

WELFARE REFORM AND HOUSING: ASSESSING THE IMPACT TO SUBSTANCE ABUSERS

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The addiction disability (Supplemental Security Income and Social Security Disability Income program for drug abuse and alcoholism) was terminated by Congress in December 1996 as part of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). Discussions about welfare reform policies in the latter 20th century have centered on Aid to Families with Dependent Children (AFDC) receipt by the general population. Far less attention has been paid to programs such as the addiction disability that were also affected by the PRWORA. Our purpose is to study the effect of this policy change on the housing status of former addiction disability recipients and to also explore whether and how disruptions in living situations increased risks for drug and alcohol use, criminal participation and victimization. We utilize insights from two major sociological theories of housing or homelessness, i.e., individualistic and structural, to guide our exploration of the policy's impact on housing. A qualitative analysis, featuring in-depth interviews with 101, nonrandomly selected former recipients revealed that disability benefits promoted housing autonomy, successful cohabitation, and overall housing stability. The termination of benefits, at a time of diminishing social services (e.g., cash and housing assistance) and a housing market explosion, increased various types of homelessness for respondents and dependency on family and friends. Such negative living outcomes, in turn, further escalated the risk of drug and alcohol use, criminal participation, and victimization. Individual-level factors also complicated the matter. Implications for research and policy are discussed.

INTRODUCTION

Welfare reform was one of the leading social policy issues of the latter 20th century and may continue to be so in the 21st. Although the past few decades have witnessed numerous reform efforts, none has attempted such an ambitious goal as

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to "end welfare as we know it" like the Personal Responsibility and Work Reconciliation Act (PRWORA), part of the 1996 Contract with America Advancement Act. Research on the impact of this legislation is beginning to appear in popular and academic literatures. Most attention focuses on former recipients of Aid to Families with Dependent Children (AFDC), who now face time restrictions in the new TANF (Temporary Assistance to Needy Families) program. Very little discussion has been offered on other welfare programs that were completely eliminated by PRWORA, e.g., such as the Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) for drug abuse and alcoholism, commonly referred to as the addiction disability. This policy change and former recipients of this benefit comprise the present paper's focus.

The Social Security Administration (SSA) manages all SSI and SSDI disability programs. They provide cash benefits and Medicaid eligibility to those deemed disabled and, as a result of their disability (either physical or mental disorder), are unable to work. Drug addiction and alcoholism (DA & A) had been considered a form of mental disorder entitling an afflicted person to benefits since the 1970's. In the early 1990's, the addiction disability rolls dramatically increased, which helped bring the policy and its recipients to the attention of reform-focused legislators. Widespread criticism of the program soon followed when many commentators and elected officials effectively characterized recipients as lying, swindling, drug addicts who were squandering taxpayers money on dope. Consequently, the addiction disability was included in the PRWORA legislation and received little and ineffective opposition. Consequently, on December 31, 1996, the program was eliminated. Nationally, about 210,000 were receiving addiction disability benefits at the time of its termination (The Lewin Group, 1998).

Our purpose is to study the effect of termination of the addiction disability program on former Chicago recipients' housing status. This requires a review of how former recipients used their cash benefits while receiving them. We explore if and how the loss of addiction disability benefits has disrupted former recipients' housing situations. Closely related to this, we investigate the extent to which individual drug and alcohol use, criminal involvement, and victimization may have increased for some following the policy change via housing disruptions, a matter not previously studied but which is of considerable importance for drug abuse scholars and policy makers.

HOUSING IN THE LATTER 21st CENTURY

Like many other U.S. cities (Berger & Tremblay, 1999), the Chicago housing market has changed considerably during the latter part of the 20th century. Recently, a major study (Great Cities Institute of the University of Illinois at Chicago, Survey

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Research Laboratory of the University of Illinois at Chicago, The Center for Urban Real Estate, Urban Policy and Planning Program of the University of Illinois at Chicago, The Urban Institute, & Applied Real Estate Analysis Inc., 1999) in Chicago concluded that rental inventory is shrinking, rent increases are outpacing the cost of living, and vacancy rates are increasingly tight as we enter the 21st century. For example, the number of rental units decreased by an average of 9.3% during the 1990s. Throughout the decade, rents increased an average of 3.5 to 5.8% per year, hitting low income residents the hardest (Great Cities et al., 1999).

Given these housing dynamics, former addiction disability recipients were likely to encounter considerable obstacles to obtaining independent and stable living situations both before and after the policy change. By the late 1990s, disability checks could not completely cover rental expenses for one bedroom or studio apartments in Chicago. Average disability checks were \$450 per month in 1995 (just prior to the policy change--see The Lewin Group, 1998), while average rents for studios were \$481 per month and \$531 for one bedroom apartments. By 1999, studios averaged \$533 per month and one bedrooms \$619, while SSI checks (for those who remained eligible after the policy change), were about \$500 per month (The Lewin Group). The consistency of the monthly disability check and the greater prevalence of housing subsidies before the policy change, however, helped promote housing autonomy and stability.

HOUSING SUBSIDIES

Rental costs like the ones described above make housing subsidies critically important for all affected by welfare reform. A complication, however, is that low income housing units and housing subsidies have steadily declined following Reagan policies in the 1980s. For instance, in Chicago, about 60,000 people were on a waiting list for Section 8 vouchers in the late 1990s while only 3,500 vouchers are available each year (Great Cities et al., 1999). In 1999, an estimated 41,000 lived in a shelter, 40,000-60,000 were estimated to live on the streets, and 32,000-65,000 likely doubled up with their families (Great Cities et al., 1999).

Moreover, there is a current initiative in Chicago to relocate 6,000 households in public housing to the private housing market. The Great Cities et al. (1999) report predicts that this housing policy change will likely increase rents about \$32 a month by 2009, over and above standard housing increases. Such national and local housing policies paint a bleak picture for low income individuals, including former addiction disability recipients.

Diminishing support of housing programs into the 21st century makes cash assistance ever more critical for the poor and under skilled. For instance, Dunlap and Fogel (1998), Shiin et al. (1998), and Bassuk et al. (1997) recently found welfare

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assistance necessary in order to maintain housing and prevent homelessness. Housing disruptions, therefore, can be expected from welfare reform policies, such as addiction disability termination.

Consider the impact of 1980s General Assistance welfare cuts. Former recipients who appeared to be in relatively stable housing conditions afterwards experienced great difficulties over the long term when their short-term solutions, (i.e., doubling up and institutional residence), expired. Institutional residency or literal homelessness followed. Few were living independently (Johnson & Shepard, 1995; Rossi, 1990; Halter, 1989). Rossi (1990) also found a drop in GA increased homelessness and that doubling up solutions lasted for only about four years.

There is early indication that welfare reform in the 1990s has had a similar impact. Studies show former AFDC recipients reported having to move in with family and friends or into shelters shortly after losing benefits (Nichols & Gault, 1999; Mancoske, Kemp, & Lindhorst, 1998). Other work shows eviction rates for former AFDC recipients are high and increasing throughout the 1990s (Held, 1999).

HOUSING PROBLEMS AND SUBSTANCE ABUSE

While research has provided evidence that PRWORA of 1996 has negatively impacted the housing statuses of low income groups, another body of work suggests those problems may be more dire for substance abusers. Today, there is a considerable literature identifying substance abuse as a risk factor for homelessness. For instance, several studies have linked the use of crack (Stahler & Cohen, 1995), alcohol, heroin (Bassuck et al., 1997), and intravenous drugs (Leal, Galanter, Dermatis, & Westreich, 1999) with housing instability. However, studies by Piliavin, Wright, Mare, and Westerfelt (1996) and Sosin, Bruni, and Reidy (1995) have shown that housing problems persist for the poor even after controlling for deficiencies such as alcohol and drug abuse. Moreover, there is mounting evidence that homelessness might exacerbate substance abuse or lead to its resumption following periods of abstinence. The paragraphs below describe these and additional housing-related problems that could emerge for substance abusers, especially for those who have to double up with others because of termination from DA & A benefits.

Perhaps the most obvious issue is resumption, continuation, or worsening of substance abuse. Research shows nonabstinent DA & A recipients more often live with a drug abuser than those who are abstinent (McKay, McLellan, Durell, Ruetsch, & Alterman, 1998). Rossi (1990, p. 179) observed "those with chronic mental illness, severe alcoholism, and criminal records do not make good house mates and are eased out from under the protective wing of their relatives and friends." Dunlap (1992) also found children living in such households are at high

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risk to develop similar dysfunctional behaviors later in life. Consequently, we speculate that drug use by former addiction disability recipients and/or other household members might increase as a result of forced cohabitation or other housing problems. This contention departs from leading explanations of drug use and abuse (see Anderson, 1998 for a review) by considering a factor, e.g., housing status, not commonly considered.

Another concern is an increase in stress and tension that could damage the individual and the family support system. Increased psychological distress and a loss of self-esteem may occur due to a lack of housing and financial independence in adulthood (Rosenheck & Seibyl, 1998). Since such psychological distress is often correlated with increased drug and alcohol abuse, we might expect housing problems to exacerbate them. McKay et al.'s (1998) study of DA & A's found high severity of drug and alcohol abuse among recipients in addition to serious depression, anxiety, memory and concentration problems.

Families are also vulnerable. Wright, Rubin, & Devine (1998) found that close to 50% of those doubled up in the general population reported being kicked out of the shared residence because of relationship problems. Arguments between household members might increase in financially-stressed and overcrowded households. Especially vulnerable to the threat of abuse are children who reside in homes with drug and alcohol abusers (Dunlap, 1992). While critically important, investigating the impact of the policy change on former recipients' family members is, unfortunately, beyond the scope of this paper. The paragraphs below describe the analytic approach we used to study the impact of the policy change on former addiction disability recipients' housing situations and the potential drug, alcohol, criminal, and victimization risks that may be related.

METHODS

RECRUITMENT AND SAMPLING

We selected 101 respondents in a non-random fashion from DA & A cases in Cook County. In July 1996, the Illinois Social Security Administration Office sent to Treatment Alternatives for Safer Communities (TASC, Inc.), the Illinois Referral and Monitoring Agency, an electronic file of all Illinois cases active under both the SSI and SSDI programs as of June 30, 1996. The file consisted of 26,299 records with the following information: name, social security number, address, date of birth, and benefit program (i.e., SSI or SSDI). In November 1996, this file was used to define a population of active SSI/SSDI DA & A cases in Illinois. After deletions for duplicate cases, 23,949 cases were available for contact, 19,260 of whom resided in Chicago.

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Although we had access to this list, we selected a nonrandom sample to promote diversity in our subject pool that a random sample would not likely produce. Previous research has shown that substance abusers are highly transient and difficult to locate (Heckathorn, 1997; Fitzgerald, 1996). SSA gave us addresses at the commencement of respondents' benefits, which could have been several years before our interviews. Prior to data collection, we conducted random phone calls and discovered about 50% of these addresses and phone numbers invalid. In addition, some of the addresses were those of recipients' representative payees. However, payees (e.g., individuals and institutions) often did not know where recipients lived. Had we proceeded with a "random" sample design, we likely would have ended up with the most stable (those with constant residences and working telephone numbers) and perhaps "privileged" recipients. It is unlikely, therefore, that we ever could have obtained a truly random sample of DA & A recipients from the list of cases provided by the SSA.

We opted instead for a non-random sample from different contexts in order to capture a more diverse pool of respondents. We mailed letters to all 19,260 Chicago area DAA's, asking them if they wished their names deleted from our population roster. Though not requested to do so, 217 responded by expressing eagerness to participate in the study. We telephoned each, inviting them to participate in the research. We interviewed the first 35 who consented and suspected they might be the most eager to discuss the SSI/DI DA & A experience since they were motivated to contact us without our request to do so. Consequently, we shifted to other sampling strategies to obtain the remaining respondents in order to promote diversity in our respondent pool. These are described below.

Early in the project, we conducted site visits with numerous public agencies (e.g., employment and treatment programs) in Chicago to get their perspective on the impact of the policy change and to help us determine where we could find respondents. They recommended single room occupancies (SROs) and drug treatment programs. Consequently, we interviewed an additional 18 former DA & A recipients from such locations in an attempt to broaden the representativeness of our sample. We suspected they were less privileged than the previous 35. We selected the remaining 48 respondents from a pool of 500 randomly computer generated subjects from the entire list of 23,949. Contacting these 48 took a long time because of the address and phone number problems noted above. These three sources gave us 101 respondents.

DATA COLLECTION AND ANALYSIS PLAN

We interviewed each of the 101 respondents on two separate occasions. The first interview (depth) used a semi-structured guide to elicit respondents' perceptions of

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what the disability program meant to them and how termination had affected them. Medical and mental health problems, housing and other basic daily needs, drug and alcohol use, work and illegal activities were typical probes used to elicit more detailed information. On average, these interviews lasted between one and one and a half hours each. They were tape-recorded and transcribed for qualitative analysis. The transcriptions produced more than 3,000 pages of text, which were coded using the Atlas.ti software program.

Analysis of the qualitative interview data employed the constant comparative method, which is a sub-component of the grounded theory approach (Strauss, 1987), to compare and contrast the respondents' viewpoints and information they supply. Under this method, preliminary assumptions about the phenomena being studied are generated deductively from initial information and the literature. As the transcripts were read and reread, codes were developed to reflect meaning in the interviews. Memos were used to record ideas about emerging categories and their relationships as they arose during the analysis. Specific quotations are identified that illustrate general themes, beliefs, and categories of personal experience and their related consequences. All codes, memos, and quotations were analyzed with the Atlas.ti software program.

The second interview was a structured life history survey with both forced choice and open-ended questions about similar matters. These interviews lasted, on average, about the same amount of time as the qualitative ones. They were also tape recorded, but were not transcribed for analysis since interviewers coded respondents' answers to all questions during the interview. Tape-recordings were used to clarify potential confusions in coding. An SPSS data file was constructed with more than 300 variables capturing the coded life history information. All participants were paid stipends of \$25.00 each for both the depth interview and the life history.

From an analytic standpoint, linking quantitative and qualitative data involves moving between different levels of epistemology and theory. Our data analytic approach, therefore, "wove back and forth" between the two types of data using the constant comparative method in order to best illuminate the impact of termination on housing situations. Codes, memos, and categories uncovered in the qualitative analysis were paired with relevant quantitative data to convey both the detailed meaning of emergent concepts and their prevalence in the data. Below, quantitative data from Tables 1 through 3 are used to describe characteristics (demographic characteristics), resources (e.g., education, employment, and public assistance), and behaviors of the respondents that would likely influence housing situations or provide important context in better understanding them. Qualitative data uncovered

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the various housing patterns or outcomes that emerged from our analysis of the transcripts.

TABLE 1
DEMOGRAPHIC PROFILE

	Percent (N- 101)	Average
Age		44 years old
Gender:		
Male	74	
Female	27	
Race:		
Black	82	
White	10	
Other	8	
Marital Status:		
Married	10	
Widowed	5	
Divorced/Separated	34	
Never Married	52	
Children:		
Yes	72	2
No	28	
Average number years live in Chicago		38

Percents may not equal 100 due to rounding. Columns adjusted for missing cases.

MEASUREMENT AND PROFILE

Table 1 questions included, "What is your current age, race, and marital status?" Respondents were also asked if they had children and if so, how many. Also included was how many years they had lived in Chicago. The respondent's demographic profile is consistent with other studies of the addiction disability population in Chicago (see Swartz, Lurigio, & Goldstein, 2000). The majority were black males who had resided in Chicago nearly all their lives. Most were single (i.e., never married or divorced/separated) and had children, i.e., an average of two. They were 44 years of age on average.

We asked several questions about employment and resources to better understand potential influences on housing situations following termination (see Table 2). These questions began with "Do you currently earn money from any kind of work?" *Affirmative* answers to this question were coded as "employed" and

TABLE 2
CURRENT EMPLOYMENT, EDUCATION, AND RESOURCES

	Percent (N- 101)	Average
Work		
Employed	45	
Not employed	55	
Number months work (a)		12
Number of hours worked per week		24
Weekly income (a)		\$142
Education		
Less than HS diploma	41	
HS or GED	36	
More than HS	23	
Number years		11.5
Government Assistance (b,c)		
Medical insurance	59	
Housing supplement	25	
Link card	70	

a. Median used instead of mean due to non-normal distribution. b. Does not include SSI/SSI disability monies. c. Categories are not mutually exclusive.

negative answers to this question as "unemployed." We derived averages for number of months worked by asking "how long have you been doing this work?" Similar questions were asked for number of hours per week worked and weekly income.

Employment status varied greatly among the respondents. A few had full-time employment above minimum wage, but most were unemployed or employed only part-time at minimum wage. Averages for weekly income (\$142) and number of hours worked (24), therefore, are low. In addition, respondents reported being at their current jobs for about one year. Given this level of financial resources, potential problems with securing or maintaining independent housing after the policy change can be expected. For instance, since \$142 is a median weekly income, only the upper half of the respondents (who earn \$142 per week or more) might be able to afford studio apartments (\$533) after the policy change, while fewer could afford one bedroom apartments (\$619 per month). But even for these folks, rent costs would consume nearly all of their income. This underscores the necessity of subsidies for housing independence and stability (Shiin et al., 1998; Rossi, 1994).

We asked the respondents what school grade-level they had completed and coded their answers in number of years. Table 2 shows both a grouping of the school data and an average number of years completed. We reported both to illuminate more about the respondents' skill levels, income potential, and rent problems. Slightly more than three-fourths of the respondents had a high school education or less, with an average of 11.5 years of schooling. At an average of 44 years old, this level of education erects a considerable obstacle for the respondents' financial well being in the present and in the future.

In order to capture additional information about resources that might impact housing situations, we asked respondents if they currently received any medical, food or housing assistance from the government. Table 2 shows the percentage that reported receiving each type of assistance. The most frequent types of assistance received were medical insurance and food stamps (i.e., the LINK card). Over half of the respondents reported receiving Medicaid. Like the Chicago TANF recipients described above and similar to what Rossi (1994) concluded, far fewer respondents (about 25%), however, reported receiving housing assistance. Finally, we asked respondents if anyone had given them housing (room), food, clothes, shoes, medicine, cigarettes, alcohol, or drugs for free in the past 30 days (see Table 5). Slightly more than a quarter reported receiving a free place to stay in the past 30 days, while over half reported receiving free food.

TABLE 3
SELF-REPORTED DRUG USE

	Percent Ever Used = 101)	Age Last Use	Recency of Use (# yrs ago) (N
Alcohol	100	42	2.3
Marijuana	89	34	9.7 (a)
Cocaine	73	41	1.5 (a)
Heroin	67	36	3.5 (a)
Other Opiates	48	26	20
Amphetamines	30	26	21
Barbiturates	37	25	20
Tranquilizers	36	28	17
PCP	34	29	16

Percentages based on valid cases only and may not equal 100 due to rounding. a. Median instead of mean because of non-normal distribution.

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We asked respondents whether they had used alcohol, marijuana, cocaine, heroin, other opiates, amphetamines, barbiturates, tranquilizers, or PCP in their lifetimes and report the percentage answering affirmative for each group. We then computed a recency of use measure by subtracting the difference between respondent's actual age and the age he or she last reported any use of a particular substance. We then computed group medians for each substance.' Table 3 depicts these computations. The self-reports of drug and alcohol use show considerable experience with numerous substances over the lifetime and recent use of the same by many. Alcohol, marijuana, cocaine, and heroin were the most commonly reported drugs. Table 4 provides further evidence of drug and alcohol problems.

HOUSING WHILE RECEIVING DA & A BENEFITS

HOUSING INDEPENDENCE OR SHARED OCCUPANCY

Several main scenarios unfolded from discussions about housing while receiving DA & A benefits. First, when discussing how they used their addiction disability monies, most respondents told us their first priority was rent. Table 4 further illustrates this point. Nearly 80 percent reported rent as their first expense while an additional 6% reported it as their second. Overall, DA & A monies enabled respondents to obtain housing independence, i.e., to get their own rooms, studios, or apartments. A 41-year-old female stated:

SSI enabled me to get out on my own again with my kids, and get myself an apartment that is when I moved from the north side to the south side permanently.

Second, the monies allowed them to contribute to a shared household, where they often resided with parents (mothers), other family members, significant others, or friends. Respondents described this as a different experience than doubling up, a conclusion also researched by others (Wright, 1989). Shared cohabitation, to them, meant renting their own room or portion of a residence from someone else. Doubling up typically meant having to move into another's residence and being unable to make a steady and adequate contribution to the rent. Another difference between the two was overcrowding. Doubling up was described as producing overcrowding in the household, increased stress and tension, and an invasion of privacy. Shared cohabitation was not described in this fashion. The doubling up outcome is discussed more below.

Both housing independence and shared cohabitation ushered in housing stability and security for respondents, something repeatedly mentioned as their top priority. A 47-year-old male reported:

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I always paid my rent. My mother used to always help me. Rest her soul. First thing you do when you cash that check, you turn around and pay your rent.

Monthly and lump sum cash payments helped with deposits on apartments and to pay rent. In a discussion with the interviewer about cash benefits of the program, a 54-year-old male reported:

I lived on the streets eating out of garbage cans when my unemployment ran out. That is why I am saying, I will not live on the streets again. What I did with that money was, I was living in the park. I went and bought me some clothes, went and bought me a car, and got me a nice apartment, and tried to get back on my feet again.

SSI monthly cash payments were also used to cover basic daily living expenses, including such things as utility bills, incidentals, food and laundry (see also Table 4). Clothes were viewed as a separate item. A 34 year-old female told us:

SSI helped me in so many ways because they made sure, okay, I had carfare to go to my programs, to go to my meetings [*12 Step program and meetings*].

Earlier, Rossi (1990) found that SSI benefits enabled the poor to move up in the housing market in the 1970s because they were generous enough to cover costs. However, over time all types of welfare payments fell considerably short in meeting housing costs for even the least expensive housing (Rossi, 1994), something we also found among our respondents.

Respondents attributed an improved sense of well-being and a positive outlook on life to the housing autonomy and stability they got from lump sum and monthly payments. Furthermore, they linked housing independence and stability with increased self-esteem, opportunities to get on with their lives and to provide for their families, and accumulation of the material comforts that would make residences feel like home. A 46-year-old male reported:

It helped me pick myself up and gave me a place to stay. It made me want to move on with my life and get started and make things better for myself. I didn't have to worry about where to sleep at cause I could pay my bills and get things to eat with SSI.

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DRUGS AND CRIME RISKS

The importance of considering how both structural and individual factors can lead to housing problems became apparent when respondents described the environments in which they lived. Although the cash subsidy enabled them to secure housing autonomy and stability, it didn't necessarily reduce their exposure to alcohol, drugs, crime and victimization. Any housing independence achieved was typically located in neighborhoods perceived as high in illegal drug activity and other criminal enterprise.

Moreover, some respondents freely reported spending their cash benefits on alcohol and drugs, something not surprising given their histories with drugs and alcohol described above and the environments in which they lived. For instance, Table 4 shows that alcohol, drugs, and cigarettes were the second most frequent expense for 12% of the respondents. We learned it was possible for some, mostly those renting rooms- not studios or apartments, to both pay their rent and purchase alcohol or small amounts of illicit drugs with their disability benefits. A thirty-four year old male discussed this with an interviewer.

Interviewer: Did your drug use go down or up after you got SSI?
For a while I was clean when I was getting SSI. To me it was really the same. I had to do what I had to do. Whatever money I had left over, I spent the rest on my drugging. If I ran out of money, I would steal and I wanted to go out and seek more money to support my habit. But it somewhat decreased to a certain extent.

REPRESENTATIVE PAYEES

Representative payees helped respondents manage money and pay rent in a timely fashion. This pattern was most relevant for those who were no longer receiving disability benefits. A 34-year-old male, terminated from SSI, described the role of representative payees (his Mother) in money management:

She stayed on me with my money and made sure I handled what I could. She didn't let me get all of it. She was a good representative as my payee. She made me take care of paying my rent and food as far as those things go.

This pattern suggests money management skills were more lacking among those who were terminated from benefits. Although we have no direct evidence, we speculate that this difference could also imply differences in drug and alcohol abuse among the respondents. Individuals significantly impaired by drugs and alcohol routinely have difficulty managing their money (Baum & Burnes, 1993). Both

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physiological and psychological withdrawal from substance dependence require individuals to prioritize their funds for relief of distressing symptoms. Representative payees would, consequently, be more important to help serious drug and alcohol abusers manage their money for daily living expenses.

SUMMARY

Some basic conclusions can be offered about the respondents' housing and drug use situations while the addiction disability program was still operable. Clearly, disability benefits helped promote housing autonomy or positive cohabitation with family, significant others or friends. Thus, the addiction disability program provided a type of insurance against various types of housing problems and homelessness. Moreover, the ability to meet one's housing needs fostered a positive outlook on life. Consequently, even though the respondents told us the housing autonomy they were able to achieve while receiving benefits did not necessarily reduce their *exposure* to drugs, crime and victimization, it helped reduce their *motivation* to use them by eliminating stress and other negative effects commonly associated with housing instability. This finding lends support to the original intentions of the addiction disability program. Unfortunately, we also found evidence of increased drug and alcohol use among some beneficiaries while receiving benefits, irrespective of housing situations, thus indicating diversity among former recipients and the challenges in working with them (see Goldstein, Anderson, Schyb, & Swartz, 2000).

IMPACTS OF DA & A TERMINATION ON HOUSING STATUS
HOUSING INDEPENDENCE AND RENTAL ASSISTANCE

We begin our discussion of the impacts on housing status from the policy change with the best case scenario: continued housing independence, typically located in SRO's, public housing, or in private residences with Section 8 certificates. As was the case during receipt of DA & A benefits, housing was located in neighborhoods described as high in drug and criminal activity.

Qualitative analyses revealed that respondents (n=33) who requalified for another disability were able to maintain housing independence with rental assistance. They were able to do so because they were receiving new disability benefits at the time of our interview. Current monthly disability payments, averaging about \$500 (The Lewin Group, 1998), helped cover rental costs and ensure housing stability over the long-term. However, such respondents were able to retain housing independence after DA & A termination typically if they were also receiving some sort of housing subsidy (a Section 8 certificate, public housing from Chicago Housing Authority, or a room in an public or privately funded **SRO**), a

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pattern consistent with prior research. A 38-year-old male talked about the value of housing assistance from SROs.

As much as I yell and scream about Lakefront, the bottom line is I have a one bedroom apartment for \$138.00 a month and there is nowhere else like that. There is nowhere. I mean there is like four or five other buildings around Lakefront that are SRO's that are privately owned and they are spending \$280.00 out of \$494.00 a month on rent it doesn't leave you much. That is for a SRO, that is not for anything, that doesn't leave people much. I don't like a lot of the stuff that goes on there but I don't know any place that are providing a true alternative to people.

Without a housing subsidy, rental costs would consume one's entire check or income for the cheapest units, something Wright et al. (1998) and Rossi (1990) have documented regularly among the poor. To make matters worse, a recent study (Great Cities et al., 1999) has shown that Chicago rents experienced large increases in the 1990s, outpacing the overall rate of inflation. For example, between 1991 and 1995, rents increased 15.4% compared to an 11.4% increase in the Consumer Price Index (CPI). Between 1998 and 1999, rents increased by an average of 3.6% region wide, compared with a 2.0% increase in the CPI.

DESTABILIZATION AND EPISODIC HOMELESSNESS DURING DISABILITY REQUALIFICATION

Our analysis uncovered another important pattern that other research has neglected to discuss; housing disruption due to policy implementation. During the requalification period, respondents who eventually were successful in obtaining cash benefits for another disability told us about disruptions in their housing situations during the requalification process.

When Congress penned the DA & A termination policy, they required the Social Security Administration to send recipients letters prior to termination informing them of the policy change and their right to re-apply for another disability. On average, these letters were mailed out six months (about June of 1996) prior to the termination date (December 31, 1996). In theory, those who got their new disability applications into SSA right away were to receive a disability redetermination decision before the cutoff date. Some respondents reported this experience. Subsequently, they received no disruption in pay during the requalification process and they were able to retain housing independence without complication. However, our qualitative analysis found the more common scenario featured disruptions in pay and subsequently unstable housing for numerous reasons: failure to submit an application on time, requalification rejections by the SSA and appeals by the

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respondent, backlog of cases at SSA, etc. As a result, we found cases of episodic homelessness and housing destabilization during the requalification process for those who eventually received benefits for another disability, indicating just how vulnerable respondents were to the policy change.

Disruptions in pay during the disability redetermination process meant difficulty in meeting rental expenses and temporary housing loss for some. The most common outcome was having to move in with a friend or family member until monthly checks resumed. The most dramatic effect of this disruption was episodic homelessness for a few. Such housing outcomes often placed respondents at higher risk for drug and alcohol abuse, as a requalified 38-year-old male explained:

I had to go out in the street for a while you know I didn't have any money for four months, and it was back in the hospitals, hanging around the old neighborhood, getting caught up in the drug scene again, heavier, 'cause I had to live in it. I didn't have any where else to go. I didn't have any money.

Data reported in Tables 4 and 5 show important shifts in respondents' first and second top expenses while receiving addiction disability benefits, as compared to those in the present (i.e., the 30 days prior to our interviews). For instance, whereas 86% of the respondents reported paying rent as their first and second priority when receiving benefits, only 48% reported doing so after termination of them. These data seem to be consistent with the loss of housing autonomy, i.e., fewer respondents reported paying rent which might imply rent is being paid by another source (e.g., family, friends, or the government-- homeless shelters). The paragraphs below elaborate on these matters.

DOUBLING UP WITH FAMILY

DA & A termination forced many respondents to move in with family members. This was more often the case among those who no longer had any disability benefits. Doubling up was stressful because respondents typically did not have money to contribute to the household expenses. Some had only their LINK cards (food stamps) to offer. A 31-year-old female discussed doubling up tension with her mother:

My Mom talks about getting food and talking about kicking me out cause I don't have no kind of money coming in. Sometimes she gets mad at me cause we don't have money and don't have nothing to eat and she says I'll have to go stay at shelters from time to time ... She's use to getting that money from Social Security and paying the rent and now she don't get any.

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And now that she don't get any, she's telling me she can't take care of me and my kids.

At the time of our interview, some respondents were pending redetermination decisions by the SSA. A few of them reported being able to remain in their own apartments, but were borrowing money from family members to pay rent. Both of these situations have given respondents pressure and stress from supporting family members.

As Table 2 shows, the lack of steady and sufficient income and adequate skills to help secure and maintain housing, created stressful home environments and introduced housing instability. For instance, many of respondents reported living with their parents (usually their mothers) when we interviewed them and for a significant period of their lives. While receiving SSI, they could contribute to rent and other housing expenses such as food and utilities. Seldom were they required by parents to hand-over their entire checks. After termination, they reported not being able to contribute the same. This led to daily arguments, strained family relationships, and often increased drug and alcohol use as a means to cope with disappointing a parent and feelings of inadequacy. A 34-year-old male discussed why he was no longer able to double up with family and had to move into a shelter.

They [*family*] told me I had to do something or get out. They wasn't going to take care of me being the age I was. I had to do something. You can't keep on going from this house to this house and stay and eat one meal and eat another meal and just making it off whoever I could like friends or relatives.

A 44-year-old male rented a room from his parents for \$300 a month while on DA & A benefits. After being terminated, they asked him to leave. He moved into a shelter and his sister currently gives him money for living expenses.

Like I said, I'm staying at this hotel now and I've been staying there for a little over a month. There's a lot of reasons for that, but yeah, it's changed. I'm staying in a lot smaller area and, you know, it's a lot more limiting. Right now, my sister's loaning me, giving me, whatever - she's, for the last couple months, well actually over a month. That's how I've been getting by.

Even when respondents reported no problems with family while living with them, they told us living with parents and grandparents brought them shame and

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remorse for having to be dependent on their families at this point in life. A 38-year old male reported:

And I was just at home with my mother, you know. And I knew I was in the way. Some people go out and blow they brains out. I thank the Lord that he gave me strength to keep pushing.

What makes this situation even more difficult is that many of the harboring parents and grandparents are old and/or ill, so doubling up with them serves as a more temporary situation that may threaten housing in the future if they die or are hospitalized for a significant period of time.

DOUBLING UP WITH FRIENDS OR INTIMATES

Doubling up with friends or intimate others was another commonly reported outcome of DA & A disability termination. It was generally viewed as more problematic than doubling up with family. Two variations occurred: having to give up apartments or rooms to move in with friends or intimate others or having to take in roommates to help defray costs associated with benefits loss. In both situations, respondents told us that living with friends ushered in increased risk of drug and alcohol use and relationship problems. A 54-year-old male elaborated on the increased risk of drug use that accompanied the doubling up adaptation to benefits loss.

I had to take on roommates. People I don't know. People you know, strange people, drug addicts, alcoholics. You know I just had to do what I had to do, to keep my apartment, to keep a roof over my head.

Immediately after termination, a 41-year-old female and mother of three, took in a female friend who sold drugs. This placed her at increased risk for drug use and arrest. She commented:

She was staying in my house. I was doing her a favor, giving her a place to stay. Even though she helped me with my children, like baby-sitting, help me clean the house. I was doing her an honor by letting her deal out of my house. So that got me in a lot of trouble. I got money out of it. I would get cash here and there, cause she was making a lot of money. It was like everybody in Bridgeport was doing PCP. That is what it seemed like. They would all be at my house.

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INSTITUTIONAL, LITERAL AND CHRONIC HOMELESSNESS

As Rossi (1990) and others have found, the doubling up adaptation to benefits loss is usually a temporary situation, one step before institutional occupancy or literal homelessness. A 49-year-old male, who lived in an SRO while receiving DA & A benefits, told us about this.

In other words I took three years taking SSI. Then they stopped it and I am in the situation that I am sleeping in shelters, wherever I can, you know.

Others had to move into shelters after doubling up situations turned problematic when the respondent lost ability to contribute to the household.

Losing one's shelter and being forced to live on the streets has many negative repercussions. Respondents cited relapse, declining health, and loss of jobs as consequences of losing housing. For many of the respondents, living on the streets meant relapsing into drug use. For others it meant being forced to stay in "dope"/ "crack" houses as their only means for shelter. A 50-year-old male described the drug-ridden environment of his hotel:

It affects me - I don't even want to go to the hotel. I really don't. The conditions there are deplorable. They're selling drugs on the front of the hotel. They're selling drugs in the laundry of the hotel. They're selling drugs two doors down from my room. It's rough.

A 44-year-old male described the resultant literal homelessness that followed when he could no longer borrow time from his landlord.

I had to go back in the street. I had to live in the streets really `cause I gave my apartment up. Couldn't pay rent. I lied to the landlord. Every time I had a appointment to see social security, you know, they kept denying me, and I kept telling him, you know, let me stay, you know, a little bit longer. I have some money coming. And he let me stay for like three months, and then I couldn't stay no more. And then I started running around in the streets.

Finally, respondents suffered blows to their self-esteem because of undesirable housing situations. A 49-year-old male discussed how his homelessness influenced his self-esteem:

Yeah, been homeless and I don't like it. I was just homeless before I got this place, two months, two and ¹/₂ months out on the streets. Riding ELs' then my self esteem really hit an all-time low.

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ABSENCE OF ALTERNATIVE HOUSING PLANS: LIVING ON BORROWED TIME

Some respondents reported over-relying on SSI monies for housing and other expenses. Those pending redetermination at the time of our interview (n=20) described themselves as living on borrowed time, mortgaging their futures against the promise of a future disability check. Few have HAD other plans to meet their expenses. Many have HAD placed all their eggs in the SSI basket, hoping to requalify for another disability. This has HAD placed them in precarious, vulnerable, and temporary housing situations.

When asked about solutions to their housing and other problems, pending cases had either the luxury or misfortune of believing that SSI disability payments were still an option for them. This differentiated them from other respondents and made them envious or resentful of the requalified. A common belief was that requalification was the only way to remedy their problems. When asked what he would do if he never got back on SSI, a 49-year-old male told us:

I'll go wash some cars or something like that. I know I ain't going to make no 30 or 40 dollars, depends on how many cars I wash a day. But 30 to 40 dollars a day, I know my sister ain't going to put me out.

Interviewer: So you don't really have a stable money-making plan if SSI doesn't work out?

No, I don't.

When asked about his future, a 44-year-old male summed it up nicely:

I think if I don't get no help from them, I ain't going to have no future.

Hidden behind this requalification hope is the perception that there are no other options available. Some respondents simply could not conceptualize another strategy. A 47-year-old male remarked:

It's all in the hands of the judge right at this point. So, when I go in front of him, if he decides that he wants to help me and contact them and tell them to release the money and put me back on, then I'll have something to look forward to. If not, then there really is no need for me to continue to keep living.

DRUG AND ALCOHOL USE AND CRIMINAL PARTICIPATION

While we found evidence of participation in drugs, alcohol and crime among some beneficiaries during receipt of addiction disability benefits (see above text and Table 4), we also learned that such participation had escalated for some since

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TABLE 4

SELECTED INDICATORS OF DRUG/ALCOHOL AND CRIMINAL INVOLVEMENT IN THE PAST

Drug and Alcohol Indicator	Number (N=101)
DA & A Expense #1'	
Rent	80
Drugs/alcohol/cigarettes	4
Food	10
Utilities/Bills	3
Other	2
None	1
DA & A Expense #2*	
Rent	6
Drugs/alcohol/cigarettes	8
Food	36
Clothes	18
Utilities/Bills	14
Other	13
None	4
Number of times in Drug or Alcohol Treatment Program	
None	13
One	52
Two	12
Three	15
Four or More	8
Crime Indicator	
Worked in Drug Business	
No	44
Yes	56
#1 Drug Sold	
Cocaine/crack	47
Heroin	19
Marijuana	19
Other	14
Length Sold Drugs	
Less than one <i>year</i>	20
1-5 years	53
6-10 years	18
10 or more years	10
Number of Times Arrested	
Median = 4.0 Mean =	
10.5	
Standard Deviation = 15.2	

*Categories are not mutually exclusive.

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termination, indicating a negative impact on problem behavior since the policy change. Housing disruptions often helped produce such outcomes. Table 5 provides preliminary evidence in support of this contention. Fourteen percent of respondents reported that drugs, alcohol and cigarettes were their number one expense in the past 30 days as compared to only four percent during receipt of addiction disability benefits (see Table 4). Another 13 percent of respondents reported alcohol, drugs, and cigarettes comprised their number two expense in the past 30 days as compared to eight percent doing so while receiving benefits (see Table 4). This is a noticeable increase in the percentage reporting alcohol and drugs as their first and second top expenses in the 30 days prior to our interview or after disability termination. Moreover, Table 5 shows 41% believe they currently need treatment for drug or alcohol abuse.

TABLE 5
INDICATORS OF DRUG/ALCOHOL AND CRIMINAL INVOLVEMENT AT TIME OF INTERVIEW

	Percent* (N-101)
Expense #1 in last 30 days	
Rent	46
Drugs/alcohol/cigarettes	14
Food	14
Utilities/Bills	4
Other	15
None	4
Expense #2 in last 30 days	
Rent	2
Drugs/alcohol/cigarettes	13
Food	24
Utilities/Bills	20
Other	24
Free goods in last 30 days*	
Room	26
Food	60
Clothes	16
Shoes	14
Medicine	8
Cigarettes	33
Alcohol	32
Drugs	20
Currently Needs Drug or Alcohol Treatment	
No	59
Yes	41
Substance Requiring Treatment* *	
Alcohol	21
Alcohol and Other	30
Cocaine	14
Heroin	27
Other	8

*Percentages computed on valid cases only.
**Categories are not mutually exclusive.

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Often, those who reported increases in their drug use after termination linked the change directly to the termination of benefits. For them, the policy change made them depressed and hopeless about their lives and forced them to resort to illegal activities (e.g., drug selling, minor theft) to provide for basic needs. Increased exposure to drugs and crime eventually gave way to resumption or worsening of drug use. A thirty-one year old male explained:

I started selling drugs again, I had to support myself.

Interviewer: Did you start using more too?

Yeah, I went into a deep depression, into a very deep depression when I got cut off.

Others, linked the relationship between increased participation in alcohol, drugs, and crime after the policy change to housing disruptions. A thirty-eight year old male explains this to the interviewer.

I had nowhere to go. So I stayed at dope houses. You know I had no roof no where, so whatever I had to do that's what I had to keep a roof and that's the only place I know that I could go. That's what I had to do you know, sell a little bit [of drugs]⁴ while I am there. Try to make a couple of dollars. I had to do what I had to do.

Interviewer: So did you use more?

Oh a whole lot more, because I had it all the time. I had to have it all the time.

A forty-three year old female added:

I had to turn dates and foot from here to there in order to survive, begging for money.

Interviewer: What was your life like before you got on SSI?

I was turning dates in the streets, but I wasn't as bad off as I am now.

Respondents' explanations for increases in drug and alcohol use and participation in crime since termination tapped into both the structural and individual theories. Most understood their role in these negative outcomes (e.g., poor decision-making and coping strategies) while citing both environmental (e.g., drug-infested neighborhoods) and social influences (e.g., the declining social safety net). A thirty four year old male explained about environmental temptations:

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I know we have choices. It's up to us to make it, but when you are in the neighborhood and the environment and the mentality there, you got to experience what's it's like and it's hard. Words cannot explain.

A 35-year-old male explained the daily dilemmas of having to deal with gang members, which led to his recent arrest.

Well, he told me he'd give me ten bucks if I took him to the store. He needed stuff for his kids and I try to stay on an equal level with these guys because I've got to live in the neighborhood. I see them every day, every other day. So, not only did I need to make the ten bucks, but I needed, you know, you can't - how can I say it, you know, turn them down all the time. You've got to kind of coexist with them. And it was stupid, but I should have known better. I was probably taking him to make a drug deal.

A 40-year-old male respondent described such risks of victimization in his building.

And I was scared going in and out the door. I mean I had a knife and I ain't got no gun, but I carry a knife with me anywhere I go. I came down to check the mailbox and I had a knife with me. I was scared to get on the elevator.

Such living environments likely encourage continual threats to respondents' drug use and illegal activity, helping to undermine the objectives of the DA & A disability program (to help recipients get and remain drug and alcohol free).

SUMMARY

Our investigation into the impact of the termination of the addiction disability program revealed two major findings. First, PRWORA of 1996 has destabilized the housing situations of the respondents and has placed them at greater risk for various types of housing problems and homelessness. Second, these housing complications have exacerbated numerous social problems (drug and alcohol abuse, crime, and victimization). It is important to also consider, however, that changes in the housing market, decreased housing subsidies, and individual characteristics and behaviors also played a role in these negative outcomes.

More specifically, we found considerable housing dependency, at some level, for all respondents, albeit most often among those who currently had no SSI benefits. Problematic dependence on family, friends, and significant others (doubling up or sharing housing with other adults) was most common, followed by dependence on state-funded program. Independent living (e.g., having one's own

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place and paying one's own rent), which we would hope for most by middle-age, was an uncommon occurrence.

Housing dependence, of any kind, was perceived as undesirable across the board. State dependence, or institutional occupancy, was especially problematic. Life in various kinds of shelters was stressful on many levels, from living in impersonal and unstable environments to experiencing daily fears of victimization. Respondents told us that this kind of state-supported housing was not conducive to drug and alcohol abstinence. Dependence on family, friends, and significant others was perceived as a better situation, but it also had its complications.

Requalification for other SSI/DI benefits and housing assistance seemed the best insurance against homelessness, like research has documented with other cash assistance programs (Rossi,1994; Siin et al.,1998). Those who requalified for other benefits experienced fewer and less serious housing problems. Landlords were often patient and forgiving for those receiving guaranteed, monthly income. As expected, our analysis revealed that respondents terminated completely from SSI/ DI disability benefits suffered the greatest housing problems at the time of our interviews.

DISCUSSION

We began our investigation with a research question that focused on how social policy changes can affect housing status and other social problems. Earlier, research on other welfare reform policies found major housing disruptions and instability caused by policy changes. Our study of the termination of the addiction disability benefit, part of 1990s welfare reform, reaches similar conclusions and adds important new insights into the types of housing problems that arise and the special drug and crime complications that result from them.

The value and importance of housing independence and stability cannot be overstated. At the time of our interviews, respondents told us that housing issues were their most important expense and concern, one that affected many aspects of their lives (health, drug and alcohol use, and family relations), something confirmed by other research as well (Ball and Havassy 1984). They also spoke emphatically about their desire for housing independence in the future. Respondent's reported wanting to live on their own or with their significant others and their children and pay their own rent or mortgage. Some desire to own a home, but most would settle for renting an apartment or room in an SRO. The addiction disability benefit program enabled this wish come true. Since termination of the addiction disability, however, many respondents have been forced to look elsewhere for a solution.

The question remains as to how realistic respondents' goals for independent housing are given the current political, social, and economic climate. While the aim

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of SSI DA & A termination was, for conservatives, to force individuals to take greater responsibility in their lives and to decrease dependence on governmentally funded programs, this goal appears nearly impossible to achieve given the lack of resources had by this under-skilled and poor population. Nor did the policy change necessarily decrease their risk of continued involvement in drugs and crime. We estimate that losing a stable housing situation has placed respondents at greater risk for continued drug and alcohol use, something not considered by extant etiological work on individual substance abuse. These consequences could mean a greater dependence of this population on state and federally funded programs.

It is futile to maintain that substance abusers simply need housing to remedy their problems. Devine and Wright (1997) and Martin and Inciardi (1998) have also shown they need case management, job training and placement services, supportive work environments, counseling in money management and social skills, and a diversity of treatment programs for substance abuse dependencies. The treatment programs should be of a lasting duration, like a therapeutic community (see Inciardi, 1998; Inciardi, Martin, Butzin, Hooper, & Harrison, 1997).

When public assistance dries up or is eliminated, housing problems are magnified considerably. Termination of the DA & A disability program has occurred within a larger context of diminishing public support for the underprivileged. Recent government policy has cut funds for the healthcare, education, and housing needs of poor adults. These parallel policies may further exacerbate problems associated with finding and maintaining housing among adult substance abusers. Furthermore, we can expect the housing situation for the poor to worsen as the social safety net continues to decline in the 21st century.

In an era of intense scrutiny of the War on Drugs, researchers and critics most often focus on shortcomings in specific drugs or crime interventions that worsen the problems they seek to rectify. Few consider how seemingly unrelated social policies, such as PRWORA and the termination of the addiction disability, might produce a similar set of negative outcomes. Our research speaks to the value of adopting a wider lens in studying the relationship between social change and substance abuse. We hope interested parties will consider both the potential direct and indirect consequences of a broad range of social policies when attempting to combat the social ills of drug and alcohol abuse, crime and victimization.

¹ These two programs differ mainly in that SSDI (Title II) recipients have substantial work histories, have paid into the Social Security system, and have an entitlement to receive disability benefits. SSI (Title XVI) recipients do not have substantial work histories and their disability benefits fall more into the

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category of public aid. Addiction is no longer a valid category of disability for either SSI or SSDI.

² The first and third authors interviewed most of the respondents at university offices, homeless shelters, or treatment facilities. Two other project staff and the principal investigator of the study interviewed a few others at university offices.

³ The information we collected on drug and alcohol use reflects our concerns and past research's findings regarding the validity of self-report data on drug use (see Harrison & Hughes, 1997 for example). Due to these issues, we collected self-report data on drug use in the past (e.g., how old were you when you first used drug "x") and on drug-related complications in the present. Since our data collection commenced shortly after termination of the addiction disability program and during a time when many of our respondents were attempting to requalify for other SSI benefits, we surmised that respondents would be tempted to misrepresent their current drug and alcohol consumption due to fears of it negatively impacting their pending SSI cases, even if assured protection with a Federal Certificate. We opted, instead, for more indirect indicators of current substance use and related problems (see Tables 4 and 5).

⁴ emphasis added.

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