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## The Power of the Drug, Nature of Support, and their Impact on Homeless Youth

**Angela L. Hudson, PhD, FNP-C,**

University of California, Los Angeles, School of Nursing

**Adeline Nyamathi, ANP, PhD, FAAN,**

University of California, Los Angeles, School of Nursing

**Alexandra Slagle,**

Marlborough School

**Barbara Greengold, PhD,**

University of California, Los Angeles, School of Nursing

**Deborah Koniak Griffin, RN, EdD,**

University of California, Los Angeles, School of Nursing

**Farinaz Khalilifard, MA,**

University of California, Los Angeles School of Nursing

**Danny Gedzoff, and**

Common Ground

**Courtney Reid**

Common Ground

### Abstract

The purpose of this study was to explore homeless youths' perspectives on the power of drugs in their lives, the preferred type of drugs used, barriers to treatment, and strategies to prevent drug initiation and abuse. This was a descriptive, qualitative study using focus groups with a purposeful sample of 24 homeless drug-using youth. The results provided insight into the lives of drug-using homeless youth. Most commonly-used drugs were marijuana and alcohol. Reported reasons for drug use were parental drug use, low self-esteem, and harsh living conditions on the streets. Barriers to treatment were pleasurable enjoyment of the drug, physical dependence, and non-empathetic mental health providers. Strategies to prevent initiation and abuse of drugs were creative activities, such as art, sports, and music, and disdain for parental/family drug use and abuse. Comparative research is needed on specific personal factors that cause initiation and deterrence of drugs use/abuse among homeless youth.

### Keywords

Homeless youth; drug use; treatment

## Introduction

Nationally, homeless youths' lives are becoming increasingly intertwined with problem substance use. A comprehensive body of literature details the high engagement of homeless youth in substance use, including a high prevalence of injection drug use (IDU) and alcohol abuse<sup>1</sup>; oftentimes taking dominance over youths' commitments and goals<sup>2</sup>. Youths' viewpoints about drugs, as well as their personal use habits, often are formed from familial drug history, along with the informal support system created with other homeless on the streets<sup>3</sup>. A youth's social network can both negatively and positively impact a youth's drug use and risk behaviors<sup>4</sup>.

### Power of the Drug

Drug and alcohol use is pervasive among homeless youth<sup>5,6</sup>. Nationally, 75% to 95% of homeless youth have reported use of marijuana or other drugs<sup>5,6</sup>. Almost three-quarters of homeless youth in Los Angeles met the clinical criteria for alcohol or drug abuse disorder or both; 60% used methamphetamine, 41% used heroin, and almost one-third used other drugs<sup>7</sup>.

Homeless youth use and abuse substances more frequently than their domiciled counterparts<sup>8</sup>. Moreover, up to 40% of homeless youth have reported the use of injection drugs<sup>6</sup>. Among homeless populations, substance abuse pathways are thought to be both caused by and result from homelessness<sup>5</sup>.

While it has been suggested that homeless youth abuse drugs more than they are dependent on them, focus groups conducted with homeless youth in both Los Angeles and Melbourne found that once the power of drugs has taken hold, drugs begin to dominate all aspects of homeless youths' lives<sup>2</sup>. Youth who use drugs and alcohol are more likely to participate in delinquency, survival sex, and other activities they wouldn't normally undertake had they not been under the influence<sup>9,10</sup>. Youth report using drugs for survival, whether it is using drugs to keep awake at night and avoid getting mugged, or taking drugs to quell the voices in their heads as they cannot afford to get mental health treatment<sup>11</sup>.

In a study done with homeless youth in California, 8% felt they needed drugs and/or alcohol to stay mentally healthy<sup>5</sup>, auguring the fact that drug use not only supersedes many homeless youth's daily activities, but also impacts a youth's mental and physical health. Sequelae included increased risk of blood-borne disease (i.e., hepatitis A, hepatitis B, hepatitis C, and HIV/AIDS), sexually transmitted disease, mood disorders, unwanted pregnancy, depression, and suicide<sup>9</sup>.

### Family members' maleficent impact on youths' substance use

Most commonly, adolescent drug users come from families with a history of drug use and abuse<sup>12</sup>, and findings have revealed that youth use drugs with higher frequency when taught by significant others, including family members, friends, and peers. Those who are introduced to drugs, when in a positive environment by a significant other, are most likely to use drugs<sup>12</sup>.

Youths' homeless existence and substance use can be directly related to family members' drug use and/or family conflict<sup>13,14</sup>. Mallet and colleagues<sup>2</sup> identified a number of pathways which link family relations to a young person's drug use. These include the young person's drug or alcohol use, resulting in homelessness of the youth. Alternatively, family violence and conflict can lead to youth drug/alcohol use and subsequent homelessness. Irrespective of the catalyst, to solve a chaotic living situation, youth will find alternative living conditions and develop their own sense of "family" with their peers<sup>15</sup>.

## Peers' negative influence on youths' substance use

“Street families” comprise homeless intimates<sup>3,10</sup>. Depending on the social network, peers of homeless youth either can reduce or increase high-risk behaviors. Among homeless youth, relationships often are built on drug use, which encompasses panhandling, shoplifting, and survival sex<sup>16</sup>. A higher density of homeless peers was found to result in an increased amphetamine and cocaine usage<sup>2</sup>. Additionally, a social network with a multitude of injection drug-using youth was associated with increased injection drug use over time<sup>17</sup>.

Alternatively, homeless youth also rely on trustworthy peers for safety and emotional support while on the streets<sup>4</sup>. In these fortifying relationships, the exchange of information oftentimes takes place, creating a necessary avenue for which youth can learn about available services and resources<sup>4</sup>. Additionally, friends have been cited as positive assets who have assisted in youths' cessation of substance use, along with negative role models who helped youth realized how they don't want to live<sup>2</sup>.

## Deterring Substance Use

With the degree of power drugs and alcohol have on youth, it is essential to find effective facilitators to help youth stop substance use. While family members and peers have been cited as having negative influences on youths' use, they also can facilitate youth to get off or keep away from drugs. Positive parental relationships and parental monitoring are strongly associated with attenuated drug use among adolescents, *if* adolescents are knowledgeable about effects of drug use<sup>18</sup>. Moreover, youth with close family ties are likely to have significantly fewer problem behaviors when they are homeless and decreasing rates of problem behaviors over the following year of homelessness<sup>19</sup>. It is also suggested that reuniting families could be a useful strategy for reducing homeless youths' risk behaviors<sup>19</sup>. On the other hand, a family's shame and disappointment in the youth is reason for them to stop using as well<sup>11</sup>.

Along with the benefits of informal support systems, other more formulated practices have been identified as useful for facilitating the cessation of substance use. A degree of empathy from drug treatment counselors is key for successful drug treatment with homeless youth, for they look to allies and true listeners for guidance, just as was the case with their family members and peers<sup>11</sup>. Having drug treatment programs incorporate activities, like art or sports, has been useful for distracting youth from substance use<sup>10,11</sup>. Youth can then have other avenues for expression that don't revolve around substance use<sup>10</sup>.

The purpose of this study was to investigate how homeless youth view the power of drugs and positive and negative aspects of social support on youths' drug and alcohol use. Understanding youth perceptions of the power of drugs and resources that exist in the community may be key in providing practical solutions to protecting homeless youth from the dangers of drug and alcohol use.

## Methods

### Design

A qualitative study was conducted with 24 homeless youth to gain an understanding of the youths' perceptions about the power of drug use and the positive and negative aspects of family, friends and peers in their struggle with drug and alcohol use. Community Based Participatory Research (CBPR) influenced the design of this study, an approach wherein the community actively participates in the design, implementation, and assessment of the study<sup>20</sup>. Community participation was obtained from a Community Advisory Board (CAB) which guided the direction of focus group sessions which engaged homeless youth to provide the necessary

perspectives and sharing of experiences that lead researchers and participating communities to design supportive programs which can result in positive outcomes.

### **Community Advisory Board (CAB)**

During Phase I of a two-phased study, a CAB was formed which included UCLA researchers and faculty of the California Institute of the Arts (CalArts), homeless youth and staff affiliated with Common Ground. The purpose of the CAB was to gain a diversity of perspectives in designing a Semi Structured Interview Guide (SSIG) composed of culturally-sensitive questions to be utilized in the focus group sessions with homeless youth.

Initially, CAB members met over five distinct times to discuss broader issues such as the design of current drug campaigns and their acceptability for homeless youth. The SSIG was design to capture the outlook of homeless youth about their peers' substance use, available health services, other drug use and health-related issues, and ways to engage the youth via artistic mediums such as animation, development of videos, drawings, poetry, etc. The focus of this paper is on the perspectives of homeless youth on the perceived power drug and alcohol use over homeless youth, and resources, positive and negative that homeless youth have available in their environment.

### **Participants and Setting**

Of the 24 youth participating in the focus group sessions, 18 were male and six were female. The sample was nearly evenly divided by age; as 10 were between the ages of 17 and 20, while 14 were between the ages of 21 and 25. The majority (63%) identified themselves as white, and fewer (21%) were black, or Hispanic (13%). Ten participants received their high school diplomas, 5 had some college, and 1 completed a four-year college. One-third of the participants, however, did not finish high school, including both the youngest (17 years old) and oldest (25 years old) participants. Of the 8 that did not complete high school, 7 were white. In addition, 5 clients had children, with up to 4 children. Two of the clients were male, while 3 were female. All of their children did not live with the client; 1 child was in foster care.

The first phase of the pilot study has taken place at Common Ground, a homeless youth drop-in site in Santa Monica. Their Homeless Youth Peer Education (HYPE) program attracts many homeless youth because of its available basic need and health-related services.

### **Procedure**

After receiving university human subjects approval, investigators recruited youth with creative, colorful flyers made by CAB group members. Flyers included information about the study and were posted at the Common Ground site. Youth, who expressed interest, were given information about the study by the research staff, as well as a consent form, which was read to them and discussed comprehensively. Finally, interested youth who signed the consent form, subsequently completed a brief socio-demographic questionnaire.

A total of 24 youth participated in five focus group sessions; each focus group comprised approximately four to six youth. The focus groups, which each lasted one hour, were conducted by UCLA researchers, California Institute of the Arts faculty, and 2 to 3 homeless youth CAB members. The groups were tape-recorded, and youth were able to create pseudonyms for confidentiality purposes. During the focus groups, one facilitator raised the questions detailed on the SSIG. Another facilitator was the scribe, taking down any non-verbal dynamics or observations, while the other facilitators in the room contributed to the discussion by posing additional questions. Cash payments of fifteen dollars, were provided as compensation for their time.

## Data Analysis

The investigator oversaw transcription and content analysis of the focus group recordings performed by trained research assistants. Constant comparative methodology<sup>9</sup> guided the line by line coding and analysis of transcribed notes. Saturation was reached after concurrent coding no longer yielded unique themes and categories.

## Results

The participants in this study clearly provided insights into the types of drugs that were commonly used by homeless youth like themselves. These descriptions included the word on the street about which drugs were safe to use and which drugs would lead the homeless youth to spiral downward. The trajectory of drug use in terms of age started and influence of family and peers on the homeless youths' drug use provides insights into the chaos youth experience and their ways of coping. Finally, barriers to drug treatment and ways to discourage homeless youth peers from using provide hope for making a difference in propagating the negative sequelae of drug use among homeless peers.

### Type of Drugs Used

Homeless youth were clear about the preferences of drugs used by their peers. For many youth, marijuana was the most commonly stated ( $n = 9$ ); followed by alcohol ( $n = 7$ ). These drugs were most commonly used, as they were easily accessible and inexpensive. Youth also expressed the sentiment that marijuana and alcohol were “not really drugs”. For one 21 year old White youth, marijuana was just an herb; while for another male youth (20 year old White), alcohol was just like a regular soft drink. Yet, it was clear that among these homeless youth participants, some youth were generally not afraid to try any drug that was made available. As one youth (23 year old White) expressed, “nowadays, anybody will do whatever they have to do to get high...”. In addition, getting high for one woman (23 year old Hispanic) included smoking marijuana in front of her young daughter.

The ages in which youth reported using drugs were surprisingly early. One respondent (23 year old White) started experimenting with all types of drugs since he was 13 years old. For another youth (24 year old African American), he started smoking cigarettes at the age of 10, followed by marijuana at the age of 14, and methamphetamine when he was 18 years of age. For a third male youth, marijuana was started when he was 7 years old, followed by speed at the age of 10 and Acid by the age of 12. One year later, he was doing “everything”. Methamphetamine and cocaine were considered as the next commonly used drugs ( $n = 5$ , respectively). As one youth expressed (20 year old African American female) when “you go to Hollywood, all you see is teens doing meth”. Few youth heard of heroin or ecstasy being used ( $n = 4$ ).

### Perceived Dangers of Using Drugs

Interestingly, a number of homeless youth had street knowledge about which drugs were safe and which were dangerous to use. The rumor on the street was that heroin was a serious drug. As one youth indicated, “trying to get off of heroin... you go through physical changes,...like physical pain and stuff like that. It's not just a “I want” or “I need,” it's like you're hurtin' for it...”. Unlike the messages they had heard about heroin, youth did not believe the TV messages spouting the serious side of marijuana. As one youth (20 year old White male) knowingly said, “...Like if you smoke pot, ... commercials [are] sayin' that pot's horrible for you, but the drugs you should really look out for are heroin, crystal meth, stuff like that”. For two other male youth (24 year old African American male and 22 year-old White male), use of marijuana was perceived as beneficial in that it helped them stop a more serious addiction.

### Why Homeless Youth Use Drugs

A number of reasons were provided by the youth as to why drugs were commonly used. These included low self-esteem or low sense of confidence, being homeless, or just plain boredom. As one youth (20 year-old Hispanic) explained, “for most of my friends, ecstasy is a big thing....especially with people with low confidence, or with low self-esteem issues. For another male (25 year-old African American),

I started using marijuana because I became homeless in Hollywood, that was my own conscious decision...there were times that [I] had low self-esteem [and] that I thought about maybe I should try this or I should try that...being the person I am, I didn't allow myself to even become curious as to how it works.

For some homeless youth, use of drugs helped them to escape the realities of being homeless. As one male (19 year-old White male) explained,

weed...we use it to go to a different world...because the world we live in is very hard... also, weed, it relaxes us.... When we do LSD, Acid, or stuff like that, we feel like flying away from our pain.

For a number of youth, boredom was a factor that led to drug use. One youth (23 year-old White male) felt that when there was nothing else to do; drugs were one way to pass the time. The participants agreed that some youth were unable to control their drug use in a reasonable way and just went “overboard”.

### Family as a Cause and Deterrent for Drug Use of Homeless Youth

For a number of youth, the family's drug use led to the youths' drug use. As one male stated (24 year-old African American), “drugs has been in my life since the beginning. My mom did drugs...I was doing drugs,... It's been from the cradle on up”. A number of youth started using at a young age because of parental drug use. For another male (25 year-old African American), he started using drugs at the age of 8 with his sister. He still continues to use drugs.

For a number of youth, family drug use discouraged youth from wanting to use drugs. As a female commented, “When I was growing up, my mother was a meth addict and the way I was raised, I didn't trust anybody...” This young homeless woman had not used any hard drug because she did not want to grow up like her mother. Another young woman recalled, for some youth growing up, there is always one crack head in their family that you can relate to and for whom young people “really don't want to be like....”. For one male youth, the main reason he prevented drug-using homeless youth from getting too close to him was that his mom was a crack head “...she is a crack head for two decades...I dealt with it everyday...and I made my own conscious decision, that is not the route I want to go.”

### Why Homeless Youth Do Not Seek Drug Treatment

For youth already entrenched in drug use, perspectives about drug treatment were both negative and positive. There were a number of reasons homeless youth did not seek drug treatment. One justification was if the youth used drugs for a long time, their bodies could not live without the drug. For another young man (19 year-old white), it was hard to come off a drug if one really enjoyed using the drug. Thus, the issue of personal choice was critical, and the thought was “[either] you want to do it [get off drugs], , or you don't want to do it”. For another participant (25 year old White), the belief was that even if a youth was sent to drug treatment, “if the individual does not want to stop using drugs, he/she will not stop using”.

Two youth were a bit more positive about the benefits of drug treatment; however, the important point was that treatment must be available when needed. As one youth (23 year-old White male) expressed, regardless of whether the program is an expensive program or a government

program, the problem is that many youth cannot get into treatment when they need help. As stated, “there is a waiting period and a lot happens to you by the time your time is up...you might not be ready anymore.”

Lack of knowledge and lack of support were two additional reasons. A female youth (23 year-old Hispanic) remarked that some youth do not know how to get help, or “some people are too far out there that it is hard to get them...their mind is gone because of the drug”. Unrealistic counselors was yet another reason. As one male youth (19 year old White) remarked,

...like people don't have the experience...they say ok you can't do drugs, but they don't have an understanding because they haven't done them [drugs]...How can you tell somebody when you haven't gone through that...when you haven't experience that pain and the suffering.

For another youth, “playing the system” was another occurrence; as he recalls a message that a homeless youth acquaintance revealed once drug treatment was ending, “Oh, I can't wait until my probation is done...I am going to shoot up...or I am going to smack”. This youth's conclusion was that drug treatment was not for everyone as “some people...go right back to what they were doing, because that is what they are most comfortable with”.

### Ways to Discourage Youth From Initiating Drug Use

The homeless youth participants were also able to offer suggestions on ways to discourage youth from becoming interested in drugs. As one female youth offered, “if you can get them to concentrate... If you're busy, there's no time to do drugs”. For other youth, support in dealing with employment was important. One youth (20 year-old White) thought that a temp service would be important and the creation of jobs (25 year-old African American) would help homeless youth on the street. More specifically, providing a “PO box so you can fill out an application with an address and get a job. That would help a lot”

For another youth (19 year-old White), activities as simple as sports were considered a way to assist youth in handling their situations. A homeless female (23 year-old White) added that if youth were allowed to hang out somewhere and give them something to do, it would be a good thing. For another “...band playing...having a music stage...that's one of my dreams”.

Another area that received a lot of attention was the use of art, music or film to create messages that might dissuade youth from becoming interested in starting drug use. For a number of youth, personally reaching out to their peers and talking with them was considered very important. One 24 year-old White male verbalized,

Have them interview us...bring them to us...let us talk to them and let them know what drugs can do to them...

However, a young African American woman commented that even more powerful was showing future youth by means of films or documentaries, what life was like expressed this succinctly,

Take them down to Skid Row and tell them everything that happens out there, let them see it for themselves...once they see it, that will ... ring...in their head...

### Best Ways to Get Youth to Stop Using Drugs

For a number of youth, there were special circumstances that enabled youth to clear drugs from their lives, even if temporarily. For one female youth who was forced to enter drug treatment and continued use of drugs after release, later stopped using when her daughter was born.

...I am doing it this time because of my baby....with my daughter. I didn't care about anything... this time I wanted to do it myself...I sobered up on my own...change comes from the person.

Another male youth commented (20 year-old Hispanic) that there were conditions that were critical for programs to be successful. For example, the youth should be the one responsible to make the decision to seek help. "If I want to change, it got to be me. I'm not going to let someone else make the decisions for me. I got to make it for myself". Advice from a slightly older youth (25 year-old African American) was

...don't force yourself to do a program if you know it is not going to work...some places help, but you have to want the help. If they can come to you and talk about their problems, that is the first step...admit they are in a situation that they need help to get out of it...

Another plea (19 year-old White) was for the program to serve as a home base and offer a number of activities for the youth to engage in. As one youth explained, "You really need to have a place where youth can go and feel like, hey this is home for me here". Further, there should not be rules for when youth needed to return at night and make sure programs fit their needs (25 year-old white female).

## Discussion

The study was limited by the convenience sample, the single geographic location and self-report narratives. Nonetheless, it has long been identified that drugs and alcohol are a substantial part of many homeless youths' lives<sup>1,2,5</sup>. Findings of this study provide a glimpse into homeless youths' perspectives about drug use, typical age for starting drugs, reasons behind using drugs, social barriers to seeking drug treatment, and the way in which family members and peers influence these factors.

Regardless of the physical and mental implications of drug use, youth felt that certain drugs - specifically marijuana and alcohol - cause little harm. The prevalence of marijuana and alcohol is on par with other research. In interviews conducted with 289 Seattle homeless youth, alcohol and marijuana were the most frequently used substances, with over 50% citing smoking marijuana at least once a week and almost 80% having drunken alcohol in the previous three months<sup>22</sup>. Youth explained that the two substances are popular because of their cost and accessibility. Alcohol is widely and legally available for sale<sup>23</sup>, and unscrupulous vendors will sell to minors, which enhances its accessibility to youth.

In terms of marijuana, though marijuana arrests have increased greatly over the past decade, prices have decreased, and use and perceived availability have increased<sup>24</sup>. Additionally, 84.4% of high school seniors said it was very or fairly easy to get marijuana<sup>24</sup>. Along with availability, many youth in the study felt that marijuana was not considered a drug and/or aided in the reduction of using ostensibly more harmful drugs. On the other hand, the perceived danger of heroin may explain the infrequency of use by homeless youth. The age at which substance use began was presumably early, though supported by previous research. According to the Department of Justice, drug awareness takes place between the ages of 12 and 13; thirteen-year-olds are three times more likely to know how to obtain marijuana or know someone who uses illicit drugs than are 12-year-olds<sup>25</sup>.

Youth expressed myriad reasons behind their own substance use and that of their peers. Youth said that they often use drugs and alcohol to feel better about themselves, which is a common finding<sup>9,10</sup>. Along with low self-esteem and low levels of confidence, the perils of a homeless existence oftentimes triggers substance use, as it has been identified as a coping mechanism "for all youth"<sup>5</sup>. Having to deal with the difficulties of homelessness, such as irregular sleeping



habits, poor diet, and exposure to the elements is a tough existence. These realities, along with psycho-social issues, such as depression, trauma, and other mental health concerns, enhance substance use<sup>9,10,13</sup>. Furthermore, having limited and non-engaging activities caused youth to begin using drugs and alcohol. With few responsibilities and overall boredom, youth sometimes turn to drugs and alcohol<sup>26</sup>.

Youth disagreed on the success of drug treatment as a way to discourage drug use. Some youth felt that, because they had used drugs for so long, they were dependent on drugs and could not survive without them; however, most cited personal choice as the prevailing factor in not seeking drug treatment. Some youth are not interested in treatment because they enjoy using drugs<sup>26</sup>. Some youth do not think counselors at the drug treatment facilities understand their plight; hence, they do not find treatment services worthwhile. Having an empathetic support network, in the form of mentoring and the like, could be more successful<sup>11</sup>. Youth also do not benefit from drug treatment when they are forced into the program by the juvenile justice system or by adults; they simply wanted to get out quickly. Youth called this “playing the system,” going through the motions and eventually using drugs again. This moreover hints at the inevitability of personal choice<sup>26</sup>.

Based on our findings, youth often have a personal reason to seek drug treatment. They also suggested a variety of ways to get their peers to see the woeful effects of drug use. Reiterating the importance of personal choice, youth said a variety of factors—including their family, decreasing interest, and realization of their problem—can play into youths’ reduction of drug use. A lack of interest, fear of its effects, and its wounding impact on their goals are reasons homeless youth stop using drugs<sup>26</sup>. Furthermore, youth felt that facilities that created a home base with various activities could be useful in aiding the reduction of drug use. Constructing a trusting environment, free of regulations and full of likeminded individuals, some youth felt, could stop them and their peers from using drugs and alcohol. The necessity of culturally- and age-appropriate, supportive services is further supported by previous studies.<sup>10,11,27</sup>

A homeless youth’s family background is often the reason youth want to stop drug use; parental drug abuse is known to be a complicit and vital influence on the commencement and escalation of adolescent drug use<sup>28</sup>. Cross-generational drug use has been shown to have a normalizing effect on youths’ perceptions about drugs and alcohol<sup>28</sup>; in particular, siblings have been found to be common drug suppliers and co-drug users<sup>28</sup>.

Creating avenues for interaction and youth participation was one of the key ways youth thought substance use could be deterred or ceased. Keeping youth busy, with the availability of employment options or basic activities like sports, would leave little time for youth to use substances. Eventually, youth may feel that using drugs could deter from their newfound responsibilities and pursuits, and ultimately reduce their risk behaviors<sup>26</sup>.

### **Implications for Practice and Research**

This exploration on the power of drugs among homeless youth is instructive in that it points to how drugs are used as a coping mechanism: either to feel better, to have a social experience with peers, or to diminish the harsh realities of street life. As several youth mentioned, drug initiation and stoppage is a personal decision. We can enhance the understandings of this and prior work by exploring specific personal factors that deter drug initiation and further abuse among homeless youth. Moreover, research on childhood-related risk factors that cause homelessness among youth and types of childhood experiences that are disproportionately related to drug initiation and abuse might lead to prevention and treatment strategies for mental health providers<sup>29</sup>. A “risk profile” can be developed as the product of such work (p. 1648).

Several youth reported they use drugs because there is nothing better to do, which suggests that substitute activities, such as art, sports, or music could be a worthwhile preventative strategy and treatment strategy in drop-in agencies that cater to homeless youth<sup>10,26,27</sup>. Similar to other findings, when drug treatment is accessible, our participants prefer empathetic mental health providers, individuals with whom homeless youth can relate and who have similar life experiences<sup>30</sup>. Comparative data are needed in the areas of arts activities and empathetic practitioners.

This study is a step in increasing our understanding of the types of drugs preferred by homeless youth, as well as barriers and facilitators to initiation and treatment. To our knowledge, there are no published intervention strategies that employ the suggestions reported by our youth participants. Given the severity of the lifestyle of homelessness, drug prevention and treatment efforts might best be directed towards homeless youths' personal factors and creative outlets, or the power of the drug will cause a lifetime of adverse health and social consequences.

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