



ADOLESCENT SUBSTANCE ABUSE FACT SHEETS

What is the relationship between substance abuse and homelessness for adolescents?

What are the demographics of homeless teens?

The National Survey of Homeless Assistance Providers and Clients (NSHAPC) conducted in 1996 included major and minor metropolitan areas and rural areas. The total sample was 2578, 5% of which were 18-19 and 7% were 20-24.¹ They estimated that 22,000 to 44,000 of the daily homeless population are 18-19 years old.¹ Of those under 20, 32% first started drinking before age 15 and 31% started using drugs before age 15. These results were statistically significant when compared to the older homeless population. The younger population also experienced problems with alcohol, drugs, and mental health in the past year with 26%, 43%, and 46% reported each respectively.¹

Another study, the National Incidence Studies of Missing, Abducted, Runaway, and Throwing Children (NISMART) was conducted in 1999.² They found that 1,682,900 youth had a runaway/throwaway episode. The majority of the sample (68%) was 15-17 years old and 81% were gone for 24 hours or more. They also looked at risk factors in the population and found that 19% of the sample were substance dependent, 18% were in the company of someone known to abuse drugs, and 17% were using hard drugs.² Hard drugs are defined in the literature as cocaine, amphetamines, tranquilizers, heroin, and other narcotics. This term is outdated; however, it is used in this fact sheet to be consistent with the studies presented.

A study in Seattle surveyed 354 homeless adolescents who were between the ages of 13 and 19. The average length of homelessness for the shelter was 6.6 months.³ They measured alcohol, marijuana, and hard drug use and found that 71.5% used alcohol, 62.1% used marijuana, and 31.5% used hard drugs in the past three months.³ They also looked at rates of heavy use (40 or more times) and found a prevalence of 10.4% for alcohol, 10.2% for marijuana, and 3.7% for hard drugs.³ These were higher than estimates of non-homeless youth.

Are there homeless shelters that cater to homeless teens? Can they meet their SA needs?

There are few resources for homeless teens in North Carolina. According to www.nationalsafeplace.org the following shelters offer services for young people in North Carolina⁴:

Charlotte, NC = The Relatives:	(704) 377-0602
Gastonia, NC = With Friends, Inc.:	(704) 866-7774
Greensboro, NC = Act Together Crisis Care:	(336) 375-1332
Raleigh, NC = Haven House:	(919) 833-3553
Sanford, NC = Hillcrest Youth Shelter:	(919) 718-4650
Winston-Salem, NC = Host Homes:	(336) 725-4678

None of them mention treatment for substance abuse specifically on their websites.

Why are substance abusing teens homeless?

Substance abuse can be a general risk factor for homelessness and vice versa. Embry et al. (2000) followed up with 83 adolescents five years after they were discharged from an inpatient facility. Those adolescents who reported episodes of homelessness were more likely to have a history of drug or alcohol use as reported on the psychosocial summaries.⁵

The National Runaway Switchboard collects data on all crisis calls it receives. Twenty nine percent of callers stated family dynamics was the reason for the call.⁶ Other major problems described included peer/social (14%), school/education (10%), mental health (9%), and physical abuse (6%).⁶ Alcohol/drug use, economics, emotional/verbal abuse, sexual abuse/assault, and neglect were also identified as problems, but much less often.⁶

This publication was produced by UNCG's Center for Youth, Family, and Community Partnerships in collaboration with the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services with financial support from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), U.S. Department of Health and Human Services (grant number 6 J79 T117387-02-2).

Building Bridges, Closing Gaps

North Carolina
Adolescent Substance
Abuse Treatment
Project



SAMHSA



nc department
of health and
human services



NC Division of Mental Health,
Developmental Disabilities and
Substance Abuse Services



Says who?

1. Burt, M. R., Aron, L. Y., Lee, E. (2001). *Helping america's homeless: Emergency shelter or affordable housing?* Washington, DC: Urban Institute Press.

2. Sedlak, A.J., Finkelhor, D., Hammer, H., & Schultz, D.J. (2002). Runaway/throwaway children: National estimates and characteristics. *National Incidence Studies of Missing, Abducted, Runaway, and Throwing Children*, October 2002, 1-11.

3. MacLean, M.G., Paradise, M.J., & Cauce, A.M. (1999). Substance use and psychological adjustment in homeless adolescents: A test of three models. *American Journal of Community Psychology*, 27(3), 405-428.

4. National Safe Place and Cyberview. (2007). Where is Safe Place? Retrieved September 21, 2007 from http://nationalsafeplace.org/aboutus/about-where_state.php?s=NC.

What are other issues that are associated with homeless substance abusing teens?

Drug use on the streets can be related to various other risky behaviors including property crimes, drug-trafficking, and associating with peers who use. Baron⁷ conducted a survey of 200 male “street youth” in Canada. The youth had spent an average of five months homeless in the past year.⁷ He examined three types of drug use (alcohol, marijuana & psychedelic, and hard drugs) and the related factors in those groups. Those youths who used any type of drug had higher levels of property crime.⁷ There were differences between the groups depending on which substance was used. For example, those who used alcohol and/or marijuana and psychedelics regularly associated with peers who used.⁷ This was in contrast to those using hard drugs, who were more likely to have parents that used instead of peers.⁷

Drug use also had an impact on employment status and the way the youths felt about whether or not they had a job. Those who drank regularly had less employment experience and were depressed about their unemployment; however, they did not blame themselves for their lack of work.⁷ Hard drug use was related to having more job experiences and not being depressed about their current job status.⁷ Use of marijuana and psychedelics was not related to job status; however, those who used were more likely to be participating in drug trafficking.⁷ In addition, hard drugs use was related to being homeless for a longer amount of time.⁷

McMorris et al.⁸ surveyed 536 homeless and runaway youth between the ages of 12 and 22. Alcohol use in this population was related to parental alcohol use, perceived parental rejection, and number of days homeless.⁸ These youth were also more likely to associate with deviant peers and be involved in deviant survival strategies (stealing, selling drugs and/or sex, etc.).⁸ The results suggest that time spent on the street impacts alcohol use through association with deviant peers and engaging in antisocial behaviors.⁸

Homeless teens who are using substances may also be suffering from a co-occurring mental illness. Johnson et al.⁹ surveyed 428 homeless youth and found that 60.5% of them met criteria for at least one substance use disorder, and 93% of that sample had at least one co-occurring mental health disorder. Other variables associated with more substance use were being older, having less parental monitoring, and having a caretaker who received treatment for substance abuse.⁹ Whitbeck et al.¹⁰ found depressive symptoms to be associated with alcohol and drug use in a sample of 602 homeless adolescents. Substance abusing youth were also at a higher risk for victimization and engaging in dangerous sexual encounters.¹⁰

What interventions are being used with this population?

There is a limited amount of research available on this topic as of now. Researchers are realizing the importance of studying this population and so there are several projects currently in progress. In 2004, the Senate Appropriations Committee recognized that homeless youth and adolescents are more likely to use drugs than other populations.¹¹ It encouraged National Institute of Drug Abuse (NIDA) to investigate this group more fully. NIDA had previously created a Street Youth Interest Group through their Child and Adolescent Workgroup to evaluate current research and decide which direction future exploration should take.¹¹ The Interest Group has partnered with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to support the exploration of the use of behavioral interventions with homeless adolescents who are substance abusers.¹¹

According to the research section of the Alcohol and Drug Abuse Institute’s (ADAI) website, research is currently being conducted in regards to “Brief Substance Abuse Treatment for Adolescents.”¹² They are seeking to develop and test an intervention involving motivational enhancement and community services for use with the population of substance abusing homeless youth. The aim of the program is to facilitate contemplation of change and the utilization of available services. In order to determine the efficacy of such an intervention the researchers will be comparing it to a condition labeled Treatment as Usual (TAU).¹² TAU includes those services available at drop-in centers.

5. Embry, L.E., Stoep, A.V., Evens, C., Ryan, K.D., & Pollock, A. (2000). Risk factors for homelessness in adolescents released from psychiatric residential treatment. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39 (10), 1293-1299.

6. National Runaway Switchboard [NRS]. (n.d.). NRS Call Statistics. Retrieved October 8, 2007 from http://www.1800runaway.org/news_events/call_stats.html.

7. Baron, S.W. (1999). Street youths and substance use: The role of background, street lifestyle, and economic factors. *Youth & Society*, 31(1), 3-26.

8. McMorris, B.J., Tyler, K.A., Whitbeck, L.B., & Hoyt, D.R. (2002). Familial and “on-the-street” risk factors associated with alcohol use among homeless and runaway adolescents. *Journal of Studies on Alcohol*, 63(1), 34-44.

9. Johnson, K.D., Whitbeck, L.B., & Hoyt, D.R. (2005). Substance abuse disorders among homeless and runaway adolescents. *Journal of Drug Issues*, 35(4), 799-816.

10. Whitbeck, L.B., Hoyt, D.R., & Bao, W. (2000). Depressive symptoms and co-occurring depressive symptoms, substance abuse, and conduct problems among runaway and homeless adolescents. *Child Development*, 71(3), 721-732.

11. National Institute on Drug Abuse [NIDA]. (n.d.). *Significant items in house, senate, and conference appropriations committee reports*. Retrieved October 29, 2007 from <http://www.drugabuse.gov/funding/SigMention05.html>.

12. Alcohol and Drug Abuse Institute. (n.d.). *Current research and related projects at ADAI*. Retrieved October 29, 2007 from <http://lib.adai.washington.edu/researchsearch.htm>

NC DHHS
DMH/DD/SAS
Community Policy Management
Substance Abuse Services

3005 Mail Service Center
Raleigh, NC 27699-3005
919-733-4670
919-733-4556 (fax)

Written by Megan Smell;
last updated January, 2008

Adolescent Substance Abuse Fact Sheets are designed to provide answers at a glance to common questions about adolescent substance abuse. They are by no means a complete summary of available literature on the subject. For further information on each topic, we recommend you start with the “says who” section of each fact sheet. Reproduction of the text is encouraged; however, copies may not be sold.