SURVEY OF SUBSTANCE USE AMONG THE HOMELESS POPULATION IN BERMUDA

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FOREWORD

The relationship between homelessness and alcohol and drug abuse is quite controversial. A common stereotype of the homeless population is that they are all alcoholics or drug abusers. The reality is that a high percentage of homeless people do struggle with substance abuse. However, models attempting to define the connection between substance abuse and homelessness have noted a bidirectional relationship where substance abuse is both a cause and a result of homelessness, often arising after people lose their housing. While addictive disorders appear disproportionately among the homeless population, such disorders cannot, by themselves, explain homelessness as most drug and alcohol addicts never become homeless.

Assessing levels of drug use amongst populations who are homeless is essential, in order to ensure adequate provision for this target group. In practice, however, it is a difficult task to undertake well, and, depending on the approach used, wildly differing outcomes can be obtained. In Bermuda, research and data describing the national prevalence of homelessness and substance use are limited. Even more challenging is obtaining studies on substance abuse and psychiatric disorders that may precede or result from homelessness. Homeless individuals with substance use disorders, particularly those who are dually-diagnosed, pose a substantial challenge to the substance abuse treatment community as well as the community at large.

An appreciation of the dynamics and causative factors associated with homeless is necessary if we are to develop better-informed public policies and medical and social interventions. One of the most consistent findings in research is the direct association between the length of time spent in treatment and positive outcomes. Yet the challenge of engaging clients in substance abuse treatment is intensified when the target population is also homeless, as the ability to interact with them is limited by their ever-changing location. If homeless, placement following treatment is also a critical challenge. Housing is critical to everyone and treatment programmes which provide housing have consistently shown lower drop-out rates. Programmes which have provided housing supports on a continuum model, with intensity of services reflecting the degree of client independence, have been met with success. Housing for the homeless population remains a significant challenge in Bermuda, but the provision of housing alone is not a sufficient solution. If housing, treatment, and other social service agencies work together toward developing a comprehensive response to the problems of homeless substance users, the whole community will benefit.

The Department for National Drug Control (DNDC) would like to extend gratitude to the stakeholder planning group, interviewers, respondents, and its staff for bringing this project to fruition.

JOANNE DEAN

Director

Department for National Drug Control

March, 2015

SURVEY HIGHLIGHTS

In this report, the results are presented from the Survey of Substance Use among the Homeless Population in Bermuda, conducted by the DNDC. It was administered to a convenience sample of participants during the period February 15th to March 14th, 2015 to benchmark substance use among this population. The following are some of the main findings based on self-reported information provided by the survey respondents:

DEMOGRAPHICS

- A total of 165 persons were interviewed; there were more male than female participants.
- Majority of the homeless persons identified themselves as 'Black' and between 46 to 65 years.
- More than half of participants were never married and had no dependent children.
- Just over fifty percent said their parents or a sibling could be contacted in the event of an emergency.
- Slightly over half of the participants reported that they completed the secondary level of education or had their GED.
- The largest proportion of the survey participants was located centrally.

HEALTH OF HOMELESS

- Majority of survey respondents felt their health was 'Good' at 46.6%, followed by 'Very Good' at 21.8%. A large proportion (30.9%) indicated having depression.
- The majority of respondents did not have health insurance coverage (80.6%); with HIP being the most frequent insurance provider.
- 38.8% of the homeless persons admitted to needing medical care; and of those who needed care, most of them got the care they needed (32.7% of all respondents).

HOMELESS CHARACTERISTICS

- 'Home or apartment of a friend or family member' was the location most participants stayed in last night (the night before the survey interview) and in the past 12 months reference periods.
- Of all places to stay, respondents said they stayed at a 'Home or apartment of a friend or family member' the longest.
- Majority of homeless persons were in fact sheltered or in an institution as opposed to being on the street (including in an abandoned building, car, or in a tent).
- A large proportion of respondents indicated having earned (by begging, panhandling, etc.) income (63.6%) compared to having no income at all (16.4%).
- Government-sponsored income (financial assistance and social insurance) accounted for 11.0% of income sources, followed by retirement benefits/pensions (6.7%).

- When it came to monthly income from all sources, $0 was indicated by 20.0%, followed by $1 – $150 by 21.2%, of the respondents. A number of respondents (n = 78 or 47.2%) received income between $151 and $2,000.
- Of all respondents, 75.8% said they have been homeless this time for more than a year compared to 20.0% who said no (that they had not been homeless for more than a year, this time).
- The top three reasons for homelessness were, 'Loss of my job or other source of income', 'Bills were higher than earnings', and 'Could not afford to pay rent or mortgage because of change in family status'.

SUBSTANCE USE

- The highest level of prevalence-of-use was evident for the two legal substances (cigarettes and alcohol), where 75.2% and 65.5% of the homeless persons reported that they currently use these substances, respectively.
- 37.0% of the homeless persons reported current use of marijuana, with 12.7% and 11.5% who said they used crack and cocaine, respectively, in the present period.
- About three out of every 10 homeless persons (28.5% or n = 47) drink every day of the week; with 4.6 being the average number of days that the participants consumed alcohol in a week.
- The number of drinks ranged from one drink to as many as 30 drinks in a day, with an average of 4.7 drinks per day. Most of the respondents (22.4% or n = 37) drank in excess of five or more drinks per day, while only 5.5% (n = 9) consumed one drink per day.
- All of participants who reported current use of alcohol engage in moderate drinking; the majority of whom (47.2%) can considered as heavy drinkers (15 drinks or more per week, which is equivalent to three drinks or more per day over seven days) with excessive alcohol use.
- The majority of the respondents indicated that they never received any type treatment for substance abuse.
- The amount of money expended on either alcohol or drugs in the month prior to the survey (current users) ranged from $0 to $1000, with an average of about $100 and $50, respectively.

INTRODUCTION

Much has been written on the health and substance use behaviours of the adult population in Bermuda. There are, however, few reports which provide detailed information on the health status and substance use of the homeless. This report presents the main findings of the 2015 Survey of Substance Use among the Homeless Population in Bermuda.

The prevalence of drug problems was ascertained and the association between drug use and physical and mental health status was examined. The survey findings are presented within the four sections: 1) demographic profile, 2) health of the homeless, 3) homeless characteristics, and 4) substance use.

BACKGROUND

Drug use is believed to be an important factor contributing to the poor health and increased mortality risk that has been widely observed among homeless persons.[1] Substance use may increase the risk of homelessness by undermining their social ties and economic stability.[2] Drug users often suffer from numerous adverse health effects, including overdoses, psychiatric conditions, and infectious disease. Research on substance abuse and psychiatric disorders among the homeless is less consistent, and remains the subject of considerable debate because of an inability to identify whether addictive and psychiatric disorders precede homelessness or are a consequence of homelessness. There is a common perception that substance abuse and homelessness are linked; but there is considerable contention about the direction of the relationship.[3] Previous research shows a perception by service providers of substance abuse as the number one reason for homelessness on the Island.[4] Additionally, 75% of the homeless had substance abuse challenges with either alcohol or drugs, and in some cases both.

Primary homelessness *includes all people without conventional accommodation, such as people living on the streets or using cars for temporary shelter.*

Secondary homelessness *includes people who move frequently from one form of temporary shelter to another, including emergency accommodation.*

The number of homeless persons in this survey was dependent on the definition of homelessness that was used. The core definition of homelessness in this survey is categorised by primary and secondary homelessness. Primary homelessness includes all people without conventional accommodation, such as people living on the streets or using cars for temporary shelter. Secondary homelessness includes

[1] M. Grinman, S. Chiu, D. Redelmeier, W. Levinson, W., et al. (2010). Drug problems among homeless individuals in Toronto, Canada: prevalence, drugs of choice, and relation to health status. *BMC Public Health, 10* (94), 2-7, pp. 2.

[2] J. Vangeest, T. Johnson, T. (2002). Substance Abuse and Homelessness: Direct or indirect effects? *Substance abuse and homelessness. Annals of Epidemiology, 12*(7), 446-57, pp. 447.

[3] G. Johnson & C. Chamberlain. (2008). Homelessness and substance abuse: which comes first? *Australian Social Work, 61*(4), 342-356, pp. 342.

people who move frequently from one form of temporary shelter to another, including emergency accommodation.[3]

Information was obtained on 165 homeless persons. There is no sampling frame of homeless people in Bermuda, outside of the 2010 Census, and this makes it difficult to assess the representativeness of this survey's sample. The findings provide a benchmark indicator of the extent of substance use among the Island's homeless population, although it may be an underestimate because some people may not have disclosed this information. Similarly, the findings provide an indicator of whether substance abuse precedes or follows homelessness; but relevant information may not have been provided by respondents.

PURPOSE & OBJECTIVES

This study's goal was to determine the prevalence and characteristics of drug use among a convenience sample of homeless individuals in Bermuda. As this is the first survey of this nature in Bermuda, the information obtained is intended to be used by the Department for National Drug Control as well as other stakeholders and interest groups or individuals working with the homeless population in an effort to develop an understanding of their needs and to improve existing substance abuse intervention and treatment programmes.

The 2015 Survey of Substance Use among the Homeless Population represents the latest information on homeless drug consumption in Bermuda and serves many purposes. Foremost is the provision of accurate and reliable national-level data to support the monitoring of the drug situation in Bermuda. Specifically, the purpose of this survey is to obtain baseline data on the use of licit and illicit substances, health, and other characteristics related to homelessness.

Additional objectives of this survey are to:

- Provide data on the level, patterns, and trends in the use of alcohol, tobacco, and other substances;
- Identify factors related to homelessness; and
- Measure the relationship between homelessness, drug use, and health.

SURVEY LIMITATIONS

Although obtaining an accurate, recent count is difficult, the Homeless Survey (HS) is an appropriate vehicle for estimating prevalence rates for different drugs among the homeless population that would not be otherwise captured. Over the years, there have been surveys that have enumerated the number of homeless persons in Bermuda, none of which have collectively provided data on substance use, mental health, and health status.

Although the HS provides useful information, it has certain limitations. First, the data are self-reports of drug use and health and their value depends on respondents' willingness to provide information and their ability to recall past experiences. Further, because the survey was accounts of self-reported behaviours, respondents may not have remembered their drug using behaviours because of recall issues related to the chaotic lifestyle of many homeless people, particularly the long-term homeless. This may be particularly true for prevalence estimates of drugs such as

heroin, cocaine, and crack cocaine. Additionally, given the sensitive nature of some of the questions, such as self-reported mental health conditions because of the social stigma associated with many of these, underreporting was likely to have affected some results. Using suitably qualified interviewers minimised some of this bias by facilitating a more trusting environment for collecting information. However, over the years, studies have established the validity of self-reported data.

Second, the survey is cross-sectional rather than longitudinal; that is, individuals were interviewed only once and were not followed for subsequent interviews. Therefore, the survey provides an overview of the prevalence of drug use at a specific point in time, rather than a view of how the drug use behaviour of individuals changes over time.

Third, the sampling strategy was deliberately intended to capture as many homeless persons and to reflect the true population. The chosen convenience sampling may not reflect methodological rigor and it is possible that the representation of participants may have created a selection bias.

Consequently, the information obtained from this survey provides partial insight into current substance use and misuse amongst the homeless in Bermuda. While the methodology applied to the HS has good construct validity, nevertheless, the results should be interpreted with caution and when making generalisations as underreporting of prevalence of use is possible and the findings, therefore, can be viewed as conservative.

METHODOLOGY

SURVEY DESIGN

This survey was conducted over a one-month period, from Sunday, February 15th – Saturday, March 14th, 2015 targeting all homeless persons in Bermuda during this period. The participants were surveyed using a combination of two standardised questionnaires modified and adapted for the Bermuda context. The proposed survey design is briefly described in the subsequent sub-sections.

TARGET POPULATION

All homeless persons, as defined in the previous section, were eligible to participate in the survey, as long as they were considered homeless during the one-month survey administration period. Specifically, persons could have been unsheltered or on the street (street count or primary homelessness) or homeless and seeking services from one of the service providers such as FOCUS Counselling Services (substance use services), Turning Point Substance Abuse Programme (substance use services), and the Mid-Atlantic Wellness Institute (psychiatric services); or were living in the emergency shelter at Salvation Army (shelter count or secondary homelessness). This, therefore, meant that no one was exempted from being selected to participate in this survey once they met the foregoing criteria. Individuals were excluded, however, if they were incoherent, abusive, psychotic, or acutely intoxicated at the time of interview.

Street Count: *The purpose of the street count is to conduct an enumeration of unsheltered homeless people at a specific moment in time.*

Shelter Count: *The goal of the shelter and institution count is to gain an accurate count of the number of homeless that are being temporarily housed in the emergency shelter.*

SAMPLING

A cross-sectional survey of the homeless persons across the entire island of Bermuda was utilised. Given the lack of a population frame of the homeless population, convenience sampling was used to obtain the survey participants. To capture the full spectrum of homelessness, interviewers were provided with a list of possible locations well-known to be sites (including unsheltered enclaves such as abandoned buildings, cars, tents, and outdoors) where homeless persons might be found across the length and breadth of the Island – from east to west and central Bermuda. They were also advised to traverse the entire island to locate any such persons, leaving no area uncanvassed.

SURVEY INSTRUMENT

A version of the 2012 Community Needs Assessment Survey questionnaire of the Coalition for the Homeless in Houston/Harris County, USA, together with one standardised tested question on health status, and a few from the Addiction Severity Index Fifth Edition, formed the survey instrument used in this study; and modified to suit the Bermuda context. In addition, one question was added specific to next-of-kin relationship as this was viewed to be of relevance by the stakeholder planning group.

The survey included questions on: demographic characteristics, income, living arrangements, reasons for homelessness, self-reported medical and mental health comorbidities, insurance coverage, prior substance abuse–related treatments, past and current alcohol and drug use, among others. The final questionnaire used in this survey (see Appendix I) comprised of 32 questions.

Pretest of the Questionnaire

Despite the use of standardised and tested questions, some of them had to be tailored to the Bermuda context and others were combined to form one survey instrument. A new concern was that combining the various tools and questions on selected standardised instruments would result in a questionnaire that was either too lengthy for the target population or did not fit the purpose of the study. As such a pretest of the questionnaire was deemed essential to the survey process to check for readability, order, timing, overall respondent well-being and reaction, understanding of instructions, skip pattern, response categories, meaning of words, and general format and layout.

The draft questionnaire was pretested among a selective group of 10 persons housed at the Salvation Army emergency shelter two weeks before the actual survey administration. The interviews were conducted by staff/case workers of the shelter. Results from the pretest were used to modify and finalise the questions which were used in the survey. Specifically, instructions were clarified, questions were included, some questions were re-ordered for better flow, and certain response categories were modified, deleted, or added.

SURVEY ADMINISTRATION

Data Collection

The survey was administered via personal one-on-one interviews conducted on-site in a private setting as possible, by trained interviewers during the period Sunday, February 15th to Saturday, March 14th, 2015. In total there were 13 interviewers who were selected based on their data collection skills and current or previous work with this group of persons to facilitate a better acceptance of the survey and to create a more comfortable environment for respondents to truthfully answer the questions. At the commencement of data collection, all interviewers were trained on the questionnaire, conducting the interviews, and supplied with a kit of the necessary materials and resources needed for them to recruit participants and gather the required information. This was done to ensure consistency among the interviewers.

When a subject was encountered, the person was approached and screened for eligibility. The best-known name of the location where each interview was conducted was recorded as an environmental marker. The participants self-reported to each question on the survey instrument and were each provided with a $20 food voucher for their participation upon completion of the interview. The responses were recorded on the paper questionnaire by the interviewers.

The questionnaire took approximately 15 to 30 minutes to be completed. Participation was voluntary; though it was encouraged. Of the 165 persons who participated in the survey, there were a few who did not complete the entire questionnaire or who did not provide a response to certain questions, and these will be notated as 'Refused, Don't Know, or Not Stated' in the results section of this report.

The interviewers reported to the DNDC, in the morning of each day, the names of the respondents who were already interviewed; and to ensure that each person was interviewed only once, a list of the names of previously interviewed participants was distributed to the interviewers at least once daily.

DATA PROCESSING & ANALYSIS

After the close of the data collection period, responses to the questionnaire were entered into SPSS, cleaned, validated, and then frequency and other tables were obtained for data analysis purposes. Validation checks were done to eliminate responses on patterns of drug use which were logically inconsistent; for instance, if a person reported that he or she had used a drug in the past 30 days but had never used this drug in his or her lifetime. Imputations were not made for missing answers since it would be difficult to assign responses founded on self-report. Hence, missing data was treated as "refused/don't know" or "not stated" and forms part of the total response.

The data analysis of this report is limited to descriptive analysis of the responses to each question provided by the respondents who participated in the survey. Frequencies of count (number) and percent were generated for all variables. Descriptive statistics, such as the average, mode, and range, were also derived and used in the analysis. Relevant cross tabulations between and among certain selected variables were derived. The results of the survey are presented for the overall surveyed population. The results are illustrated using tables and charts accompanied by summary statements. The data was analysed using SPSS v. 22. Charts were created in Excel and tables and text were prepared in Word.

CONFIDENTIALITY

All information provided by the homeless participants is held by the interviewer under the terms set out in the 'Confidentiality Agreement' signed by each interviewer prior to the commencement of the survey. Although the name of the participant was asked, this was only to ensure that double counting of respondents did not occur. The names were not use for any other purpose in this survey and each respondent was asked to insert their initials on the questionnaire giving their consent to participate in the survey. All information provided to the DNDC is held in the strictest confidence, and in keeping with the DNDC Act of 2013. In reporting, it is the Department's standard practice to present data in aggregated form where no one individual's information can be recognised.

SURVEY RESULTS

DEMOGRAPHIC PROFILE

A total of 165 homeless persons participated in the survey during the one-month period of enumeration. Males accounted for the larger proportion of the respondents, with slightly over nine homeless males (92.7%) for every homeless female respondent (7.3%). Of the homeless female participants, none of them reported being pregnant.

The majority, or about nine out of every 10, of the homeless persons identified themselves as 'Black' (91.5%) with only a few, or one out of every 10, who reported their race to be 'White', 'Portuguese', or 'Mixed' (a mixture of two or more races).

In terms of age breakdown, six out of every 10 homeless persons (61.8%) were between the ages of 46 to 65 years with an additional one out of every 10 (9.1%) being over 65 years. Further, two out of every 10 (21.8%) were between 24 to 45 years and fewer (3.6%) reported their ages to be between 18 to 25 years. This result is consistent irrespective of the sex or race of the respondent.

Demographic Characteristic	n	%
TOTAL	**165**	**100.0**
Sex		
Male	153	92.7
Female	12	7.3
Pregnant (Females)		
Yes	-	-
No	11	6.7
Not Stated	1	0.6
Race		
Black	151	91.5
White or Portuguese*	4	2.4
Mixed	10	6.1
Age		
18-25	6	3.6
24-45	36	21.8
46-65	102	61.8
Over 65	15	9.1
Not Sure	6	3.6

** Grouped together because of few respondents.*

The respondents were asked to indicate their marital or union status and the largest proportion (63.6%) of homeless persons reported being 'Single/Never Married', with a much smaller proportion who said they were 'Divorced' (17.6%) followed by even fewer who indicated they were 'Married' (7.3%), 'Separated' (6.1%), or 'Widowed' (5.5%).

There were 16.4% (n = 27) of the homeless persons who reported that they have dependent children (those under the age of 18 years) while the majority (82.4%) did not have any. Most of those who reported having dependent children said they had only one (16 of 27) while there were others who had as many as three or four.

In order to ascertain whether the homeless population had anyone who they can possibly turn to in the event of an emergency or if something dire were to happen to them; the majority said their parent(s) (29.1%) can be contacted or their sibling (a brother or sister) (26.7%). There were others who said their children (9.1%), some other relative like an aunt or uncle (9.1%), spouse (6.1%), or a friend (4.8%) can be contacted. On the other hand there were 3.6% (n = 6) of the homeless persons who indicated they had no one. At the same time, 8.5% of the respondents said there was some other person who should be contacted, such as a store owner, pastor, or even the staff at the Mid-Atlantic Wellness Institute.

Demographic Characteristic	n	%
Marital/Union Status		
Single/Never Married	105	63.6
Married/Common Law	12	7.3
Widowed	9	5.5
Separated	10	6.1
Divorced	29	17.6
Dependent Children		
Yes	27	16.4
No	136	82.4
Refused/Don't Know	2	1.2
Yes (Number of Dependent Children)		
1	16	9.7
2	6	3.6
3	3	1.8
4	2	1.2
Contact in Emergency		
Parent(s)	48	29.1
Sibling (Brother/Sister)	44	26.7
Children	15	9.1
Other Relative (Aunt, Uncle, etc.)	15	9.1
Spouse	10	6.1
Friend(s)	8	4.8
Other	14	8.5
No One	6	3.6
Not Stated	5	3.0

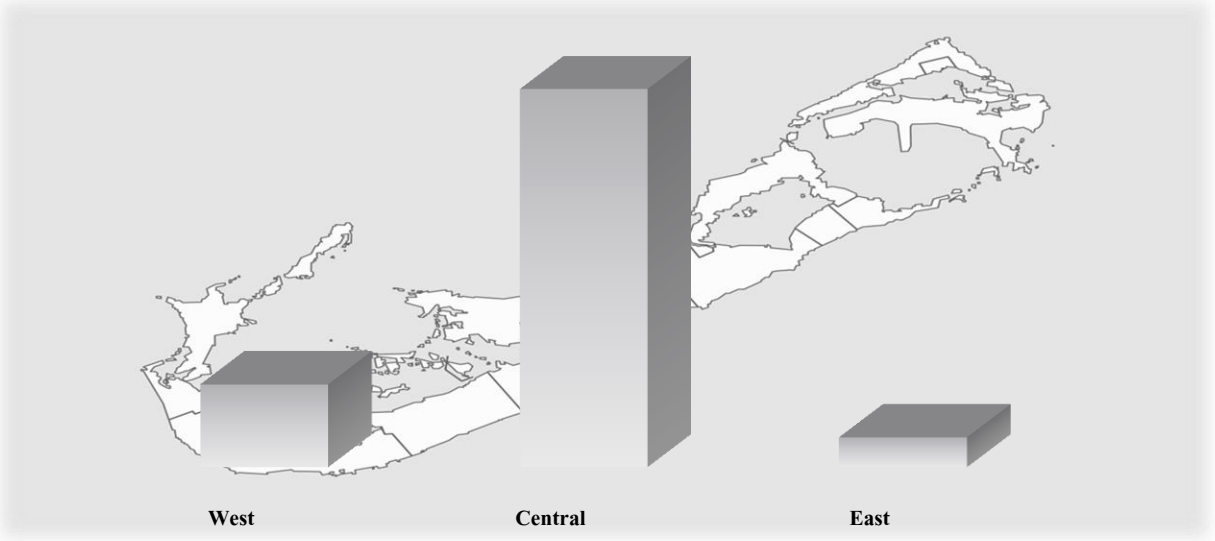
To assess the education level of the homeless persons, they were asked to indicate the highest level that they have completed. The majority of the respondents, who account for slightly over half (52.1%) of the participants, reported that they completed the secondary level of education or had their GED. About three out of every 10 homeless persons (28.5%) indicated they only completed the primary level of education and 2.4% said they had no formal education. On the other hand, 9.1% completed some form of technical or vocational training with an additional 4.8% who finished college or university.

Demographic Characteristic	n	%
Highest Level of Education		
None	4	2.4
Primary	47	28.5
Secondary/High School/GED	86	52.1
Technical/Vocational	15	9.1
College/University	8	4.8
Not Stated	5	3.0

Location of the Homeless

The table below shows that the largest proportion of the survey participants (77.0%) was located centrally in Bermuda, mainly in the City of Hamilton. However, there were homeless persons who were found at both the East (6.1%) and West (16.9%) ends of the Island.

Location	n	%
East	10	6.1
Central	127	77.0
West	28	16.9



HEALTH OF THE HOMELESS

Health Status and Mental Health

Perceived health status can be an indicator of how people feel about their overall well-being. As observed in the table below, the majority of survey respondents felt their health was 'Good' at 46.6%, followed by 'Very Good' at 21.8%. Respondents were asked if they had symptoms or suffer from a range of mental health disorders. A large proportion indicated having depression (30.9%) and even larger proportion (51.5%) indicated they did not suffer from any of the disorders that were listed.

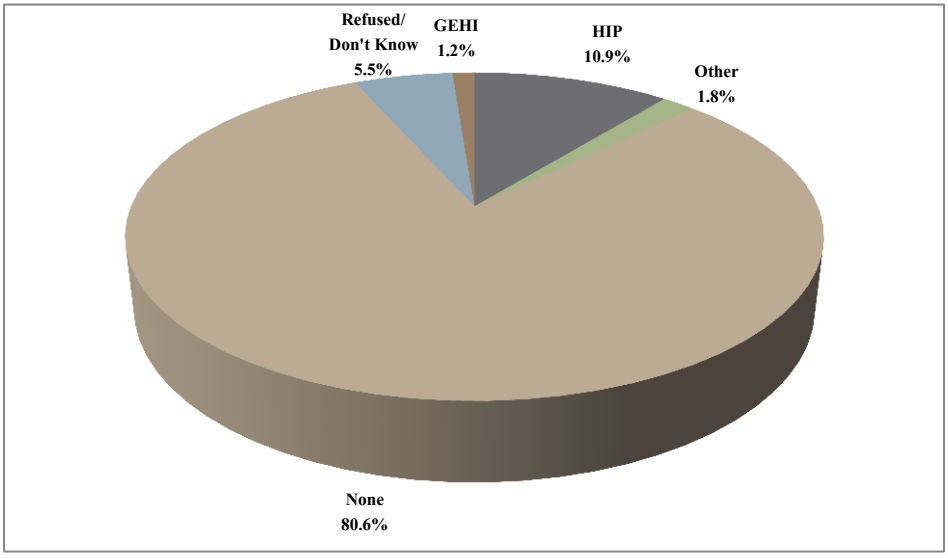
Health Status	N	%	Mental Health	n	%
Excellent	15	9.1	**Depression**	51	30.9
Very Good	36	21.8	**Bipolar Disorder**	4	2.4
Good	72	46.6	**ADHD**	4	2.4
Fair	26	15.8	**Anxiety**	12	7.3
Poor	9	5.5	**Brain or Head Injury**	2	1.2
Refused/Don't Know	7	4.2	**Schizophrenia**	10	6.1
			PTSD	3	1.8
			Personality Disorder	5	3.0
			None of These	85	51.5
			Refused/Don't Know	9	5.5

Among substance users, people who said their health was 'good' were more likely to use marijuana.

A number of marijuana users were likely to suffer from depression.

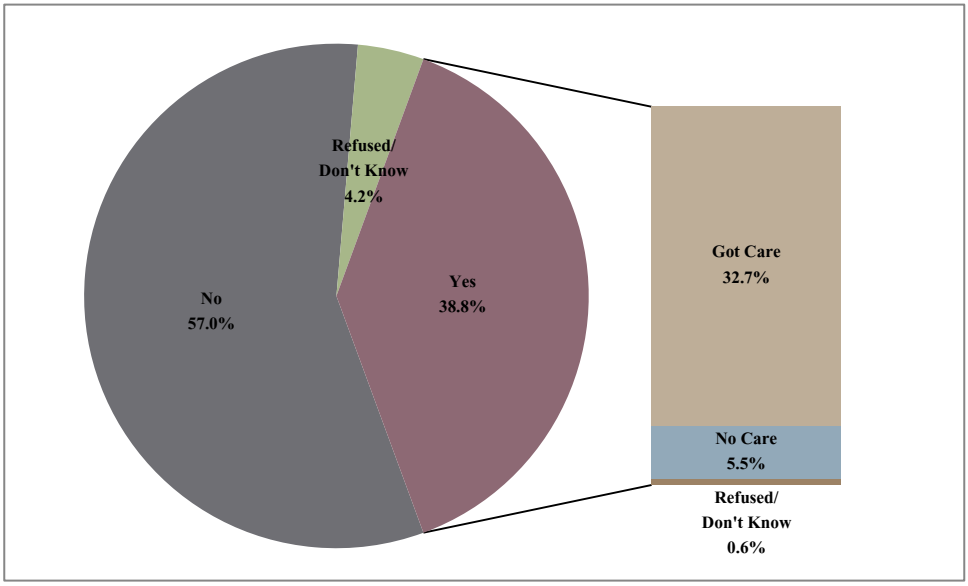
Health Insurance Coverage & Medical Care

The majority of respondents did not have health insurance coverage (80.6%). However, among those who did have insurance coverage, HIP was the most frequent insurance provider. A number of respondents were unaware of their insurance status (5.5%).



** Other includes: BF&M, entitlement which covers medical, INS at KEMH.*

Similarly, respondents were asked if they needed medical care in the past year; 38.8% admitted to needing medical care compared to 57.0% who did not need medical care. Of those who needed care, most of them got the care they needed (32.7% of all respondents).



HOMELESS CHARACTERISTICS

Living Arrangements

Alcohol users where likely to stay in a home or apartment of a friend or family member, on the street or in a park, and in an abandoned building.

The location in which respondents stayed last night is defined as the one place they could have stayed the night before they were interviewed, and the location where they stayed over the past 12 months, which could have been more than one location. The table below shows that 'Home or apartment of a friend or family member' was the location most participants stayed last night (the night before the survey interview) and in the past 12 months. This was followed by staying 'On the street or in a park' both the night before the survey interview (last night) and in the past 12 months. When asked which place they stayed the longest in the past 12 months, again respondents said they stayed at a 'Home or apartment of a friend or family member' the longest.

In general, the majority of the homeless persons were in fact sheltered or in an institution as opposed to being on the street (including in an abandoned building, car, or in a tent). The shelter and institution count provides an additional count of the number of homeless that are being temporarily housed by these facilities. Emergency and transitional housing shelters, jails/police departments, drug and alcohol rehabilitation facilities, hospitals, and motels/hotels are included in this count.

Location	Last Night		Past 12 Months		Longest Stay	
	n	%	n	%	n	%
Shelter or Institution Count:						
Home or apartment of a friend or family member	40	24.2	67	40.6	42	25.5
Shelter	24	14.5	33	20.0	22	13.3
Transitional housing	12	7.3	18	10.9	11	6.7
Rental house or apartment	5	3.0	9	5.5	7	4.2
In an inpatient or other drug treatment facility	4	2.4	11	6.7	2	1.2
In a hospital	1	0.6	5	3.0	1	0.6
Jail or prison	-	-	5	3.0	1	0.6
In a mental health facility	-	-	4	2.4	1	0.6
Hotel	-	-	1	0.6	-	-
Street Count:						
On the street or in a park	31	18.8	60	36.4	36	21.8
In an abandoned building	16	9.7	36	21.8	16	9.7
Shed/Tent (e.g., in backyard)	19	11.4	33	20.0	12	7.3
In a car	8	4.8	21	12.7	8	4.8
Refused/Don't Know	5	3.0	1	0.6	6	3.6

Income

A large proportion of respondents indicated having earned (from begging, panhandling, etc.) income (63.6%) compared to having no income at all (16.4%). Government sponsored income (financial assistance, social insurance) accounted for 11.0% of income sources, followed by retirement benefits/pensions (6.7%). Respondents were then asked how much money they bring in a typical month from these sources; $0 was indicated by 20.0%, followed by $1 – $150 by 21.2%. A number of respondents (n = 78 or 47.2%) received income between $151 and $2,000.

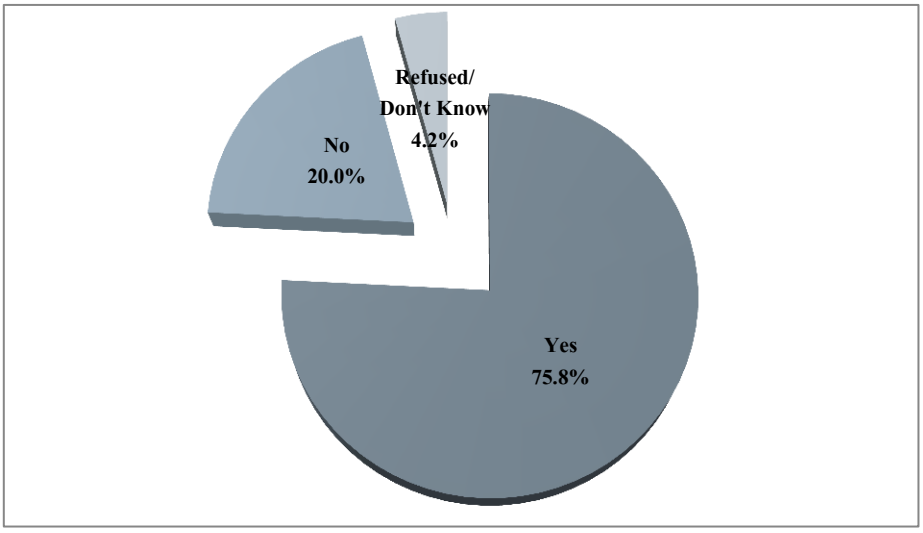
Sources Of Income	n	%	Income in Typical Month	n	%
Earned Income	105	63.6	**No income**	33	20.0
Retirement Benefits/Pension	11	6.7	**$1 – $150**	35	21.2
Employment Income	10	6.1	**$151 – $250**	24	14.5
Financial Assistance	9	5.5	**$251 –$500**	31	18.8
Social Insurance	9	5.5	**$501 – $750**	10	6.1
Spousal Support	-	-	**$751 – $1,000**	5	3.0
Child Support	-	-	**$1001 –$1,500**	4	2.4
Other*	3	1.8	**$1501 – $2,000**	4	2.4
None	27	16.4	**More than $2,000**	5	3.0
Refused/Don't Know	-	-	**Refused/Don't Know**	14	8.5

** Other income source: family members or friends.*

Length of Homelessness and Reason for Homelessness

Respondents were asked: "Have you been homeless this time for more than a year?" meaning during this episode of homelessness has the respondent been homeless for more than a year. As indicated in the chart below, of all respondents, 75.8% said they have been homeless this time for more than a year compared to 20.0% who said no (that they had not been homeless for more than a year, this time).

Persons who were homeless for more than a year were more likely to be users of marijuana than any other drug.



The reasons for homelessness in this population vary. According to the table below, the top three reasons were, 'Loss of my job or other source of income', 'Bills were higher than earnings', and 'Could not afford to pay rent or mortgage because of change in family status'. A significant proportion of respondents (30.9%) had other reasons why they became homeless such as respondent 'Feels like being on the street', 'Could not contribute to bills', 'Divorce', and several other reasons related to family issues. Other reasons for homelessness are listed in the appendix (see Appendix II).

Reason	n	%
Loss of my job or other source of income	45	27.3
Bills were higher than earnings	32	19.4
Could not afford to pay rent or mortgage because of change in family status	27	16.4
Kicked out by another person living in the household	25	15.2
My drug or alcohol use	23	13.9
Kicked out by landlord	19	11.5
I went to prison	8	4.8
I got sick or became disabled and could not work	5	3.0
Loss of job by family member	5	3.0
Neglect or abuse in household	5	3.0
Change in assistance eligibility	3	1.8
Lost residence because of natural disaster and could not afford another place	2	1.2
I am HIV positive	-	-
Medical debt	-	-
I aged out of foster care	-	-
Other*	51	30.9
Refused/Don't know	7	4.2

** See Appendix II for verbatim responses.*

SUBSTANCE USE

Prevalence-of-Use

The use of eight substances, both legal for adults over 18 years and illegal for all persons, was assessed among this group of respondents. Three reference points were benchmarked, that of, lifetime or ever use, past use, and current use. The highest level of prevalence-of-use was evident for two legal substances (cigarettes and alcohol), where 75.2% and 65.5% of the homeless persons reported that they currently use these substances, respectively. This means that three out of every four homeless persons presently smoked cigarettes and about two out of every three consume alcohol. The results showed that 37.0% of homeless persons reported current use of marijuana, with 12.7% and 11.5% who said they used crack and cocaine, respectively, in the present period. There were also a few persons who reported current use of heroin, inhalants, non-medical dosage of prescription drugs, or some other drug like ecstasy, LSD, speed, or hemp. It should be noted, however, that these are not unique persons, in that a homeless person who reported use of one substance could have also reported the use of other substance(s). At the same time, the majority of homeless persons reported that they have never used heroin (67.3%), inhalants (85.5%), or non-medical dosage of prescription drugs (80.0%), in their lifetime. On the other hand, fewer participants reported that they never used substances such as cigarettes (5.5%), alcohol (7.3%), marijuana (15.2%), crack (43.6%), or cocaine (46.7%). In other words, cigarettes and alcohol, and to a slightly lesser extent, marijuana, are the substances of choice among the homeless population in Bermuda.

Substances	Never Used		Used In The Past		Use Now		Not Stated	
	n	%	n	%	n	%	n	%
Cigarettes	9	5.5	32	19.4	124	75.2	7	4.2
Alcohol	12	7.3	38	23.0	108	65.5	7	4.2
Marijuana	25	15.2	71	43.0	61	37.0	8	4.8
Crack	72	43.6	59	35.8	21	12.7	13	7.8
Cocaine	77	46.7	58	35.2	19	11.5	11	6.6
Heroin	111	67.3	34	20.6	10	6.1	10	6.0
Inhalant	141	85.5	8	4.8	1	0.6	15	9.1
Prescription Drugs	132	80.0	9	5.5	1	0.6	23	13.9
Other Drugs	138	83.6	4	2.4	1	0.6	22	13.3

TECHNICAL NOTE

What is Prevalence? *The terms prevalence refers to the proportion of a population who has used a drug over a particular time period. In this survey, prevalence is measured by asking respondents to recall their use of drugs. Typically, the three most widely used recall periods are: lifetime (ever used a drug), past use (used a drug in the last twelve months), and current use (used a drug in the last 30 days).*

Lifetime prevalence: *the proportion of survey respondents who reported ever having used the named drug at the time they were surveyed; that is, at least once. A person who records lifetime prevalence may – or may not – be currently using the drug. Lifetime prevalence should not be interpreted as meaning that people have necessarily used a drug over a long period of time or that they will use the drug in the future.*

Past prevalence: *the proportion of survey respondents who reported using a named drug in the year prior to the survey; and also classified as lifetime prevalence.*

Current (past 30 days) prevalence*: the proportion of survey respondents who reported using a named drug in the 30-day period prior to the survey. It is also classified as lifetime and past prevalence. A proportion of those reporting current use may be occasional (or first-time) users who happen to have used in the period leading up to the survey – it should therefore be appreciated that current use is not synonymous with regular use.*

Frequency and Level of Alcohol Use

The frequency with which the homeless persons drink (those who reported current use of alcohol) was assessed by asking them to report the average number of days in a week that they consumed alcohol (see table overleaf). The majority, about three out of every 10 homeless persons (28.5% or n = 47), reported that they drink every day of the week, that is, all seven days. There was an additional 10.3% (n = 17) who drank for more than half of the week, that is on four to six days. In contrast, fewer respondents drank on just one day (7.9%), two days (9.7%), or three days (9.1%) of the week. The average number of days that the participants consumed alcohol is 4.6 out of seven days. From the results, it is evident that drinking alcohol is a common practice among the homeless population.

The level of alcohol consumption was gauged by asking the respondents who said they drink alcohol to report on the number of (standard) drinks they consumed on a 'typical drinking day'. The number of drinks ranged from one drink to as many as 30 drinks in a day, with an average of 4.7 drinks per day. Most of the respondents (22.4% or n = 37) drank in excess of five or more drinks per day, while only 5.5% (n = 9) consumed one drink per day. There were others who consumed two (12.7%), three (**10**.9%), or as many as four (13.9%) drinks per day.

Number of Drinks Per Day	Number of Days Per Week								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**n**	**%**
1	5	2	-	1	1	-	-	**9**	**5.5**
2	5	6	2	2	-	-	6	**21**	**12.7**
3	2	5	6	2	-	-	3	**18**	**10.9**
4	-	1	5	4	2	2	9	**23**	**13.9**
5+	1	2	2	2	-	1	29	**37**	**22.4**
n	**13**	**16**	**15**	**11**	**3**	**3**	**47**	**108**	
%	**7.9**	**9.7**	**9.1**	**6.7**	**1.8**	**1.8**	**28.5**		

A further examination of the drinking habits of the respondents showed that most persons consumed four or more drinks every day (on all seven days) of any given week. Additionally, about one out of every five participants (18.2%) who reported current use of alcohol engage in moderate drinking (one to two drinks per day); the majority of the respondents (47.2%) can be considered as heavy drinkers (15 drinks or more per week, which is equivalent to three drinks or more per day over seven days) with excessive alcohol use.

Problem Alcohol Use

In an effort to assess the effects of substance use, specifically the consumption of alcohol, the homeless persons who indicated that they consumed alcohol, whether in the past or currently, were asked to report on three situations: if they felt guilt or remorse after drinking; if they had to be reminded about things they said or did while drinking that they could not remember; or if they failed to do what was normally expected of them because of their drinking. In the first situation, about one out of every five homeless person (21.8%) indicated that they felt guilt or remorse after drinking. Secondly, slightly over one-third of the respondents (35.2%) said that they had to be reminded by a friend or family member about things they said or did while under the influence of alcohol. Additionally, about one-quarter or one out of every four respondents (26.7%) reported that they failed to meet normal expectations because of their drinking. The extent of the homeless persons' alcohol use was further assessed by asking respondents whether they 'sometimes take a drink when they first get up'. There were 17.6% (n = 29) of the respondents who affirmed this behaviour.

	Yes		No		Refused/ Don't Know	
	n	%	n	%	n	%
Feeling of guilt or remorse after drinking	36	21.8	107	64.8	3	1.8
Reminded about things you said or did while you were drinking	58	35.2	88	53.3	-	-
Failed to do what was normally expected of you because of drinking	44	26.7	101	61.2	1	0.6
Sometimes take a drink when you first get up	29	17.6	117	70.9	-	-

TECHNICAL NOTE

***Standard Drink**: is equal to 14.0 grams (0.6 ounces) of pure alcohol. Generally, this amount of pure alcohol is found in:*

- *12-ounces of beer (5% alcohol content).*
- *8-ounces of malt liquor (7% alcohol content).*
- *5-ounces of wine (12% alcohol content).*
- *1.5-ounces or a "shot" of 80-proof (40% alcohol content) distilled spirits or liquor (e.g., gin, rum, Vodka, Whiskey).*

***Moderate Drinking**: is having up to one drink per day for women and up to two drinks per day for men. This definition is referring to the amount consumed on any single day and is not intended as an average over several days.*

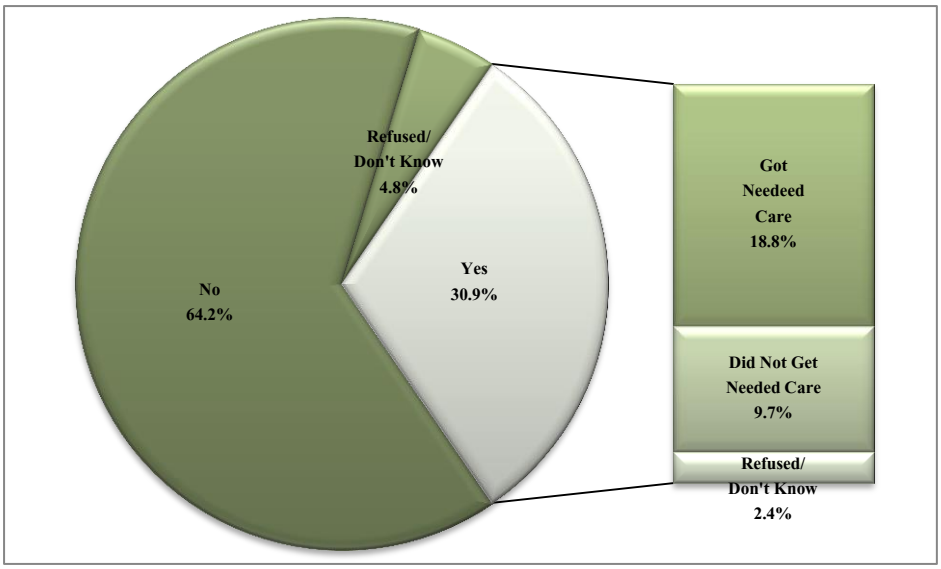
***Heavy Drinking**: is typically defined as consuming 15 drinks or more per week (for men) and eight drinks or more per week for women.*

***Excessive Alcohol Use**: includes binge drinking, heavy drinking, any alcohol use by people under the age 18 minimum legal drinking age, and any alcohol use by pregnant women.*

(Source: CDC)

Treatment for Alcohol or Drug Problem

The survey participants were asked if they had an alcohol or drug issue in the past year and if they were able to get the care they needed for their problem. There were about three out of every 10 homeless persons (30.9% or n = 51) who indicated that they had such a problem. Of these homeless who reported an alcohol or drug problem, 31 persons (18.8% of all respondents) said that they were able to get the care they needed while 16 homeless persons did not (9.7% of all respondents). Some of the reasons provided for not receiving the required care included: not affording care or not having insurance coverage, the problem was not serious enough, and not liking doctors or hospitals.



Further, the homeless survey participants were questioned on the number of times they were treated for alcohol or drug abuse. The majority of the respondents indicated that they never received any type treatment for substance abuse. On the other hand, there were 7.9% and 8.5% of the respondents who said that they were treated one time for alcohol abuse and drug abuse, respectively. These persons, however, may not be unique in that the same persons who received treatment for alcohol abuse may have also received treatment for drug abuse. An additional 8.5% and 10.9%, respectively, reported to have received treatment two to four times in their lifetime for alcohol or drug abuse. There were a few persons who received treatment in excess of five times in their lifetime.

Number of Times	Treated For Alcohol Abuse		Treated For Drug Abuse	
	n	%	n	%
0	127	77.0	117	70.9
1	13	7.9	14	8.5
2-4	14	8.5	18	10.9
5+	3	1.8	6	3.6
Not Stated	8	4.8	10	6.1
Total	**165**	**100.0**	**165**	**100.0**

Expenditure on Alcohol and Drugs

The amount of money expended on either alcohol or drugs in the month prior to the survey (current users) ranged from $0 to $1000, with an average of about $100 and $50, respectively. The 108 and 68 homeless persons who provided a response to these questions reported to have spent a total of about $11,000 on alcohol and $10,000 on drugs, respectively, in the past month. The results also showed that even though there are reported users of alcohol and or drugs, there were quite a number of homeless persons who did not spend any money to obtain these substances for their use. In other words, the alcohol and drugs, which they consumed, were obtained by some other means. For instance, there were 19 homeless persons who reported the use of alcohol but who spent no money on getting this substance. Likewise, there were 27 homeless persons who reported the use of drugs but who spent no money on getting these drugs.

How much would you say you spent in the last month on…?	n	Minimum	Maximum	Sum	Average
Alcohol	108	$0	$1,000	$10,655	$98.66
Drugs	68	$0	$1,000	$10,167	$49.51

DISCUSSION

A consistent socio-demographic profile of homeless adults has emerged from this survey indicating that the homeless are predominantly black men between 46-65 years who have completed high school, who are single/never married and have few or no dependent children. While there are some similarities, the reasons why people are homeless in Bermuda vary from person to person. There appears to be a large proportion of respondents in the current survey who were homeless because of family issues, yet a number of them were able to find temporary housing at the home or apartment of a friend or family member.

A common stereotype of the homeless population is that they are all alcoholics or drug abusers. Much has been written on the association between substance abuse and homelessness and a high percentage of the homeless population indeed struggles with substance abuse. It is often reported that substance abuse is both a cause and a result of homelessness, often arising after people lose their housing[5]. According to research, two-thirds of homeless people report that drugs and/or alcohol were a major reason for their becoming homeless.[6] In some situations, however, substance abuse is a result of homelessness rather than a cause. People who are homeless often turn to drugs and alcohol to cope with their situations. One report stated that: "substance abuse is much more common among homeless people than in the general population"[7]. They use substances, often obtained by begging and panhandling to support their addiction, in an attempt to attain temporary relief from their problems, which only exacerbates their problems and decreased their ability and likelihood of employment and getting off the streets or out of temporary sheltered accommodation. Substance use among homeless persons is not a static condition, but rather one that is influenced by many variables, including cost, co-occurring mental illness, availability of treatment, and other features unique to homelessness. In this survey, people who were homeless this time for more than a year were more likely to be users of alcohol more so than any other substance. Similarly, when it came to their health status and current substance use, people who were more likely to report being in 'excellent' health indicated low proportions of current use of illegal substances (marijuana, crack, cocaine, and heroin).

For many homeless people, substance abuse co-occurs with mental illness. Often, people with untreated mental illnesses use street drugs as an inappropriate form of self-medication. Homeless people with both substance disorders and mental illness experience additional obstacles to recovery, such as increased risk for violence and victimization and frequent cycling between the streets, jails, and emergency rooms.[5] Sadly, these people are often unable to find treatment facilities that will help them. This is often compounded by the high costs of medical care and the fact that many homeless people do not have health insurance, which may make treatment unattainable; although substance abuse treatment in Bermuda is at little or no cost to the client. Other barriers to services include the dislike for doctors and hospitals and their views that their problems are not serious enough for medical attention or treatment. The current survey indicated that 55.2% of respondents had some kind of mental health symptom or disorder. Similarly, in 2000 37% of the homeless population in Bermuda indicated they needed psychiatric service.[8] In general, many programmes for homeless people with mental

[5] National Coalition for the Homeless. (2009). *Substance abuse and homelessness.* Washington, D. C.: National Coalition for the Homeless.

[6] E. Didenko, E. & N. Pankratz, N. (2007). "Substance Use: Pathways to homelessness? Or a way of adapting to street life?" *Visions: BC's Mental Health and Addictions Journal*, 4(1), 9-10. http://www.heretohelp.bc.ca/ (accessed March 30, 2015).

[7] National Coalition for the Homeless. (2009). p. 1.

[8] Ministry of Health and Family Services. (2002). No fixed abode. Government of Bermuda.

illnesses do not accept people with substance abuse disorders, and many programmes for homeless substance abusers do not treat people with mental illnesses. Treatment programmes in Bermuda require that a person's mental health disorder(s) be stabilised before substance abuse treatment can commence. Since substance abuse is both viewed as a cause and a result of homelessness, these issues need to be addressed simultaneously. Through the Mental Health Court initiative there is some effort being made to have mental health services continue while persons are engaged in residential substance abuse treatment, with teams providing services to the clients concurrently. Stable housing, during and after treatment, decreases the risk of relapse. Substance abuse treatment on its own is inadequate and needs to be combined with supported housing opportunities, followed by a long-term housing solution. In Bermuda, often persons who are homeless complete treatment and have no place to go and become a placement challenge often times ending up at the shelter where they are re-exposed to substance use and relapse. Other strategies for homeless substance-abusing persons need to include more outreach and on-site interventions concentrated in emergency shelters, soup kitchens, and other congregate sites.

Breaking an addiction is difficult for anyone, especially for substance abusers who are homeless. To begin with, motivation to stop using substances may be poor. For many homeless people, survival is more important than personal growth and development, and finding food and shelter take a higher priority than drug counseling. Many homeless people have also become estranged from their families and friends. Without a social support network, recovering from a substance addiction is very difficult. Even if they do break their addictions, homeless people may have difficulty remaining sober while living on the streets where substances are so widely used. Unfortunately, many treatment programmes focus on abstinence-only programming, which may be less effective when compared with harm-reduction strategies. Most local treatment programmes provide relapse prevention as part of the treatment process, as there is an understanding of the high probability of relapse for addicted clients.

A large number of homeless persons reported current use of tobacco (cigarettes), alcohol, and marijuana. Almost one-third indicated drug and alcohol problems in that past year; those who needed help indicated that they did not get the help they needed; and 77% of respondents reported that they have never been treated for alcohol or drugs in their lifetime. Based on this data, consideration must be given to providing services to homeless substance abuse users. Substance abusers who are homeless have different needs than those who are housed, and programmes need to be created that address these needs. Considering that the majority of homeless substance users in Bermuda are men, programmes that are gender-specific may have added benefit. A wholistic approach to intervening with homeless substance users, who may or may not have mental health issues, is suggested. Mental health services for substance users on the Island are challenging in that current substance abusers who are receiving residential treatment are often times unable to obtain a mental health evaluation for several months once in treatment resulting in a number of persons being undiagnosed altogether. Successful supportive housing programmes that staff outreach workers, and have a variety of flexible treatment options to choose from, and services to help people reintegrate into their communities, have been shown to be successful. Supported housing programmes that include substance abuse services would help homeless people maintain recovery and re-establish residential stability.

REFERENCES

Center for Disease Control and Prevention. (2014). Alcohol and public health. Frequently asked questions. Retrieved March 30, 2015, from http://www.cdc.gov/alcohol/faqs.htm

Department of Statistics. (2010). 2010 Census. Population and housing report. Government of Bermuda.

Didenko, E. & N. Pankratz, N. (2007). "Substance Use: Pathways to homelessness? Or a way of adapting to street life?" *Visions: BC's Mental Health and Addictions Journal*, 4(1), 9-10. Retrieved March 30, 2015, from http://www.heretohelp.bc.ca/

Grinman, M, Chiu, S., Redelmeier, D., Levinson, W., et al. (2010) Drug problems among homeless individuals in Toronto, Canada: prevalence, drugs of choice, and relation to health status. *BMC Public Health, 10* (94), 2-7.

Harrison, L. D. (1997). The validity of self-reported drug use in survey research: an overview and critique of research methods. NIDA Research Monograph, 167, 17-36.

Johnson, G. & Chamberlain, C. (2008). Homelessness and substance abuse: which comes first? *Australian Social Work, 61*(4), 342-356.

Ministry of Health and Family Services. (2002). *No fixed abode.* Government of Bermuda.

National Coalition for the Homeless. (2009). *Substance abuse and homelessness*. Washington, D. C.: National Coalition for the Homeless.

Vangeest, J. & Johnson, T. (2002). Substance Abuse and Homelessness: Direct or Indirect Effects? Substance abuse and homelessness. *Annals of epidemiology, 12*(7), 446-57.

APPENDIX I: SURVEY QUESTIONNAIRE

GOVERNMENT OF BERMUDA
Ministry of National Security
Department for National Drug Control

INTERVIEWER'S INITIALS: _____ DATE: _____

LOCATION: _____

SUBSTANCE USE AMONG THE HOMELESS POPULATION

TO BE READ TO EACH PARTICIPANT

We are conducting a survey of alcohol and drug use of the homeless population in Bermuda. This survey can be answered only once; if you have been asked these questions within the last two weeks, we thank you for your consideration and there is no need to answer the questions again.

The information collected will be analysed collectively. Your participation in answering the questions in the survey is completely voluntary and greatly appreciated. However, if you do not wish to take part in the survey you do not have to answer any questions. If you agree to participate, you may also refuse to answer any specific question(s) or you may choose to discontinue participation at any time. All your responses will be kept anonymous and confidential. Either your participation or refusal to participate in the survey will not affect in any way your eligibility for any service that you may be receiving at this time or may apply to receive in the future.

If you agree to participate, I will ask you a few questions and record the answers. We estimate that it will take approximately 10 to 15 minutes to complete the survey. Do you have any questions? Are you willing to participate?

RESPONDENT'S INITIALS: _____

IF THE INDIVIDUAL VOLUNTARILY AGREES TO PARTICIPATE, PLEASE ASK FOR FIRST AND LAST NAME (ONLY FOR RECORD PURPOSES): **What is your name?** _____

IF THE RESPONDENT DOES NOT AGREE TO PARTICIPATE, PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY:

1. SEX: 1 □ Male 2 □ Female

2. RACE: 1 □ Black 2 □ White 3 □ Portuguese 4 □ Mixed 5 □ Other _____

3. AGE: 1 □ Under 18 2 □ 18 – 25 3 □ 26 – 45 4 □ 46 – 65 5 □ Over 65 6 □ Not Sure

PLEASE START THE INTERVIEW: Please check (√) only one response unless otherwise indicated. If the interviewee ends the survey early, please note the reason on the last page.

4. Are you… 1 □ Single/Never Married 2 □ Married 3 □ Common law 4 □ Widowed 5 □ Separated 6 □ Divorced 7 □ Refused/Don't Know

5. Do you have any children under age 18 years? 1 □ Yes **If Yes**, how many children under age 18? _____ 2 □ No 3 □ Refused/Don't Know

6. If anything happens to you, who should be contacted?
1 □ Spouse/Partner 2 □ Children 3 □ Parents 4 □ Friend(s) 5 □ Other _____

7. What is the highest level of education you have completed?
1 □ None 2 □ Primary 3 □ Secondary/High school/GED 4 □ Technical/Vocational 5 □ College/University 6 □ Post graduate 7 □ Refused/Don't Know

8. If female, are you pregnant? 1 □ Yes 2 □ No 3 □ Refused/Don't Know

9. Where did you stay **last night**? (Check **only one** response.)

1 □ On the street or in a park 2 □ In a car 3 □ In an abandoned building
4 □ Shelter 5 □ Transitional housing 6 □ Jail or prison
7 □ In an inpatient or other drug treatment facility 8 □ In a mental health facility 9 □ In a hospital
10 □ Hotel 11 □ Rental house or apartment 12 □ Shed (in backyard)
13 □ Home or apartment of a friend or family member 14 □ Refused/Don't Know

10. What sources of income do you have? (Check **all** that apply.)

1 □ Social insurance 2 □ Employment income 3 □ Financial assistance
4 □ Earned income (alternative sources e.g., trade, sex, drugs, panhandling, hustling, etc.)
5 □ Spousal support 6 □ Child support 7 □ Retirement benefits/pension
8 □ Other, specify _____
9 □ None 10 □ Refused/Don't Know

11. How much money do you bring, in a typical month, from **all** of these sources?

1 □ No income 2 □ $1 - $150 3 □ $151 - $250 4 □ $251 - $500 5 □ $501 - $750
6 □ $751 - $1,000 7 □ $1001 - $1,500 8 □ $1,501 - $2,000 9 □ More than $2,000
10 □ Refused/Don't Know

12. In the **past 12 months (or since last year February)**, in which of the following have you stayed? (Check **all** that apply.)

1 □ On the street or in a park 2 □ In a car 3 □ In an abandoned building
4 □ Shelter 5 □ Transitional housing 6 □ Jail or prison
7 □ In an inpatient or other drug treatment facility 8 □ In a mental health facility 9 □ In a hospital
10 □ Hotel 11 □ Rental house or apartment 12 □ Shed (in backyard)
13 □ Home or apartment of a friend or family member 14 □ Refused/Don't Know

13. In which place have you stayed the **longest**? _____ (write one numbered response code from **Q12** here).

14. Have you been homeless this time for more than a year? 1 □ Yes 2 □ No 3 □ Refused/Don't Know

15. Why did you have to leave the last regular place you stayed before becoming homeless this time? (Check **all** that apply.)

1 □ Because of loss of my job or other source of income (such as financial assistance)
2 □ Because of loss of job by family member
3 □ Cause bills were higher than earnings
4 □ Could not afford to pay rent or mortgage, because of change in family status (divorce/breakup)
5 □ Because of change in assistance eligibility
6 □ Because I got sick or became disabled and could not work (not HIV related)
7 □ Because I am HIV positive
8 □ Because of medical debt
9 □ Because of neglect or abuse in household
10 □ Was kicked out by landlord
11 □ Was kicked out by another person living in the household
12 □ Because I aged out of foster care
13 □ Because of my drug or alcohol use
14 □ Lost residence because of natural disaster and could not afford another place
15 □ Because I went to prison
16 □ Other, please give reason _____
17 □ Refused/Don't Know

16. Are you covered by any of the following health insurance plans?

1 □ HIP 2 □ Future care 3 □ GEHI

4 □ Other, what type? _____

5 □ None 6 □ Refused/Don't Know

17. Have you needed medical care in the **past year**? 1 □ Yes 2 □ No 3 □ Refused/Don't Know

If Yes, were you able to get the care you needed? 1 □ Yes 2 □ No 3 □ Refused/Don't Know

18. In general, would you say your health is:

1 □ Excellent 2 □ Very good 3 □ Good 4 □ Fair 5 □ Poor 6 □ Refused/Don't Know

19. Do you have symptoms of, or suffer from, any of these? (Check **all** that apply.)

1 □ Depression 2 □ Bipolar disorder 3 □ ADHD 4 □ Anxiety

5 □ Brain or head injury 6 □ Schizophrenia 7 □ PTSD 8 □ Personality disorder

9 □ Other _____ 10 □ I don't have any of these 11 □ Refused/Don't Know

20. How many times in your life have you been treated for:

Alcohol abuse:			*If none, write 0.*
Drug abuse:			*If none, write 0.*

21. How much money would you say you spent in the **last month** on:

Alcohol?			*If none, write 0.*
Drugs?			*If none, write 0.*

22. Have you had drug or alcohol issues in the **past year**? 1 □ Yes 2 □ No 3 □ Refused/Don't Know

If Yes, were you able to get the care you needed? 1 □ Yes 2 □ No 3 □ Refused/Don't Know

If No, you were not able to get the care you needed, what are the reasons you did not get treatment? (Check **all** that apply.)

1 □ Did not know where to go

2 □ Can't afford to go/have no money or insurance

3 □ Was not a serious enough problem

4 □ Lacked transportation

5 □ Too busy to go

6 □ Could not get off work to go

7 □ Too much trouble to wait at hospital/clinic

8 □ Too sick to go

9 □ Don't like doctors or hospitals

10 □ Other, specify _____

11 □ Refused/Don't Know

The next questions deal with sensitive subjects. Remind the respondent that their responses will be held in strictest confidence and that we are not diagnosing or judging – our purpose is to collect information about the needs of those experiencing homelessness so we can provide better service.

23. Have you ever smoked tobacco (cigarettes)? 1 □ Yes 2 □ No 3 □ Refused/Don't Know

If No, go to question 25.

24. Do you currently smoke tobacco (cigarettes)? 1 □ Yes 2 □ No 3 □ Refused/Don't Know

25. Have you ever drunk alcoholic beverages? 1 □ Yes 2 □ No 3 □ Refused/Don't Know

If No, skip to question 32.

26. On average, how many **days** a week do you have an alcoholic drink?

☐ days

27. On a typical drinking day, how many **drinks** do you have?

☐ drinks

28. Have you had a feeling of guilt or remorse after drinking? 1 □ Yes 2 □ No 3 □ Refused/Don't Know

29. Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember? 1 □ Yes 2 □ No 3 □ Refused/Don't Know

30. Have you failed to do what was normally expected of you because of drinking?

1 □ Yes 2 □ No 3 □ Refused/Don't Know

31. Do you sometimes take a drink when you first get up?

1 □ Yes 2 □ No 3 □ Refused/Don't Know

32. How frequently have you used the following? (**<u>For each substance</u>**, check (**√**) the appropriate box.)

Substance	Never Used	Used in past but don't use now	Use now
Marijuana			
Crack			
Cocaine			
Heroin			
Inhalants (gasoline, aerosol sprays, etc.)			
Prescription drugs to get high			
Other (specify)			
Other (specify)			
Other (specify)			

Comments: ***Please state if the interviewee appears to be under the influence of drugs or alcohol, mentally challenged, angry, or any other circumstances that may have affected responses. Also, if the interviewee stopped the interview early, please note the reason, if known (bored, irritated, had to leave, etc.)***

_____

_____

_____

_____

_____

_____

APPENDIX II:

OTHER REASONS FOR HOMELESSNESS

The following are the verbatim responses provided by the survey respondents when they indicated 'Other' (Q15) as the reason for homelessness, as recorded by the interviewers.

- *Because he feels like it*
- *Because I feel like being on street*
- *because of daughter's landlord cannot stay with her altogether*
- *Because of the system*
- *Chooses to live on the street. If he wants to live in a house could go to his sister's house; I left*
- *Could not contribute to bills*
- *Daddy told him to go ahead and been living like this since he was 14*
- *Disagreements with wife*
- *Divorce*
- *Domestic dispute*
- *Family he was staying with lost their house*
- *Family issues*
- *Family lost house*
- *Family members returned from overseas*
- *Got divorced*
- *Grandparent died and had to move out of homestead*
- *Had him working and no pay*
- *I don't like being around people*
- *I get used because of being disrespected*
- *I thought I was better than everybody; left had an argument*
- *Kicked out by mother after taking all the money from me that my daddy left me. I have no money.*
- *Kicked out of transitional housing because he had a flight*
- *Landlady and I did not get along*
- *Lived in America and had to return to Bermuda*
- *Lived in NY wife kicked him out after an argument and came back to Bermuda about 10 years ago*
- *Lived overseas was deported to Bermuda was at shelter now living at hospital*
- *Mom and boyfriend had to move so he had to do what he had to do*
- *Mom sold house told 3 sons to find their own way*

- *Mother died*
- *Mother moved into senior's home*
- *mother passed away; nowhere to go; came on streets*
- *Never had a job/6 years at MWI all my life*
- *Nowhere to stay*
- *Parents died*
- *Personal reasons did not like the way he was handled SRCF nice place enough is enough*
- *Rangers restaurant closed down where I used to work and live*
- *Relative put him out of the blue*
- *Renovations to apartment*
- *Separated*
- *Sister-in-law was nasty*
- *Stayed at shelter left on his own because of too many arguments with other persons living there*
- *Stayed with a friend and could not put up with the way they lived.*
- *The system has nothing for me or my people and I cannot get a job*
- *Tired of being in St. David's*
- *To support my brother at the salvation army shelter*
- *Uncle passed*
- *Wanted to move out on his own*
- *Went to jail house got knocked*
- *When I got out of prison I had nowhere to stay*

GOVERNMENT OF BERMUDA

Ministry of National Security

Department for National Drug Control