suggests that NOHSAP exerted a critical indirect effect on outcomes by facilitating subject's participation in outside substance abuse groups.

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Frisman LK, Rosenheck R. **The relationship of public support payments to substance abuse among homeless veterans with mental illness.** *Psychiatr Serv*, 48(6):792-5, June 1997.

**OBJECTIVE:** A suspicion that disability payments may exacerbate substance use among persons with chemical addictions recently led Congress to limit federal disability entitlements of applicants whose disability status is related to substance abuse, even if they have another serious mental disorder. This study empirically explored the relationship between receipt of disability payments and substance use among homeless mentally ill veterans. **METHODS:** The study sample included 2,474 homeless veterans with a current diagnosis of schizophrenia and a substance abuse or dependence disorder who were assessed in a community outreach program sponsored by the Department of Veterans Affairs. **RESULTS:** After adjustment for other relevant factors, receipt of disability payments showed no significant relationship to the number of days of substance use a month, even among frequent users of alcohol and drugs. **CONCLUSIONS:** Findings about substance use among the homeless veterans with serious mental disorders in this study provide no support for the assertion that disability payments exacerbate substance use.

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Greene JM, Ennett ST, Ringwalt CL. **Substance use among runaway and homeless youth in three national samples.** *Am J Public Health*, 87(2):229-35, 1997.

**OBJECTIVES:** Standardized estimates of the prevalence of substance use by runaway and homeless youth between the ages of 12 and 21 in various settings were compared with each other and with estimates for youth in the general population. **METHODS:** Four surveys were used: (1) a nationally representative survey of runaway and homeless youth residing in federally and non-federally funded shelters; (2) a multi-city survey of street youth; (3) a nationally representative household survey of youth with and without recent runaway and homeless experiences; and (4) a nationally representative household survey of youth whose previous runaway/homeless status was unknown. **RESULTS:** For almost every substance, substance use prevalence was highest among street youth. Shelter youth and household youth with recent runaway/homeless experiences reported similar rates. In the household surveys, substance use rates were lowest and were generally comparable. **CONCLUSIONS:** Many homeless and runaway youth use tobacco, alcohol, and other drugs at rates substantially higher than nonrunaway and nonhomeless youth, indicating a need for comprehensive and intensive substance abuse prevention and treatment services for these youth.

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Johnson TP. **Available resources for investigating substance use among homeless, immigrant, and refugee populations.** *Subst Use Misuse*, 32(7&8): 1005-10, 1997.

This provides a listing of agencies and organizations that may provide information useful in researching questions related to substance use and misuse among displaced persons. Many of these organizations maintain Internet websites and, in many cases, linkage to other relevant organizations and resources.

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Johnson TP. **Substance use among homeless, immigrant, and refugee populations: An international perspective. Introduction.** *Subst Use Misuse*, 32(7-8):793-803, June 1997.

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Johnson TP, Freels SA, Parsons JA, Vangeest JB. **Substance abuse and homelessness: Social selection or social adaptation?** *Addiction*, 92(4):437-45, 1997.

This article describes a study that examined the nature of the relationship between substance abuse and homelessness, assessing both social selection and social adaptation models. Using data from a random probability sample, the substance abuse and homeless experiences of 303 homeless people and people at-risk of homelessness in Cook County, Ill., were investigated. Results indicated drug but not alcohol abuse was associated with first homeless episode, and that prior homeless experiences were found to be predictive of first symptoms of both alcohol and drug abuse. Other variables, such as the availability of social and economic resources, were also found to be associated with each of these outcomes. The authors concluded that models of both selection and adaptation processes are necessary to account for the association between homelessness and substance abuse which indicates that a multidirectional model is more appropriate. In addition, the authors also suggest that in recent years, drugs may have displaced alcohol as an important precursor of homelessness for many individuals.

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Kipke MD, Montgomery SB, Simon TR, Iverson EF. **Substance abuse disorders among runaway and homeless youth.** *Subst Use Misuse*, 32(7-8):969-86, June 1997.

This study used systematic sampling methods to recruit a sample of 432 homeless youth from both service and natural "hang-out" sampling sites. According to DSM-III criteria, the majority of respondents were classified as having an alcohol and/or illicit "drug abuse" disorder (71%). The results from multivariate logistic regression analyses indicate that cumulative length of time homeless is positively associated with risk for an "abuse" disorder. The implications of these findings and recommendations for service interventions are discussed.

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Kral AH, Molnar BE, Booth RE, Watters JK. **Prevalence of sexual risk behavior and substance use among runaway and homeless adolescents in San Francisco, Denver and New York City.** *Int J STD AIDS*, 8(2):109-17, Feb 1997.

We aim to assess the prevalence of HIV sexual risk behaviors and substance use among runaway and homeless adolescents in San Francisco, Denver and New York City. Survey data were examined from 775 runaway and homeless adolescents recruited from street settings and youth agencies during 1992/1993. Nearly all (98%) reported having engaged in sexual intercourse, of whom 49% first had intercourse by the age of 13. Condom use during all vaginal intercourse in the previous 3 months was reported by 42%. Among males, 23% indicated that they had exchanged sex for money, as did 14% of the females. Ninety-seven percent had used alcohol or drugs and 21% had injected drugs. Overall, 75% reported having had sex while under the influence of alcohol or drugs. Systematic epidemiological studies of this population and the development of innovative interventions are essential to reduce the threat of HIV among runaway and homeless youth.

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Nyamathi A, Flaskerud J, Leake B. **HIV-risk behaviors and mental health characteristics among homeless or drug-recovering women and their closest sources of social support.** *Nurs Res*, 46(3):133-7, May-June 1997.

This article describes risky drug and sexual behavior and mental health characteristics in a sample of 240 homeless or drug-recovering women and their most immediate sources of social support. Women and their closest support sources both reported a great deal of recent noninjection drug use (56% and 52%, respectively) and lesser, though similar amounts of recent injection drug use (12% and 14%, respectively). More than one third of both groups reported a history of sexually transmitted disease and sexual activity with multiple partners. Fifty-one percent of the women and 31% of their support sources had Center for Epidemiological Studies Depression Scale (CES-D) scores of 27 or greater, suggesting a high level of depressive disorders in both samples. Similarly, 76% of the women and 59% of their support sources had psychological well-being scores below a standard clinical cutoff point. These data suggest that homeless and impoverished women turn to individuals who are themselves at high risk for emotional distress and risky behaviors as their main sources of support.

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Robertson MJ, Zlotnick C, Westerfelt A. **Drug use disorders and treatment contact among homeless adults in Alameda County, CA.** *Am J Public Health*, 87(2):221-8, 1997.

**OBJECTIVES:** This study estimates the extent and distribution of specific drug problems among homeless adults. **METHODS:** A countywide sample of 564 homeless adults received structured interviews including a standardized assessment of substance use disorders. **RESULTS:** Two thirds of the sample (69.1%) had a lifetime history of a substance use disorder (including abuse of or dependence on alcohol [52.6%] or drugs [52.2%]); half had a current (52.4%) substance use disorder (including alcohol [38.8%] or drugs [31.3%]). Current drug disorders were higher among respondents who were younger, homeless longer, or sampled from the city of Oakland, Calif. Alcohol use disorders were higher among men than among women; but drug use disorders were not. **CONCLUSION:** Rates of current drug use disorders for homeless adults were more than eight times higher than general population estimates. However, estimates of drug problems among homeless adults vary as a function of case ascertainment and sampling strategy. Estimates based only on samples from urban areas may overestimate drug problems among the area's larger homeless populations.

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Rosenheck R, Lam J, Randolph F. **Impact of representative payees on substance use by homeless persons with serious mental illness.** *Psychiatr Serv*, 48(6):800-6, June 1997.

**OBJECTIVE:** Assignment of representative payees, third parties responsible for managing clients' funds, has been proposed to counter potential use of public support payments for abused substances by people with severe mental illness and substance use disorders. This study examines substance use outcomes in a sample of homeless persons with serious mental illness and substance use disorders, some of whom were assigned representative payees. **METHODS:** The subjects were participating in the Access to Community Care and Effective Services and Supports (ACCESS) program, a federally funded demonstration program on integrating service systems. Clients were assessed at baseline and three months after case management services were initiated. Factorial repeated-measures analysis of covariance was used to examine substance use among four client subgroups, two of which had payees and two of which did not. **RESULTS:** Clients in this sample (n=1,348) showed significant improvement on all measures of substance use over the first three months in the program. Those with payees showed no greater improvement in substance abuse than those without payees, although they did have fewer days of homelessness. **CONCLUSIONS:** This study failed to find evidence that merely adding external money management services to existing services improves substance abuse outcomes among clients who had dual diagnoses and were homeless. Besides assigning a payee, structured behavioral interventions may be needed to produce additional clinical benefits.

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Sosin MR, Bruni M. **Homelessness and vulnerability among adults with and without alcohol problems.** *Subst Use Misuse*, 32(7-8):939-68, June 1997.

While many works compare traits of homeless adults across levels of alcohol use, few consider whether drinking status affects determinants of homelessness or "vulnerability" to homelessness. This paper relies on a 1986 Chicago, IL, sample (n=535) to consider the potential contributions of resources, social network characteristics, disaffiliation, and mental health problems. Results suggest resource problems may determine homelessness regardless of drinking status. But drinking-associated problems may raise the resource threshold for "vulnerability," reduce protection afforded by social networks, increase the deleterious impact of disaffiliation, and spur complicating mental health problems.

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Ustun B, Compton W, Mager D, Babor T, Baiyewu O, Chatterji S, Cottler L, Gogus A, Mavreas V, Peters L, Pull C, Saunders J, Smeets R, Stipek MR, Vrsti R, Hasin D, Room R, Van den Brink W, Regier D, et al. **WHO study on the reliability and validity of the alcohol and drug use disorder instruments: Overview of methods and results.** *Drug Alcohol Depend*, 47(3):161-9, 1997.

The WHO study on the reliability and validity of the alcohol and drug abuse disorder instruments in an international study which has taken place in centers in ten countries, aiming to test the reliability and validity of three diagnostic instruments for alcohol and drug use disorders: the Composite International Diagnostic Interview (CIDI), the Schedules for Clinical Assessment in Neuropsychiatry (SCAN) and a special version of the Alcohol Use Disorder and Associated Disabilities Interview schedule-alcohol/drug-revised (AUDADIS-ADR). The purpose of the reliability and validity (R&V) study is to further develop the alcohol and drug sections of these instruments so that a range of substance-related diagnoses can be made in a systematic, consistent, and reliable way. The study focuses on new criteria proposed in the tenth revision of the International Classification of Diseases (ICD-10) and the fourth revision of the diagnostic and statistical manual of mental disorders (DSM-IV) for dependence, harmful use and abuse categories for alcohol and psychoactive substance use disorders. A systematic study including a scientifically rigorous measure of reliability (i.e., 1 week test-retest reliability) and validity (i.e. comparison between clinical and non-clinical measures) has been undertaken. Results have yielded useful information on reliability and validity of these instruments at diagnosis, criteria and question level. Overall the diagnostic concordance coefficients (kappa, kappa) were very good for dependence disorders (0.7-0.9), but were somewhat lower for the abuse and harmful use categories. The comparisons among instruments and independent clinical evaluations and debriefing interviews gave important information about possible sources of unreliability, and provided useful clues on the applicability and consistency of nonsociological concepts across cultures.

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VanGeest JB, Johnson TP. **Substance use patterns among homeless migrants and nonmigrants in Chicago.** *Subst Use Misuse*, 32(7-8):877-907, June 1997.

This paper uses data abstracted from 465 client records randomly selected from the current files of a downtown medical clinic in Chicago, Illinois to examine substance use among immigrant and 380 nonimmigrant homeless and "at-risk" homeless adults. Immigrants to the United States reported lower levels of current cigarette, alcohol, and drug use compared to nonimmigrants in the sample. Immigrants were also less likely to report potential substance user treatment needs. Immigrants, however, did not differ from nonimmigrants in the reported quantity or frequency of cigarette and alcohol use. Drug use among homeless immigrants was also higher than estimates of misuse in the general population. The literally homeless in the sample reported higher levels of substance use compared to "at-risk" homeless. The literally homeless were also more likely to report higher levels of consumption and were more likely to have potential substance user treatment needs. The role of stress in the etiology of substance misuse among homeless immigrants and nonimmigrants is discussed. Implications for the treatment of these diverse populations are also addressed.

## 1996

Aiemagno SA, Cochran D, Feucht TE, Stephens RC, Butts JM, Wolfe SA. **Assessing substance abuse treatment needs among the homeless: A telephone-based interactive voice response system.** Am J Public Health, 86(11):1626-8, Nov 1996.

**OBJECTIVES:** We report on a pilot project that used a telephone-based interactive voice response system accessed by cellular phones at diverse sites, to interview homeless persons on their need for alcohol and other drug treatment. **METHODS:** We surveyed 207 homeless adults at eight shelters Cleveland, OH. **RESULTS:** The cellular approach was comparable to human-administered interviews in reliability and validity and yielded higher self-reported levels of drug use. **CONCLUSIONS:** Cell phones and interactive voice response interviewing systems are useful tools to assess for the health-service needs of difficult-to-reach populations.

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Baldwin JA, Rolf JE, Johnson J, Bowers J, Benally C, Trotter RT. **Developing culturally sensitive HIV/AIDS and substance abuse prevention curricula for Native American youth.** J School Health, 66:322-7, Nov 1996.

In 1990, researchers and health care professional joined with members of several southwestern Native American communities to form an HIV/AIDS and substance abuse prevention partnership. Culturally sensitive approaches to theory-based interventions were developed into highly replicable, structured, school-based and community-based intervention programs. Process evaluations indicated high levels of program acceptance and fidelity. Outcome evaluations demonstrated significant positive preventive intervention effects among participants. This article reports how NAPPASA school prevention curricula: (1) selection of integrative theory to address the multi-dimensional antecedents of HIV/AIDS and substance abuse among Native Americans; (2) use of ethnographic methodology to obtain intensive input from target groups and community members to insure cultural and developmental sensitivity in the curriculum; and (3) use of process and outcome evaluations of pilot and field trials to develop an optimal curriculum.

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Castellani B, Wootton E, Ruggle L, Wedgeworth R, Prabucki K, Olson R. **Homelessness, negative affect, and coping among veterans with gambling problems who misused substances.** Psychiatric Services, 47(3): 298-9, 1996.

A total of 154 formerly homeless veterans with substance use disorders were assessed six months after treatment to determine: (1) whether those who had concurrent gambling problems had poorer coping skills than those without a gambling problem; and (2) whether gambling impacted housing and employment stability. Findings indicate that although the gamblers had poorer coping skills, they did not differ from their non-gambling counterparts in terms of housing and employment stability.

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Cohen A, Koegel P. **The influence of alcohol and drug use on the subsistence adaptation of homeless mentally ill persons.** J Drug Issues, 26(1):219-43, 1996.

The authors explain that while epidemiological research has offered much valuable information about substance abuse among homeless persons in general and homeless persons with mental illness, it has lacked information about: the context in which substance use occurs, patterns of use, how use influences subsistence adaptation, and factors that mediate its effects. Adaptation of the Homeless Mentally Ill (AHMI) research was able to address these gaps in knowledge through long-term ethnographic field work with 50 homeless mentally ill individuals in the Skid Row area of Los Angeles. The authors examine several of the possible factors that shape the relationship between substance use and subsistence adaptation, focusing specifically on: 1) Skid Row; 2) psychopathology; 3) institutional affiliations; 4) values and beliefs; and 5) the role of eventfulness. The authors contend that the problem of substance use among homeless mentally ill individuals must be looked at from a new perspective.

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Goldfinger SM, Schutt RK, Seidman LJ, Turner WM, Penk WE, Tolomiczenko GS. **Self-report and observer measures of substance abuse among homeless mentally ill persons in the cross-section and over time.** *J Nerv Ment Dis*, 184(11): 667-72, 1996.

The comparability of self-report and observer measures of substance abuse among 118 homeless mentally ill persons was assessed using cross-sectional and longitudinal measures. Possible correlates of nondisclosure were identified from demographic variables and clinical indicators. Lifetime abuse reported at baseline was a sensitive predictor of subsequent abuse behavior in the project, but cross-sectional measures based only on self-report or observer ratings failed to identify many abusers. A total of 17% of the subjects never disclosed abuse that was observed during the project. The level of substance abuse is likely to be severely underestimated among homeless mentally ill persons when only one self-report measure is used at just one point in time. This problem can, however, largely be overcome by incorporating information from observers and from multiple follow-ups or by focusing on lifetime rather than current abuse. We also conclude that underreporting may bias estimates of some correlates of substance abuse.

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Greene JM, Ringwalt CL. **Youth and familial substance use's association with suicide attempts among runaway and homeless youth.** *Subst Use Misuse*, 31(8):1041-58, 1996.

This study examined how youth suicide attempts are associated with youth and familial substance use among two samples of runaway and homeless youth (RHY): (a) a nationally representative sample of RHY residing in shelters and (b) a multi-city, purposive sample of RHY found on the street. Data were collected using personal interviews from 640 shelter youth and 600 street youth in 1992. Logistic regression analyses revealed that, after controlling for key demographic characteristics, youth who had used substances (particularly sedatives, hallucinogens, and inhalants) were much more likely than those who had not used substances to have ever attempted suicide. In addition, after controlling for their own substance use, youth with family members who had used substances were twice as likely as those without such family members to have ever attempted suicide. This study suggests the importance of developing and focusing suicide prevention.

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Joyner LM, Wright JD, Devine JA. **Reliability and validity of the addiction severity index among homeless substance misusers.** *Subst Use Misuse*, 31(6):729-51, 1996.

Retrospective self-reports of behavior are widely used in alcohol and drug research. However, assessments of the reliability and validity of such data among certain populations are nonexistent. This study examines the ability of the Addiction Severity Index (ASI), a widely used clinical and research instrument, to provide valid

and reliable data within a homeless population of drug misusers. The results support the usefulness of the ASI in producing quality data among homeless substance misusers seeking treatment. Qualitative data gathered from field interviewers are used to highlight strategies for enhancing the quality of ASI.

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Little GF, Watson DP. **The homeless in the emergency department: A patient profile.** *J Accid Emerg Med*, 13(6):415-7, Nov 1996.

**OBJECTIVE:** To explore the possibility that homeless people use the accident and emergency (A&E) department as a substitute for primary care and to quantify the role of alcohol abuse in their attendances. **METHODS:** The study period lasted six months. Attendances of all patients registering with "No fixed abode" as their address were analyzed from the A&E notes. Information gathered included details of the presenting complaint, general practitioner (GP) registration, and alcohol involvement in the presentation. **RESULTS:** 135 homeless patients attended the department 233 times; 91% of patients were male with an average age of 40 years; 46% of attendances were during office hours; 81.5% of presentations were for minor problems; 65.2% of patients had co-existing medical problems, with 14.8% having a chronic alcohol problem; 23.7% of patients gave details of their GP and the remainder were either not registered or did not know their GP registration status; 29.6% of attendances directly involved alcohol and another 10.3% were requests for inpatient or outpatient alcohol detoxification; 42.1% of patients questioned said they were aware of the medical facilities available to homeless people in the community; 52.6% of those questioned said they preferred being seen in the A&E department when ill, with 23.7% preferring GP treatment and 10.5% attending community homeless clinics. **CONCLUSIONS:** The local homeless population may be using the A&E department as a substitute for primary care even in the presence of homeless healthcare facilities in the community. Heightened awareness of these facilities may improve their uptake. Alcohol plays a large role in homeless people seeking medical help in the A&E department. More accessible community facilities for dealing with this problem in this patient group are needed.

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Miescher A, Galanter M. **Shelter-based treatment of the homeless alcoholic.** *J Subst Abuse Treat*, 13(2):135-40, 1996.

We describe a model for integrating municipal shelter and hospital-based alcoholism outpatient treatment services for the homeless alcoholic, and report on its outcome at 12 months. The experimental program was designed to increase homeless patient's length of stay in treatment and was based on integrating clinic services for homeless men at Bellevue Hospital in New York with an abstinence oriented dormitory, the "Clean and Sober" Unit in a municipal shelter. The study sample consists of 189 consecutive male admissions to an intensive outpatient alcoholism treatment program in the Bellevue hospital. The patients' outcome was assessed in relation to their place of residence divided in three groups: the experimental group counts 100 men housed in the Clean and Sober Unit. The two contrast groups counted 34 residents of various unaffiliated shelters and 55 domiciled men with independent living arrangements. The three subject groups did not differ significantly on demographic or clinical characteristics. After 12 months, residents in unaffiliated shelters were significantly less likely to be retained than the domiciled patients and showed a trend towards less retention than the experimental group.

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Milby JB, Schumacher JE, Raczynski JM, Caldwell E, Engle M, Michael M, Carr J. **Sufficient conditions for effective treatment of substance abusing homeless persons.** *Drug Alcohol Depend*, 43(1-2):39-47, 1996.

Treatment efficacy for homeless substance abusers (primarily crack cocaine) was studied in a randomized

control design with subjects (n=176) assigned to usual care (UC) or an enhanced day treatment program plus abstinent contingent work therapy and housing (EC). Subjects met DSM-III-R criteria for Substance Use Disorder and McKinny Act criteria for homelessness. UC involved weekly individual and group counseling. EC involved a day treatment program consisting of daily attendance, transportation, lunch, manualized psychoeducational groups, and individual counseling. A total of 131 (74.4%) subjects (62 UC and 69 EC) were treated and followed. UC subjects attended 28.5% and EC attended 48.4% of expected treatment during the first 2 months. After 2 months, EC subjects experienced up to 4 months of abstinent contingent work therapy (44.9% of EC subjects) and housing (37.7% of EC subjects), with day treatment available two afternoons per week. Longitudinal Wei-Lachin analyses of medians (reported alcohol use, days homeless and employed) and proportions (cocaine toxicologies) were conducted across 2-, 6-, and 12-month follow-up points. EC had 36% fewer positive cocaine toxicologies at 2-months and 18% fewer at 6-months than UC with regression toward baseline at 12-months. EC had 8 days fewer days of reported alcohol use in the past 30 days, 52 fewer days homeless in the past 60 days, and 10 more days employed in the past 30 days from baseline to the 12-months. UC showed no changes except a temporary increase in employment at 6-months. This is one of the first demonstrations that homeless cocaine abusers can be retained and effectively treated.

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North CS, Thompson SJ, Smith EM, Kyburz LM. **Violence in the lives of homeless mothers in a substance abuse treatment program: A descriptive study.** *J Interperson Viol*, 11(2):234-49, 1996.

The authors explain that substance abuse programs for homeless women would benefit from knowing the degree of victimization and violence they may encounter in the population they serve. A substance abuse treatment program for homeless mothers with young children operating over a 2-year period encountered high rates of victimization and violence. Ongoing patterns of victimization and violence in these mothers continued during their time in the program. This report presents statistical information on rates of violence and victimization in program participants. Accompanying anecdotal case detail provides a greater appreciation of the depth and effects of the problem. The majority of participants also reported having engaged in adult aggressive or abusive acts. These behaviors had often begun in childhood. Implications for effective substance abuse programs in this population are discussed.

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Oakley DA, Dennis DL. **Responding to the needs of homeless people with alcohol, drug, and/or mental disorders.** In Baumohl J (ed.), *Homelessness In America*. Phoenix, AZ: Oryx Press, 179-86, 1996.

The authors explain why homeless people with alcohol, drug, and/or mental disorders are often excluded from programs that assist homeless people. Service and policy implications are examined including: the importance of outreach and engagement; using case management to negotiate systems of care; offering a range of supportive housing options; responding to consumer preferences; providing mental health and substance abuse treatment; the need for harm reduction approaches to substance abuse; the importance of meaningful daily activity; providing culturally competent care; and putting the need for involuntary treatment in perspective. Reaching homeless people with serious mental illnesses, substance use disorders, or co-occurring disorders depends on integrating existing services and entitlements more effectively.

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Rosenheck R, Frisman L. **Do public support payments encourage substance abuse?** *Health Affairs*, 15(3):192-200, 1996.

This commentary describes a study of homeless veterans with substance abuse problems who were contacted through a Department of Veterans Affairs community outreach program. The goal was to discern the relationship between substance use and both amount and source of income (employment versus public support payments versus other sources such as criminal activity and gifts) and thereby test the assumptions that are driving policy in this area. In this study, veterans used some portion of their public support payments

to purchase alcohol and drugs, thus contradicting some existing evidence driving policy on support payments to persons with substance abuse problems. The authors caution that there is evidence of inefficient and ineffective use of public resources.

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Stahler GJ, Stimmel B (eds.) **The effectiveness of social interventions for homeless substance abusers.** Binghamton, NY: The Haworth Press, Inc., 1996.

This book reports the results of research funded by the National Institute on Drug Abuse (NIDA), concerning substance abuse treatment outcomes for homeless persons. Contributing authors assess the effectiveness of various extended interventions for homeless persons with alcohol and/or other drug problems. Chapters describe best practices in serving homeless persons with substance abuse problems by addressing three areas in the field of substance abuse outcome research: (1) evaluations of treatment outcome effectiveness; (2) dosage effects of services; (3) client characteristic predictors of successful treatment. This book illustrates methods for developing treatment programs that focus not only on the addiction, but also on the tangible needs of homeless persons, including housing, income support, and employment. AVAILABLE FROM: The Haworth Medical Press, 10 Alice St., Binghamton, NY 13904-1580, (800) 342-9678. COST: \$34.95

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**Substance abuse treatment: VA programs serve psychologically and economically disadvantaged veterans.** United States General Accounting Office – Health, Education and Human Services Division. Gaithersburg, MD; U.S. General Accounting Office, Nov 1996.

To better understand the VA's current substance abuse program, this report provides the following information: (1) characteristics of veterans who receive substance abuse treatment; (2) services offered; (3) methods to monitor the effectiveness of treatment programs; (4) community services available; and (5) implications of changing the VA's current methods for delivering treatment services.

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Wenzel SL, Koegel P, Gelberg L. **Access to substance abuse treatment for homeless women of reproductive age.** J Psychoactive Drugs, 28(1):17-30, 1996.

Homeless women in the United States comprise a subpopulation at high risk for substance abuse, with rates of substance use disorder ranging from 16% to 67%. Despite the need for treatment that such high rates imply, relatively few substance-abusing homeless women avail themselves of formal treatment. The fact that they tend not to utilize formal treatment services is especially problematic among homeless women of reproductive age, who are not only themselves at risk of health-related problems but who place their fetuses and children in danger of multiple negative consequences. The imbalance between treatment need and treatment access suggests that homeless, substance-abusing women are facing severe barriers to care. Although identifying barriers to their treatment access is crucial if this imbalance is to be remedied, very little empirical research has been done in this area. This article presents an overview of current knowledge about barriers to substance abuse treatment for women generally and for homeless women specifically, and proposes a comprehensive empirical strategy for redressing the lack of information on homeless women's access to substance abuse treatment.

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Wenzel SL, Ebener PA, Koegel P, Gelberg L. **Drug-abusing homeless clients in California's substance abuse treatment system.** J Psychoactive Drugs, 28(2):147-159, 1996.

As many as one-half to three-fourths of homeless persons have diagnoses of alcohol or other drug dependence. Rates of alcohol and other drug use disorders, and the social costs associated with untreated substance disorder, are higher among homeless than nonhomeless persons. Despite the high level of need for

treatment, relatively few substance-abusing homeless individuals receive treatment for their drug problems, suggesting difficulties in accessing treatment. This study addresses access by focusing on the select group of homeless drug users who have overcome barriers to enter the substance abuse treatment system in California and by examining differences between these homeless treatment clients and nonhomeless drug-using clients. Major findings from bivariate and logistic regression analyses performed on 187 homeless and 1,820 nonhomeless treatment clients are that homeless clients were more likely than nonhomeless clients to have a primary drug problem of cocaine/crack and to be injecting methamphetamine and other amphetamines, and that they were no less likely to complete their treatment program. An implication of this study is that homeless persons with primary drug problems appear to have no less commitment to achieving treatment goals than their nonhomeless counterparts.

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Zima BT, Wells KB, Benjamin B, Duan N. **Mental health problems among homeless mothers.** Arch Gener Psych, 53(4):332-8, 1996.

This article describes a study which examined the prevalence of psychological distress and probable lifetime mental disorders among homeless mothers, their use of services, and the relationship between maternal and child mental health problems. Results show the majority (72%) of sheltered homeless mothers reported high current psychological distress or symptoms of a probable lifetime major mental illness or substance abuse. Also, few mothers (15%) in need of services received mental health care, and the main point of contact for those with a mental health problem was the general sector. Mothers with a probable mental disorder were also significantly more likely to have children with either depression or behavior problems. The authors contend that homeless mothers have a high level of unmet needs for mental health services, and the relationship between maternal and child problems underscores the need for homeless family interventions that promote access to psychiatric care for both generations.

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Zlotnick C, Robertson MJ. **Sources of income among homeless adults with major mental disorders or substance use disorders.** Psych Serv, 47(2):147-51, 1996.

This study documented sources and amounts of income among homeless adults with serious mental illnesses and/or substance use disorders. It examined whether income varied by diagnostic group and whether those who received case management were more likely to have income. Income from entitlement benefits, formal- and informal-sector employment, and other sources was documented by diagnostic group. Respondents with serious mental illnesses, substance use disorders, or dual disorders were no less likely than those with no disorders to report income from entitlement benefits or formal-sector employment. Among those with serious mental illnesses, substance use disorders, or dual disorders, respondents who had received recent case management services were four to nine times more likely to report entitlement income. The results support other research and anecdotal findings on the importance of case management in obtaining entitlement income among homeless adults with serious mental illnesses and/or substance use disorders.

<b>1995</b>
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Bennett JB, Scholler-Jaquish A. **The winner's group: A self-help group for homeless chemically dependent persons.** J Psychosoc Nurs Ment Health Serv, 33(4):14-19, April 1995.

The homeless chemically addicted person presents many unique problems that cannot be addressed in

standard treatment programs. Homeless clients are difficult to track and are not consistent in follow-up care. The health and mental health conditions found in this population are straining the resources of drug treatment programs, hospitals, the criminal justice system, and social agencies that serve the homeless (Bassuck, 1991). The Winner's Group located in an inner city soup kitchen demonstrates the adaptability and flexibility of nursing practice. The nurses exhibited creativity in developing methods to meet the diverse needs of homeless chemically addicted persons. The goals and objective that were achieved were neither successes nor failures, they were reflections of efforts to make lifestyle changes. Some of those persons responded in a very positive manner, while others continued to deteriorate. An overall desire was to instill a seed of hope and knowledge that there is always a potential for change and that recovery from chemical dependency is possible. Nurses who work with the homeless must be knowledgeable and realistic about the impact and importance of substance abuse. Nontraditional programs that meet the unique needs of a particular setting and a particular population can provide an opportunity to gain access to health care providers.

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Braucht GN, Reichardt CS, Geissler LJ, Bormann CA, Kwiatkowski CF, Kirby MW Jr. **Effective services for homeless substance abusers.** *J Addict Dis*, 14(4):87-109, 1995.

A heterogeneous and representative sample of 323 homeless individuals in the metropolitan-Denver area with alcohol or other substance abuse problems received a comprehensive array of substance-abuse treatment services. Following treatment, these individuals showed dramatic improvement on average in their: (1) levels of alcohol and drug use; (2) housing status; (3) physical and mental health; (4) employment; and (5) quality of life. Those who received more service improved more than those who received less service. These improvements are attributable, at least partly, to the treatment rather than to alternative hypotheses such as spontaneous remission. However, the rate of improvement generally slowed during the six-month follow-up period. A random half of the clients received intensive case management in addition to the other services. Case management marginally increased clients' contacts with addictions counselors, but had little effect on the level of other services received or on the tailoring of services to client needs. As a result, case management also had little, if any, effect on outcomes.

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Brindis C, Pfeffer R, Wolfe A. **A case management program for chemically dependent clients with multiple needs.** *J Case Manag*, 4(1):22-8, 1995.

As part of a three-year federal demonstration project, San Francisco health clinics provided case management services to chemically dependent individuals who were low-income and often homeless. Many of those participating in the project had also been diagnosed with HIV infection and/or mental illness. The intent of the demonstration project was to use case management as a mechanism for strengthening the linkages between substance abuse treatment and primary care systems. Case management was adopted as the catalyst for increased communication between medical personnel and other service providers to develop a more comprehensive approach to responding to the myriad of client needs. A specially designed management information system (MIS) was developed to help document client information and case management activities, as well as provide a tickler system to improve client continuity. This report integrates both qualitative and quantitative findings to provide a context for understanding case management activities, client problems and successes, and the systemic problems facing clients and case managers in linking primary care, substance abuse treatment, and mental health services.

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Family and Youth Services Bureau. **Youth with runaway, throwaway, and homeless experiences: Prevalence, drug use, and other at-risk behaviors.** Silver Spring, MD: National Clearinghouse on Families and Youth, 1995.

This research summary reports on a study that focused on three populations of young people: (1) youth in shelters; (2) street youth; and (3) youth in households. The four areas of focus were: (1) prevalence of at-risk behaviors; (2) relationship between substance abuse by youth and substance abuse by their families; (3) proportion of young people exposed to drug prevention efforts and their need for access to health care services; and (4) total number of beds available to young people in youth shelters. Findings conclude that these youth face challenging family circumstances including the following: (1) familial substance use; (2) poverty; (3) placement in institutional settings; (4) suicide; (5) throwaway experiences; (6) harsh street realities; (7) difficulty meeting basic needs; (8) substance abuse; (9) victimization; (10) delinquency; (11) unprotected sexual activity; and (12) under-utilization of critical services.

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Fors SW, Jarvis S. **Evaluation of a peer-led drug abuse risk reduction project for runaway/homeless youths.** *J Drug Educ*, 25(4):321-33, 1995.

The purpose of this study was to evaluate the Drug Prevention in Youth risk reduction program that was implemented in shelters for runaway/homeless youths in the Southeastern United States. The program focuses on knowledge, attitudes and skills that can help this group of high risk young people minimize the serious negative consequences of drug abuse. An evaluation strategy was developed so comparisons could be made between peer-led, adult-led and non-intervention groups. Dependent samples t tests and least squares ANCOVAS were used to measure pretest-posttest differences both within and between groups. Results indicate that the peer-led groups were more successful than the other two groups, and that program effects were the most powerful with the youngest group of shelter clients. Process evaluation revealed important factors related to group leader training and group management. It is concluded that well-trained and motivated peer/near peer leaders have particularly valuable contributions to make with regard to drug abuse risk reduction for shelter clients.

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Geissler LJ, Bormann CA, Kwiatkowski CF, Braucht GN, Reichardt CS. **Women, homelessness, and substance abuse: Moving beyond the stereotypes.** *Psychol Women Quart*, 19:65-83, 1995.

This study examined the characteristics of homeless women with substance abuse problems. First 49 homeless women and 274 homeless men were compared to demonstrate distinct problems and treatment needs of the women. Results showed that the women were more likely than the men to abuse drugs, but less likely to receive substance abuse treatment. In addition, women spent more time in doubled-up living arrangements, and were more likely to receive outpatient psychiatric treatment. Implications for research and treatment are discussed.

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Johnson TP, Barrett ME. **Substance use and treatment needs among homeless persons in Cook County, Illinois.** *Int J Addict*, 30(5):557-85, 1995.

A survey of 481 homeless persons in Cook County, Illinois, was conducted to assess the prevalence of alcohol and illicit drug use in this population, and potential treatment needs. Respondents were sampled at random in emergency and transitional shelters, soup kitchens, drop-in centers, and single room occupancy (SRO) hotels. Approximately 30% were characterized as having alcohol-related treatment needs. A slightly smaller proportion were estimated to have treatment needs associated with drug use behavior, and 13.5% were found to have both alcohol and drug-related, or dual, treatment needs. Those with alcohol user treatment needs were mostly male, age 35 and older, White, and living in SRO hotels. In contrast, persons with drug user treatment needs found in shelter settings. Implications for the treatment of homeless persons with substance misuse problems are discussed.

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Kales JP, Barone MA, Bixler EO, Miljkovic MM, Kales JD. **Mental illness and substance use among sheltered homeless persons in lower-density population areas.** Psychiatr Serv, 46(6):592-95, 1995.

**OBJECTIVE:** The prevalence of mental illness and substance abuse in homeless populations has been studied primarily in large urban areas. This study examines a sheltered homeless population in two counties of lower density population, Dauphin and Cumberland counties in central Pennsylvania, to assess the prevalence of mental illness and substance abuse. **METHODS:** A total of 81 homeless adults from 9 emergency shelters were interviewed using a structured questionnaire. **RESULTS:** The estimated lifetime prevalence rate of major depressive disorder was 26.6%; 6.4% of the sample showed evidence of psychotic thinking. Almost one-third reported previous hospitalization for emotional problems, and about one-third reported a suicide attempt. The estimated lifetime prevalence rate of alcohol or drug abuse or dependence was almost 60%. **CONCLUSIONS:** Although mental illness, especially psychosis, and substance abuse may be somewhat less prevalent among homeless persons in lower-density population areas than in large urban areas, they are significant problems.

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Lam JA, Jekel JF, Thompson KS, Leaf PJ, Hartwell SW, Florio L. **Assessing the value of a short-term residential drug treatment program for homeless men.** J Addict Dis, 14(4):21-39, 1995.

Cocaine and other substance abuse has been found to be a contributing or primary cause of homelessness in urban men. This project evaluated the effectiveness of the Grant Street Partnership (GSP), a shelter-based treatment program for homeless, cocaine-abusing men, consisting of 90 days of residential treatment and 6 months of aftercare. We tested the hypothesis that the 182 men randomized to the GSP group, as compared to the 112 men randomized to a "usual services" group, would show significantly greater improvement over time in the areas of drug use and residential and economic stability. An 80% response rate was achieved overall for the five follow-up points. Cocaine use, defined as use of cocaine at least once in the prior 30 days, declined from about 90% at baseline for both groups to 11% in the GSP group and 55% in the control group at 21 months. The GSP group was also more likely than the usual services group to have achieved residential stability by the time of the 9 month follow-up. Neither group experienced an improvement over time in employment status.

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Lambert EY, Caces MF. **Correlates of drug abuse among homeless and transient people in the Washington, DC, metropolitan area in 1991.** Public Health Rep, 110(4):455-61, 1995.

Sociodemographic correlates of drug use among the general household population may have less accuracy and utility for describing risk factors for drug use among nonhousehold populations like the homeless and transient. This analysis examines correlates of past year use of marijuana, cocaine, and needles among homeless and transient people in the Washington, DC, metropolitan statistical area (DC MSA) and discusses them vis-a-vis traditional indicators of drug use among the general household population. Data are from a study conducted in the DC MSA in 1991 that surveyed a random sample of 908 homeless and transient people ages 12 years and older. The analysis assessed the independent effect of demographic and other predictors on selected drug use measures among this population. Three key socioeconomic correlates of drug use among the general household population (educational attainment, employment status, and marital status) were non-significant predictors of drug use among the homeless. However, other factors were significant, including past year institutionalization, location within the DC MSA, and stage of homelessness. The age group at greatest

risk for use of marijuana and cocaine in the past year were the homeless ages 26 to 34, but the oldest group (35 years and older) had the highest risk of needle use. Although men were more likely to have used marijuana and cocaine in the past year, there were no sex differences in the use of needles in the past year. Only past year use of cocaine differed significantly by race or ethnicity, with a greater likelihood among homeless blacks than among homeless whites.

Lapham SC, Hall M, Skipper BJ. **Homelessness and substance use among alcohol abusers following participation in project H&ART.** *J Addict Dis*, 14(4):41-55, 1995.

Project H&ART was a randomized intervention trial for homeless alcohol abusers in Albuquerque, N.M. Interventions were four months in duration and included: a high intensity program (case management plus peer-supervised housing), a medium intensity group (peer-supervised housing only); a housed, and a nonhoused control group. Clients were interviewed at baseline and re-interviewed ten months following program entry to determine substance use, housing stability and employment status. Program graduation rates were about 25% for the three housed groups. The outcome evaluation revealed significant within groups improvements in all of the outcomes, no between groups or racial outcome differences, and more favorable alcohol use and housing stability outcomes among program graduates than dropouts. On follow-up, women in the study had fewer days of alcohol use and had more days of stable housing, but were less likely to be employed, compared with men. We suggest that clients' personal motivation for recovery, rather than program-related factors, were most influential in determining outcomes.

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Lowry C. **Reaching street youth on substance abuse.** *World Health Forum*, 16(2):131-4, 1995.

Street children and youth involved in substance abuse are often felt to be the hardest people in the world to reach with counseling, as well as those most obviously in need of it. The idea of making a work of art that both captures their imagination and steers them towards a safer way of life may seem more like wishful thinking than a practical proposal, but the author explains how it is done.

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Moneyham L, Connor A. **The road in and out of homelessness: Perceptions of recovering substance abusers.** *J Assoc Nurses AIDS Care*, 6(5):11-9, 1995.

In this phenomenological study the authors explored the meaning of homelessness from the perspective of previously homeless substance abusers. The sample involved 8 adult males recruited from a substance abuse treatment program. Through the use of open-ended questioning, two major themes were identified: the road to homelessness and the road out of homelessness. The road to homelessness comprised an explanation for the participants' homelessness: painful background experiences, negative self-concept, ineffective coping skills, and a sense of hopelessness. The road out of homelessness described the recovery process and included turning points, experiences of caring relationships, and a new way of viewing the world. The findings offer a beginning understanding of the experience of homelessness and recovery, and have implications for intervention and future research for subpopulations of persons who are homeless.

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Morgan LK. **Social interventions for homeless substance abusers.** *J Addict Dis*, 14(4):183-95, 1995.

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Nyamathi A, Stein JA, Brecht M. **Psychosocial predictors of AIDS risk behavior and drug use behavior in homeless and drug addicted women of color.** *Health Psych*, 14(3):265-73, 1995.

This study describes a causal model used to assess psychosocial predictors of AIDS risk behavior among

homeless African American and Latina women with substance use disorders living in Los Angeles. The model consisted of several variables including personal and social resources, coping styles and barriers to risk reduction. Findings indicate that active coping was associated with fewer general AIDS risk behaviors among both the African American and Latina women and less specific drug use behavior among African American women. Ethnic differences and implications for intervention are discussed.

Orwin RG, Garrison-Morgen R, Jacobs ML, Sonnefeld LJ, Perl HI. **Cross-site synthesis of retention analyses from the NIAAA Cooperative Agreement Program for Homeless Persons with Alcohol and Other Drug Problems.** New York, NY: Presented at the American Psychological Association Annual Meeting, 1995.

This paper presents a cross-site synthesis of retention analyses from the national evaluation of the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) Cooperative Agreements for Research Demonstration Projects on Alcohol and Other Drug Abuse Treatment for Homeless Persons. This paper attempts an examination of the retention of program participants, with particular emphasis on identifying potential programmatic actions for increasing retention in future programs for the target populations. Topics discussed include: (1) variability of retention policies and definitions across sites; (2) retention rates and length of stay; (3) why and when did participants leave; (4) changes in retention over the life of the projects; and (5) lessons learned.

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Schumacher JE, Milby JB, Caldwell E, Raczynski J, Engle M, Michael M, Carr J. **Treatment outcome as a function of treatment attendance with homeless persons abusing cocaine.** *J Addict Dis*, 14(4):73-85, 1995.

This research examines the influence of treatment attendance at two substance abuse outpatient treatment programs of the Birmingham Substance Abuse Homeless Project on substance abuse, homelessness, and unemployment outcomes with homeless persons abusing primarily crack cocaine. Results revealed that significant reductions across a one year period in alcohol use, cocaine use, and homelessness were more likely to occur in clients who attended an average of 4.1 treatment days per week (High attendance or Enhanced Care group) than clients who attended less than one day a week on the average (Low attendance or Usual Care and Medium attendance groups). These results are consistent with the literature suggesting that more intensive contact early in treatment results in better long-term outcome with cocaine abusers, but has now been demonstrated with homeless cocaine abusers who have additional problems associated with housing and employment.

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Schumacher JE, Milby JB, Raczynski JM, Caldwell E, Engle M, Carr J, Michael M. **Validity of self-reported crack cocaine use among homeless persons in treatment.** *J Subst Abuse Treat*, 12(5):335-9, 1995.

The validity of self-reported crack cocaine use among 131 homeless persons participating in an outpatient substance abuse treatment research demonstration project was assessed by comparing the concordance of self-report and urinalysis results. The subjects were participants in either a Usual Care outpatient program or an Enhanced Care day treatment program that included drug free contingent work therapy and housing. For all subjects across four evaluation points, the false negative classification by self-report (i.e., denied verified use) rate for crack cocaine use was 32.0%. Denied verified use was greater in Usual Care (34.9%) than in Enhanced Care clients (23.7%) and greater at follow-up as compared to treatment entry for all clients. The findings are explained in terms of social desirability and the influence of treatment contingencies and greater accountability specific to the Enhanced Care program. The need for validation of self-reported cocaine use data among homeless persons in settings where contingencies are present and in other drug treatment or research settings is recommended.

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Sibthorpe B, Drinkwater J, Gardner K, Bammer G. **Drug use, binge drinking and attempted suicide among homeless and potentially homeless youth.** Aust N Z J Psychiatry, 29(2):248-56, 1995.

In order to assess the need for drug-related services for at-risk youth, a survey was conducted among young people aged 12-17 years who, owing to severe family discord, were currently living away from home (homeless) or had experienced periods away from home in the past 12 months (potentially homeless). Prevalence of use and of potentially harmful levels of use of alcohol and other licit and illicit drugs were higher than in a comparative population. Of the 155 people interviewed, 54% reported past physical abuse, 28% reported past sexual abuse, and 73% had a family alcohol or other drug history. Of the total, 62% had been in a youth refuge at some time in the past 12 months. Twenty four percent had been to hospital as a result of alcohol or other drug use and 45% had attempted suicide. Female sex and an interaction between sexual abuse and binge drinking predicted suicide attempts. This study points to the need for a comprehensive approach to interventions for troubled youth which gives greater recognition to mental health issues related to family circumstances, including abuse.

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Smith EM, North CS, Fox LW. **Eighteen-month follow-up data on a treatment program for homeless substance abusing mothers.** J Addict Dis, 14(4):57-72, 1995.

In response to the dearth of data on substance abuse treatment among homeless mothers, this study breaks new ground in presenting 18-month follow-up data on 149 homeless mothers with young children enlisted in a substance abuse treatment program. The effects of residential compared to nonresidential services were evaluated over the follow-up period. Although dropout rates were high, predictors of dropout were identified, and the residential had a lower dropout rate compared to the nonresidential comparison group. Members of both residential and nonresidential groups evidenced improvement in alcohol and drug problems and in housing stability, regardless of the amount of time they spent in the program. This project demonstrated that homeless mothers can be more successfully engaged in substance abuse programs with provisions of residential placement in addition to participation in a therapeutic community. Future interventions can take advantage of this knowledge in designing more effective programs.

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Sosin MR, Bruni M, Reidy M. **Paths and impacts in the progressive independence model: A homelessness and substance abuse intervention in Chicago.** J Addict Dis, 14(4):1-20, 1995.

In an attempt to reduce homelessness and substance abuse, Chicago graduates of short-term inpatient substance abuse programs who lacked domiciles were placed into one of three conditions: (1) a case management only intervention (n=96); (2) a case management with supported housing intervention (n=136); or (3) a control condition (n=187) that allowed access to normal aftercare in the community. The two treatment interventions used a "progressive independence" approach, which focuses on simultaneously ameliorating tangible needs and clinical problems. Multivariate analyses suggest that subjects in both treatment interventions experienced lower levels of substance abuse and higher levels of residential stability than subjects in the control condition, as measured over the course of a year. Further analysis suggests that retention was improved by the focus on immediate tangible resources, substance abuse was reduced by both the support of outpatient substance abuse treatment and the promulgation of changes in coping styles, and residential stability was increased by both the focus on access to income maintenance benefits and help with

location of housing.

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**Stahler GJ, Shipley TF Jr, Bartelt D, DuCette JP, Shandler IW. Evaluating alternative treatments for homeless substance-abusing men: outcomes and predictors of success. J Addict Dis, 14(4):151-67, 1995.**

The present study was designed to explore the relative efficacy of three types of service delivery intervention models for homeless men with alcohol and/or drug problems: integrated comprehensive residential services provided at one site (Group 1); on-site shelter-based intensive case management with referrals to a community network of services (Group 2); and usual care shelter services with case management (Group 3). In addition to assessing the relative efficacy of these approaches in terms of drug and alcohol use, residential stability, economic and employment status, the project also sought to examine what personal factors best predicted successful outcomes for clients. Clients were assessed at baseline and approximately six months following discharge. All three treatment groups improved significantly over time in terms of reduced alcohol and cocaine use, increased employment, and increased stable housing, but no differential improvement was found among groups. Successful outcomes were predicted by lower recent and lifetime substance use, fewer prior treatment episodes, more stable housing at baseline, fewer incarcerations, and less social isolation.

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**Wright JD, Devine JA. Factors that interact with treatment to predict outcomes in substance abuse programs for the homeless. J Addict Dis, 14:169-81, 1995**

This paper reviews the main treatment effects observed in the New Orleans Homeless Substance Abusers Project and then analyzes and discusses factors that appear to interact with treatment to produce successful treatment outcomes. Outcomes are assessed for alcohol and drug use, housing stability, and employment. Results show marginally significant positive effects for long-term treatment, but only for clients retained in treatment for more than about three months. Holding treatment variables constant, client characteristics that predict successful treatment outcomes include gender, education, age, psychiatric morbidity, drug of choice, attendance at AA/NA meetings, and prior treatment histories. The significance, sign, and magnitude of these effects, however, varies depending on which specific outcome one analyzes. Thus, variation in treatment effectiveness is associated with entering conditions, as the literature suggests, but which entering conditions matter most depends on which specific outcome one examines.

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**Zlotnick C, Fischer PJ, Agnew J. Perceptuomotor function of homeless males in alcohol rehabilitation. J Subst Abuse, 7(2):235-44, 1995.**

In a sample of 76 alcohol rehabilitation program (ARP) residents, homeless men demonstrated significantly poorer perceptuomotor function than nonhomeless men. This difference persisted despite similarities in several factors associated with neurobehavioral test scores including demographic characteristics; frequency, quantity, and duration of alcohol and other substance use; psychosocial factors, including motivation and social support; health, including history of head trauma; and neurotoxic occupational exposure.

## 1994

Argeriou M, McCarty D, Mulvey K, Daley M. **Use of the Addiction Severity Index with homeless substance abusers.** *J Subst Abuse Treat*, 11(4):359-65, 1994.

The Addiction Severity Index (ASI) is a widely adopted assessment instrument that provides severity ratings of the multiple problems exhibited by alcohol and drug dependent persons and allows for quantitative assessment (composite scores) of client status in these problems areas over time. ASI change scores of homeless and near homeless substance abusers, generated by contrasting ASI composite scores at two points in time, show a high level of agreement to objective relapse data from the Massachusetts Bureau of Substance Abuse Services Management Information System. Clients readmitted to a publicly funded detoxification facility exhibited significantly lower mean change scores on five of the seven problems areas measured by the ASI. These data illustrate the applicability of the ASI to homeless men and women and the utility of the ASI in measuring client improvement.

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Burling TA, Seidner AL, Salvio MA, Marshall GD. **A cognitive-behavioral therapeutic community for substance dependent and homeless veterans: Treatment outcomes.** *Addict Behav*, 19(6):621-9, 1994.

This paper presents data regarding a residential rehabilitation program that integrates cognitive-behavioral and therapeutic community techniques to treat homelessness and substance abuse. The study cohort was 110 military veterans admitted to a Domiciliary Care for Homeless Veterans program of the Department of Veterans Affairs. The cohort had multiple psychosocial problems at admission, and all had drug/alcohol abstinence as a treatment goal. Structured interviews conducted at 3, 6, 9, and 12 months post-discharge revealed that a substantial proportion had positive outcomes with respect to housing, substance abuse abstinence, employment, and self-rated psychological symptoms. This integrated cognitive-behavioral therapeutic community approach appears to be a viable treatment for this subset of homeless and also may be effective for other populations with similar clinical characteristics.

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Harris SN, Mowbray CT, Solarz A. **Physical health, mental health, and substance abuse problems of shelter users.** *Health Soc Work*, 19(1):37-45, 1994.

This article summarizes physical health, mental health, and substance abuse problems of users of four of Detroit's largest homeless shelters. Shelter users with mental illness or substance abuse problems were compared with those without these problems. Alcohol abusers were significantly more likely to have low blood pressure, symptoms of liver disease, and a tuberculosis treatment history. No health differences were found for those with or without a history of psychiatric hospitalization. Contrary to expectations, few gender differences were found. Aside from the obvious need for low-income housing, comprehensive and integrated treatment approaches from health care, mental health, and substance abuse agencies are needed to help homeless individuals. Social workers need to become more directly involved in service and policy issues for

this vulnerable population.

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Hartz D, Banys P, Hall SM. **Correlates of homelessness among substance abuse patients at a VA medical center.** *Hosp Comm Psych*, 45(5):491-3, 1994.

According to the authors, because many studies of homeless individuals sample only populations in emergency shelters or on the streets, those that are marginally or temporarily housed may be overlooked. This study sought to address this deficiency by exploring substance abuse patterns in a large sample of veterans seeking treatment for drug and alcohol abuse at the Veterans Affairs Medical Center in San Francisco, Calif. Findings indicate that with decreasing housing stability, alcohol use increases and heroin use declines. In contrast, cocaine use rates among patients who were marginally and permanently housed were similar but much lower than rates among those living in the streets or shelters (authors).

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James SL. **Alcoholism in homeless veterans: A historical overview.** *Clin Nurs Spec*, 8:240-4, Sept 1994.

The Department of Veterans Affairs uses a variety of approaches to assist homeless veterans suffering from alcoholism, including outreach and domiciliary programs. The history of alcoholism and homelessness is discussed in this article and characteristics of homeless veterans are delineated. Cultural considerations, treatment options, and the role of the CNS working with this population are presented. Implications for further research are included.

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Johnson TP, Parsons JA. **Interviewer effects on self-reported substance use among homeless persons.** *Addict Behav*, 19(1):83-93, 1994.

This study examines respondent editing of survey responses to questions regarding substance use. Previous research has identified several types of interviewer effects that may be associated with respondent editing, including direct and social distance effects. Little is known, however, regarding how these potential effects may influence self-reported substance use behavior. Data analyzed for this study were collected as part of a survey of substance use among homeless persons conducted in Cook County, Illinois. A total of 481 respondents were sampled at random in emergency and transitional shelters, soup kitchens, drop-in centers, and single room occupancy (SRO) hotels. Overall, a direct, gender-based effect was observed, with homeless respondents of both genders more willing to reveal substance use behaviors to male interviewers. Some race- and age-related direct effects were also identified, with White and older interviewers obtaining more reports of substance use. These findings yield important evidence regarding respondent editing of self-reported substance use and have implications for the common practice of demographically matching interviewers and respondents.

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Johnstone H, Marcinak J, Luckett M, Scott J. **An evaluation of the treatment effectiveness of the Chicago Health Outreach Acupuncture Clinic.** *J Holist Nurs*, 12(2):171-83, 1994.

Acupuncture is a treatment modality that is particularly applicable for homeless clients because of its low cost and portability as well as because of its effectiveness in treating the symptomatology of pain syndromes, substance abuse, and HIV infection. A two-part descriptive study was conducted to determine the response to acupuncture of homeless persons at the Chicago Health Outreach Clinic. Part 1 of the study consisted of a retrospective chart review of 45 patients to assess acupuncture treatment effectiveness. Part 2 of the study

consisted of using a numerical rating scale report form to assess treatment effectiveness of 30 patients. Part 1 of the study indicated that 51% had a positive response to treatment, 42% were indeterminate or lacked documentation of response, and 7% had no response to treatment. Part 2 of the study demonstrated that 97% had a positive response to treatment, with 3% reporting no response to treatment. Acupuncture treatment did

effectively decrease the symptomatology of the homeless clients seen in the Chicago Health Outreach Acupuncture Clinic. Further research should involve follow-up of these clients to assess the length of symptom relief to further determine long-range effectiveness and cost of treatment.

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Orwin RG, Goldman HH, Sonnefeld LJ, Ridgely MS, Smith NG, Garrison-Mogren R, O'Neill E, Sherman A. **Alcohol and drug abuse treatment of homeless persons: Results from the NIAAA Community Demonstration Program.** *J Health Care Poor Unders*, 5(4):326-52, 1994.

In a national evaluation, we assessed the implementation and outcomes of a multi-site demonstration program for homeless persons with alcohol and other drug problems. We developed comprehensive case studies from data on client characteristics, utilization of services, implementation of interventions, and community systems of care at nine project sites. Client-level outcome data were analyzed to estimate the effectiveness of the interventions in a subset of projects with experimental or quasi-experimental evaluation designs. After controlling for baseline predictors, treatment clients in the majority of sites were significantly more likely than comparison clients to report improvement on one or more outcome dimensions. On alcohol use, for example, under conservative assumptions the average treatment client was drinking less at follow-up than were 57% of comparison clients. Analyses of predictor-by-treatment interactions suggested that clients with fewer problems benefitted most from the interventions. The implementation analysis yielded a number of lessons for policymakers and program planners.

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Zanis DA, McLellan AT, Cnaan RA, Randall M. **Reliability and validity of the Addiction Severity Index with a homeless sample.** *J Subst Abuse Treat*, 11(6):541-8, 1994.

The Addiction Severity Index (ASI) is an instrument widely used to assess the treatment problems of substance users. Its psychometric properties have been tested and found satisfactory for many types of substance abusers entering treatment. However, there are many other subgroups of substance users not in formal treatment, such as homeless substance users. While the ASI has been used with this subgroup, its psychometric properties remain questionable. This study examined the reliability and validity of the ASI in a sample of 98 homeless substance users awaiting temporary housing placement. Test-retest reliability found the ASI to have moderate to high reliability coefficients in each of the seven domains assessed. Both composite score and severity rating measures were found to be quite independent with low intercorrelations. Three of the seven ASI composite scores were tested for and found to have moderate concurrent validity: (alcohol  $r = .31$  to  $.36$ , drug  $r = .46$ , and psychiatric  $r = .53$  to  $.66$ ). Composite score interim correlations were  $.70$  or greater in each of the domains except for employment ( $.50$ ) and family ( $.52$ ). These data suggest that, although there are some limitations in using the ASI with homeless substance users, it demonstrated acceptable reliability and validity.

<b>1993</b>
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Abel MH, Cummings P. **A demonstration program for homeless male alcohol and other drug abusers.** *J Ment Health Adm*, 20(2):113-25, summer 1993.

The National Institute on Alcohol Abuse and Alcoholism, in consultation with the National Institute on Drug Abuse, awarded nine demonstration grants in 1988 for community-based programs addressing issues of the homeless alcohol and other drug (AOD) abusers. Project Connect in Louisville, Kentucky, was one of the nine demonstration grants. The three-year project was designed to address a multitude of needs of the homeless male AOD abuser, including housing, medical, employment/economic, and social support, in addition to treatment for AOD abuse. The present article details the evolution and implementation of Project Connect and describes characteristics of the target population. In addition, the article presents issues and problems that surfaced during program implementation in order to assist other communities that are considering similar programs for their homeless populations.

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Argeriou M, McCarty D. **The use of shelters as substance abuse stabilization sites.** *J Ment Health Admin*, 20(2):100-12, 1993.

The feasibility of providing post-detoxification residential substance abuse programming (stabilization) in large emergency shelters was examined as part of a demonstration project funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) under Section 613 of the Stewart B. McKinney Act. The program completion rates of 773 homeless/at-risk substance-abusing individuals assigned to two large shelters (71% and 62%) and two traditional substance abuse treatment agencies (68% and 54%) were compared. These data support the expansion of shelter services to include substance abuse programming and intervention.

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Bazemore G, Cruise PL. **Resident adaptations in an alcoholics anonymous-based residential program for the urban homeless.** *Soc Serv Rev*, 599-616, Dec 1993.

This article reports the findings of a small ethnographic study, conducted as part of a larger process evaluation of a federally funded program designed to provide long-term, phased recovery services to homeless individuals suffering from alcoholism in Los Angeles, California. Among other issues, the study examined problems that can arise in adapting a primarily informal and self-help oriented program, based on the Alcoholics Anonymous (AA) model, to an increasingly diverse population of homeless substance abusers. Findings indicate that for those individuals for whom sobriety, rather than housing and employment, was their primary concern, the AA-based program worked well. However, for those individuals characterized by poor employment histories and frequent homeless or near homeless episodes, the program did not work well for it lacked opportunities to secure stable housing and employment.

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Castaneda R, Lifshutz H, Galanter M, Franco H. **Age at onset of alcoholism as a predictor of homelessness and drinking severity.** *J Addict Dis*, 12(1):65-77, 1993

The relationships between drinking history, housing history, several clinical variables and treatment retention after detoxification were evaluated in 109 inner-city alcoholics. Compared to men with a fixed abode, homeless subjects (n=50) reported a history of alcoholism of early onset and increased severity. No differences in aftercare retention were found between homeless and non-homeless subjects.

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Conrad KJ, Hultman CI, Lyons JS (eds.) **Treatment of the chemically dependent homeless: Theory and implementation in fourteen American projects.** Binghamton, NY: The Haworth Press, 1993.

In 1990 the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in cooperation with the National Institute on Drug Abuse (NIDA) funded 14 research demonstration projects under Section 622 of the Stewart

B. McKinney Homeless Assistance Act of 1988. The primary goal of these projects was to develop strategies or interventions to combat the dual problems of housing instability and substance abuse while simultaneously studying their effectiveness. This book has two goals: (1) to describe the theory behind each research demonstration project; and (2) to discuss the process of implementing the experimental intervention within the unique circumstances of each site. Several of the chapters offer useful case studies of how research and clinical coalitions can work together to resolve control issues; differences in training philosophies, goals and vocabulary, and resolve problems that arise due to the unusual demands of experimental research. Other chapters discuss the problems involved in implementing complex, multifaceted programs in a variety of economic, organizational, and political settings. AVAILABLE FROM: The Haworth Press, Inc., 10 Alice St., Binghamton, NY 13904-1580, (607) 722-5857, FAX (607) 722-1424. COST: \$29.95.

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Gelberg L, Leake BD. **Substance use among impoverished medical patients: The effect of housing status and other factors.** *Med Care*, 31(9):757-66, 1993.

Four hundred forty-three impoverished medical patients, many of whom were homeless, were studied to determine whether homelessness is an independent predictor of current substance use. Twenty-four percent of the sample of patients were frequent alcohol users (i.e., daily or almost daily), and 18% had recently used illegal drugs (cocaine, heroin, PCP, LSD). Marijuana use was not included in the drug use variable. Bivariate analyses revealed that frequent alcohol was associated with being homeless, male, less educated, a veteran, unemployed, and having more children. Frequent alcohol users also were more likely to be sexually active, have had suicidal thoughts, a previous psychiatric hospitalization or felony conviction, an accident or injury, and poor physical health. Self-reported use of illegal drugs was associated with being younger, U.S. born, never married, having a poor mood, and a mental health problem or substance use by a parent. Use of illegal drugs was associated with being homeless, male, less educated, sexually active, and having a previous felony conviction or psychiatric hospitalization. Once demographic and family characteristics were controlled for, housing status was not related to either frequent alcohol or illegal drug use. Substance use among impoverished patients was a reflection of their historical social backgrounds rather than of their current housing status. Helping these patients to obtain stable housing may not impact the substance use of homeless persons.

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Grella CE. **A residential recovery program for homeless alcoholics: differences in program recruitment and retention.** *J Ment Health Adm*, 20(2):90-9, Summer 1993.

This paper describes the Sober Transitional Housing and Employment Project (STHEP), a long-term residential recovery program in Los Angeles for homeless alcoholics. This NIAAA community demonstration project aimed to reintegrate homeless alcoholics into the urban environment and to increase levels of sobriety, housing, and employment. Participants first completed a 90-day program in a rural location and then transferred to a downtown recovery home for an additional 120 days. Services included enhanced vocational and housing assistance and specialized group activities. The evaluation examined patterns of recruitment and program retention, in comparison to a control group that received only the first phase, without enhanced services. Whites, women, and younger residents were less likely to sign up for the project waiting list and to accept entry into the project when randomized. STHEP participants were more likely to complete the first phase, particularly black males, compared to the control group. Upon completion of the second phase, whites were more likely to discharge to a rental situation, blacks to a sober group living facility, and women to live with others. Differences in program recruitment and completion may be explained by employment history, economic status, and gender, race, and age differences in subsistence patterns while homeless. The findings suggest the need for program planners to take into consideration the diverse backgrounds and needs of homeless alcoholics and to match individual needs to services.

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Hoven CW, Moore RE, Struening EL, Udoff A. **Entitlements, knowledge of services and service needs amongst homeless men with substance use problems.** *Comm Psych*, 26(2):38-40, 1993.

Based upon a sample of 848 male New York City shelter residents, substance use problems, entitlement coverage and knowledge of services were identified as predictors of treatment need. Findings indicate that homeless adults with alcohol and drug use problems constitute a major subgroup who require high levels of health care, education about health services and substance use services in addition to permanent housing.

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Kipke MD, Montgomery S, MacKenzie RG. **Substance use among youth seen at a community-based health clinic.** *J Adolesc Health*, 14(4):289-94, 1993.

Despite recent surveys reporting a decline in adolescents' use of alcohol and other drugs in the general population, substance abuse may actually be increasing among particular subgroups of high-risk youth. This study examined the prevalence of alcohol and other drug use reported by 1121 youth, ages 12-24 years, seen for an initial medical visit at a free community-based primary health clinic. The clinic, located in the Hollywood/Wilshire area of Los Angeles, serves homeless (62%) and nonhomeless (38%) youth. Analyses revealed that the homeless youth were significantly more likely to report use of alcohol and illicit drugs (marijuana, stimulants, hallucinogens, and narcotics) and prior involvement in injecting drug use (IDU). Variables found to be significantly associated with substance use among the homeless youth included length of time homeless, an attempted suicide, physical and sexual abuse, and involvement in survival sex/prostitution. Among the non-homeless youth, age of first intercourse, a previous suicide attempt, and a history of physical and sexual abuse were significantly associated with substance use. These findings suggest that rates of alcohol and other drug use may be higher among youth seen at community-based primary health clinics, particularly homeless youth underscoring the need for screening for these risk variables.

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Mavis BE, Humphreys K, Stoffelmayr BE. **Treatment needs and outcomes of two subtypes of homeless persons who abuse substances.** *Hosp Comm Psych*, 44(12):1185-7, 1993.

This article reviews the development of a clinically useful typology of homeless substance abusers empirically linked to treatment outcomes. Data are reported from a large state-funded follow-up study of clients seeking substance abuse treatment at 50 randomly selected public programs in Michigan. Two distinct groups of homeless substance abusers were identified: (1) characterized by unemployment and poor financial support and (2) characterized by higher levels of chemical dependence, low social stability and serious psychological problems, and therefore less responsive to treatment. By being sensitive to the different subgroups of homeless substance abusers, clinicians can enhance the effectiveness of their treatment programs.

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Salspuro M. **Nutrient intake and nutritional status in alcoholics.** *Alcohol*, 28(1):85-8, 1993.

The modern techniques used in making reliable nutritional surveys and in assessing the nutritional status of alcoholic individuals have greatly improved our possibilities to determine the nutrient intake and to detect nutritional deficiencies in alcoholics from different social groups. In earlier studies, the rather high incidence

of malnutrition in alcoholics can be related to patients consisting of indigent, skid row alcoholics or patients with severe somatic complications. Later studies have revealed that nutritional deficiencies are rare among middle-class alcoholics without significant somatic complications. However, selective nutritional deficiencies may be found among lower-income and homeless alcoholic populations.

Wittman F, Baumohl J. **A discussion paper on alcohol and drug-free housing.** Washington, DC: National Coalition for the Homeless, 1993.

This paper describes a conceptual model for thinking about permanent alcohol and drug free (ADF) housing for homeless persons with substance use problems. Discussed are the wide variety of ADF housing and the key issues that must be addressing in planning such programs. Basically, ADF housing follows three simple principles: (1) residents must remain alcohol and drug free; (2) rent must be paid on time; and (3) residents must abide by provisions of the landlord-tenant agreement. Architectural design of the house can be designed to promote communality or to emphasize individuality. Communal houses are designed so that residents carry out activities of daily living together. The degree of communality is determined by the interaction of the physical design and use policy, an interaction critical to the communally-configured house's success in supporting recovery.

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Woods IP, Downer A. **Community fairs - an intervention designed for drug dependent, homeless, and indigent populations.** International Conference on AIDS 1993, June 6-11; 9(2):825 (abstract no PO-D08-3643).

Substance using, homeless, and indigent populations present unique and insistent challenges to education and prevention providers. Community Fairs were held presenting interventions which were persuasive and appealing to this target population. Strategies were developed which engaged hard to reach participants, then unmasked successful AIDS educational forums as the desires outcome. Two Community Fair models are reviewed: (1) targeting homeless women in Brooklyn, NY, Jan. 1989 through Oct. 1989 and (2) targeting IVUDUs, homeless, and indigent at risk populations in Seattle, WA, April 1990 through Dec. 1992.

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Wright JD, Devine JA. **Family backgrounds and the substance-abusive homeless: The New Orleans experience.** Comm Psych, 26(2):35-7, 1993.

Family estrangement, disaffiliation, and disorganization have become common themes in the literature on the adult homeless, but relatively few studies have explored these topics as they pertain to the early childhood years. Data from 670 substance abusive homeless people in New Orleans suggest that for many, familial estrangement is a process that begins essentially at birth. Familial ties are generally not resources that homeless people once possessed and subsequently lost, but rather resources that many homeless people have been without since their earliest childhood years.

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