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An Inside Look at Homeless Youths' Social Networks: Perceptions of Substance Use Norms

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Abstract

Substance use among homeless young people is a pervasive problem, and there have been many efforts to understand more about the dynamics of this health-compromising behavior. The current study examined perceived substance use norms within homeless youths' social networks utilizing in-depth interviews. The sample included 19 homeless individuals ages 16 to 21. Four elements of substance use within networks emerged: substance use choices, drug use safety issues, encouragement and/or discouragement, and appropriate situations in which substance use is condoned. These findings provide unique insight into the norms associated with drug and alcohol use within homeless youths' social networks.

Keywords: homeless, social networks, substance use norms

A significant proportion of homeless youths have engaged in illicit substance use: approximately 75% of homeless young people report lifetime alcohol and/or marijuana use (Bousman et al., 2005; Martino et al., 2011). Other illicit drug use, including cocaine, heroin, and hallucinogens, is also relatively common (Bailey, Camlin, & Ennett, 1998; Baron, 1999; Hadland et al., 2011). In one recent study of young homeless individuals, approximately

24% reported at least weekly crystal methamphetamine use (Hadland et al., 2011). Furthermore, substance use in general has been found to be at least two to three times higher among homeless young people compared to their housed counterparts (Haley, Roy, Leclerc, Bourdreau, & Boivin, 2004; Thompson, 2004). These prevalence rates for substance use are troubling, especially when considering the short- and longterm negative health consequences associated with drug and alcohol misuse, including mental health disorders, cancer, HIV/AIDS, and interpersonal victimization (Lee, Tyler, & Wright, 2010; National Institute on Drug Abuse [NIDA], 2011). In fact, one in four deaths today can be attributed to alcohol, tobacco, and illicit drug use (NIDA, 2011). As such, examining perceived norms for substance use behavior among homeless youths and their social networks is an especially important area of study.

Although previous research has documented high rates of individual substance use among homeless adolescents, there is a paucity of research on the perceived substance use patterns and norms within their social networks. Norms, which include perceived rules for social behavior within a person's peer group (Ennett, Bailey, & Federman, 1999), have been found to influence individual behavior (Bauman & Ennett, 1996; Gomez, Thompson, & Barczyk, 2010). The process by which these norms are transmitted to others and how that influences their own behavior remains unknown. In order to address this gap in the literature, a qualitative approach was employed in the current study to examine the specific messages regarding substance use choices, drug use safety concerns, encouragement and discouragement of substance use, and appropriate situations in which substance use is condoned among homeless youths in order to provide more insight into the ways in which group norms lead to high-risk individual behavior.

Literature review

Prevalence of substance use
Previous research has found that drug and alcohol use among homeless adolescents is extensive. Alcohol consumption in general is prevalent, with more than 75% reporting lifetime use (Bailey et al., 1998; Greene, Ennett, & Ringwalt, 1997; Walls & Bell, 2011), and high proportions of both homeless males (83%) and females (79%) have used alcohol in the past (Greene et al., 1997). Other substance use is also common. For example, Hadland and colleagues (2011) found that among their Canadian sample of homeless youths, 24% used marijuana daily, almost 29% reported at least weekly cocaine or crack use, and approximately 23% used heroin at least weekly. Another recent study of homeless adolescents found lifetime methamphetamine use and cocaine use were 34% and 30%, respectively (Rice, Milburn, & Monro, 2011). In addition to high prevalence rates, previous studies with homeless adolescents have found that 40% (Slesnick & Prestopnik, 2005) to 71% (Kipke, Montgomery, Simon, & Iverson, 1997) have met diagnostic criteria for substance use disorders, and many of these young people often meet diagnostic criteria for both drug and alcohol dependence (Bailey et al., 1998; Johnson, Whitbeck, & Hoyt, 2005b; Kipke et al., 1997).

Importance of homeless youths' social networks

The social networks of homeless youths, which are generally comprised of people with whom a young homeless individual regularly associates and spends the majority of his or her time (Tyler, 2008), may emerge due to physical propinquity, as homeless young people are likely to form ties with those who are in close proximity to themselves (Cairns, Leung, & Cairns, 1995). Physical propinquity may also explain why the social networks of homeless youths tend to be heterogeneous (Johnson, Whitbeck, & Hoyt, 2005a; Kipke, Unger, et al., 1997; Rice, Milburn, & Rotheram-Borus, 2007), encompassing a wider range of individuals in terms of age, sex, role relationships, and/or housing status (Ennett et al., 1999; Johnson et al., 2005a) compared to those of general adolescent samples (Cairns, Leung, & Cairns, 1995; Cotterell, 2007). Another key feature of homeless youths' social networks is that they tend to be smaller on average than those of other adolescents (Cairns, Leung, Buchanan, & Cairns, 1995). For example, Ennett and colleagues (1999) found that the average size of social networks of homeless youths was 2.6 whereas Cairns, Leung, Buchanan, and Cairns (1995) found the average size to be 4.1 friends and Haynie and Osgood (2005) reported it to be 5.7 friends. As such, the influence of social networks of homeless young people may be different compared to their housed counterparts.

Because of the disturbingly high substance use rates among homeless young people, it is important to understand more about the context in which they become introduced to this lifestyle, the devastating impact of continued use, and the difficulties associated with desistance. The impact of significant others on personal substance use has been documented. For example, Tyler and Johnson (2006) found that a family member initiated 23% of homeless youths into substance use. In addition to family members, social networks may also influence individual behavior.

Homeless youths' social networks perform a variety of functions, some that improve the well-being of the individual members and others that may engender risk. Social network members may provide sources of companionship, social support, and advice to homeless youths (Johnson et al., 2005b; Molina, 2000; Smith, 2008). They may also protect young members from outgroup victimization (Hagan & McCarthy, 1997) and supply information on street-survival strategies and safety (Auerswald & Eyre, 2002; Smith, 2008). Conversely, some research finds that certain homeless social network members promote risky activities such as substance use and unsafe sexual behaviors (Ennett et al., 2006; Tyler, 2008).

Importance of perceived group norms on individual substance use behavior

Because of the salient influence of social network members on homeless youths, it is important to consider how norms regarding prosocial and antisocial behavior are transmitted among members. The behaviors, attitudes, and norms of a social network may be beneficial or detrimental to a homeless young person. If, for example, network norms are consistent with drug and alcohol use and participation in these activities is valued within the group, the young person is afforded more opportunities for substance use and may model the behavior of other members (Bauman & Ennett, 1996; Gomez et al., 2010). Furthermore, homeless adolescents who had more ties to substance-using street-based peers were more

likely to engage in higher levels of heroin, methamphetamine, alcohol, and marijuana use (Rice et al., 2011; Rice et al., 2007).

Individual perceptions of others' behavior may also impact personal decisions regarding their conduct, especially when considering substance use. College and middle school students, for example, have been found to overestimate their peers' drug and alcohol use and these perceptions may influence their own personal substance use (Elek, Miller-Day, & Hecht, 2006; Martens et al., 2006). Arbour-Nicitopoulos, Kwan, Lowe, Taman, and Faulkner (2010) found that perceived substance use was a significant predictor of actual individual cigarette, alcohol, and marijuana use. Researchers have also found that general social network drug use shapes individual member behavior: youths who belonged to social groups with drug-dependent members were more likely to report personal substance use dependency (Gomez et al., 2010). Consequently, associating with substance-abusing peers, who may reinforce and support substance use behaviors, led to increased drug use severity among homeless youths (Gomez et al., 2010). Because of the influence that social network members have on individual substance use behavior, it is imperative that we understand more about the norms that may support or discourage the use of controlled substances, as this information may inform intervention efforts to meet the needs of homeless youths.

Theoretical framework

Two theoretical perspectives informed the current study: coping theory and social norms theory. According to *coping theory*, young people engage in high-risk behaviors such as substance use as a way to cope with negative stimuli (Begle et al., 2011; Lo et al., 2008). Applied to the current study, homeless youths are often exposed to early abuse in the home as well as other forms of victimization on the street. Moreover, daily survival on the street is also stressful. One way in which youths may cope with these stressful life events or negative stimuli is through alcohol and/or drug use. Some studies examining general population samples have found support for this theory (Begle et al., 2011; Widom et al., 2006).

Social norms theory holds that people generally do not accurately report the frequency with which their peers engage in risky behaviors such as alcohol use and that these misperceptions influence the person's own behavior. In effect, if the individual thinks the behavior occurs more frequently than it really does, the result is that he or she is more likely to engage in this behavior (Martens et al., 2006). Thus, if homeless youths believe that their network members frequently use alcohol and/or illicit drugs and that their networks are supportive of this behavior, then homeless youths themselves are likely to have higher usage rates.

Research questions

This project explores homeless youths' perceptions of their social network norms regarding substance use as these informal social rules may influence individual behavior. Although previous research on housed adolescents has found that perceptions of peer substance use influenced personal alcohol and drug use (Andrews, Hampson, Barckley,

Gerrad, & Gibbons, 2008; Arbour-Nicitopoulos et al., 2010), little is known about how similar social network norms influence homeless young people. Furthermore, there is a dearth of information regarding the contextual factors surrounding the formation and maintenance of these social rules.

As such, this study used a descriptive and exploratory approach instead of a hypothesis-testing method to understand these issues. Four predetermined research questions guided this project:

1. What factors are involved in homeless youths' choices to use alcohol and drugs?
2. What safety precautions do homeless youths perceive their network members taking when using substances?
3. What are the ways in which network members influence substance use?
4. What are the situations in which young homeless individuals perceive social network members to use alcohol and drugs?

Garnering a fuller understanding of these substance use norms may assist with prevention and intervention efforts that may reduce this health-compromising behavior.

Method

Participants
The qualitative data for the present study were from the Social Network and Homeless Youth Project, a larger study designed to examine the effect of social network characteristics on homeless young people's HIV risk behaviors. Over a period of approximately six months, 19 homeless youths were interviewed in three Midwestern cities in the United States. Participants for the *qualitative interviews* were selected from the original sample of 249 to represent different gender, racial/ethnic, and sexual orientation groups. There were 13 females (68.4%) and six males (31.6%). Females, in general, tend to be slightly overrepresented among homeless young people (Rice et al., 2007). Ages ranged from 16 to 21 (M = 19.47 years). The majority was White (N = 11; 57.9%) with the remaining respondents self-identifying as Black (N = 4), Hispanic (N = 2), American Indian (N = 1), and biracial (N = 1). Ten (52.6%) self-identified as gay (N = 2), lesbian (N = 1), bisexual (N = 6), and transgendered (N = 1) (GLBT). Because interviewers were instructed to oversample sexual minorities because of their greater risk for HIV, their numbers in this subsample are higher than what we would typically see in the population of homeless young people. Finally, homeless youths reported having a mean of 5.53 network members whose overall average age was 26.0 years.

Procedure
Three female interviewers conducted the qualitative interviews and were chosen because of their extensive experience working with homeless young people both through shelter

service and street outreach. All interviewers completed the Collaborative Institutional Review Board (IRB) Training Initiative course for the protection of human subjects in research. Selection criteria for the larger study required participants to be between the ages of 14 and 21 and meet our definition of runaway or homeless. *Runaway* refers to a person under age 18 who has spent the previous night away from home without the permission of parents or guardians. *Homeless* individuals are those who have spent the previous night with a stranger, in a shelter or public place, on the street, in a hotel room, staying with friends (e.g., couch surfing), or other places not intended as their resident domicile (Ennett et al., 1999).

After the completion of the survey instrument, interviewers selected respondents from different demographic groups (discussed earlier) to participate in an individual in-depth interview approximately one week later. All selected individuals participated in these qualitative interviews, which lasted 1 to 1.5 hours and took place in a private room at a shelter. Informed consent was obtained prior to the interview and participants were paid $30 for their participation and offered agency services. Participants were asked a series of open-ended questions, and all interviews were audiotaped and transcribed verbatim. The qualitative themes and subthemes then emerged from the data. Pseudonyms are used to preserve confidentiality, and the IRB at the second author's institution approved this study.

Interviewer guide

The qualitative interview guide consisted of open-ended questions and probes that expounded upon topics in the quantitative survey where participants could list up to five people that they see or spend most of their time with as well as three people with whom they had sexual relations within the past six months, for a total of eight social network members. The sexual partners could be people on their original network list of five or new ones not previously mentioned. In either scenario, sexual partners listed are considered part of the youth's social network. This approach has been used in past research on social networks and high-risk populations of similar age (Montgomery et al., 2002). The qualitative interviews began with the following statement: "Today I would like to talk with you in-depth about the same people that you told me about last time we did your other interview." As a reminder, participants were then given a card with the initials of the people that they discussed in the survey. Interviewers queried respondents about the following topics: (a) alcohol, drug, and/or intravenous (IV) drug use choices among social network members, (b) safety precautions, (c) ways in which network members encourage or discourage substance use, and (d) alcohol and drug use situations.

Data analysis

The interview transcriptions were imported into ATLAS.ti, a data management software program (Muhr, 2004). The first step in the preliminary data analysis involved rereading each interview transcript in its entirety in order to gain a deeper sense of the data as a whole. Because we were interested in perceived substance use norms within homeless youths' social networks, we then focused on the transcription sections that related to interview questions on this topic.

We assessed validity by triangulating the data by building evidence for a code or theme (e.g., substance use choices) from several individuals (Creswell & Plano Clark, 2011). For intercoder agreement, we used a predetermined coding scheme and then later identified whether we assigned the same or different codes between text passages (Miles & Huberman, 1994). In cases in which the intercoder agreement between the authors was low or discrepancies existed, we obtained consensus through deliberation and reevaluating our coding and themes.

Results

Our findings include four main themes regarding the substance use norms of homeless youths and their perceptions of the norms within their social networks. These include: substance use choices, safety concerns, encouraging and discouraging messages, and substance use situations. Each of these four themes and their relevant subthemes are discussed in detail next. Table 1 presents sample quotes for each qualitative theme.

Table 1. Individual and Social Network Substance Use Norms: Sample Quotes

Qualitative Codes and Subcodes	Selected Qualitative Quotes
Substance Use Choices	
Anything goes	I just didn't care. I'd do anything. I'd let anybody else do anything.
Undesirable substance use	I don't condone the use of any, any illegal drugs, period. I don't even like drinking or smoking . . . it inhibits you.
Substance use distinctions	I mean, everyone smokes pot sometimes. But it's not like an addiction, you know. It's smoke here and there and then, you know, have fun.
Safety Concerns	
Knowing your limits	If I've got a buzz, I got to stop because if I drink more than what I'm supposed to, I get so drunk and I will get myself into trouble.
Drug-related safety	Try a little bit and see how it [the drug] does.
Buddy system	Stay with the other person [substance user] to make sure they don't . . . end up all fucked up laying somewhere.
Encouraging and Discouraging Messages	
Offering and visibility	He'll probably just be like "come on, just one drink, come on, that's it," that kind of pressure.
No encouragement necessary	I've never needed no encouragement. I just do it on my own.
Words of warning	All of them say, "Just stay clean." They, they're always telling me, "Don't, don't use this, it's just complications."
Avoidance	If you are a crackhead, you're gonna have to do it in your tent and nobody else can be around.
Substance Use Situations	
Managing emotions	Um, back when I was using, um, [in] stressful situations, when I was mad, [and] when I was sad. I used emotionally, every emotion.
Managing social situations	I'll do it because I feel like, well, if everybody else is getting fucked up that'll give me more of the reason to, you know, just fit—like, go right along with it.

Substance use choices

The homeless youths in our sample discussed a wide range of "acceptable" and "unacceptable" drug and alcohol use behaviors. Several reported that when it comes to substance use, "anything goes" and all substances are acceptable, whereas others made distinctions between acceptable and unacceptable substances. Alternatively, a few respondents reported that all drug and alcohol use is unacceptable.

Anything goes

Several respondents mentioned that when it comes to social network drug and alcohol use, pretty much anything is regarded as acceptable behavior. For example, when asked about accepted drug use behavior, Megan, a White 18-year-old said, "Well, even just amongst me, like, I just didn't care. I'd do anything. I'd let anybody else do anything. . . . I was like, I'm gonna get fucked up, I want everyone else to too." David, a White 21-year-old male, mentioned that although he does not mind if people in his network use drugs in front of him, there are certain people who should not be around these activities: "If somebody wants to needle push, needle push. So if I say no, you just leave it at that. You can do [substance use] in front of me wherever as long as we're not in front of kids." As such, although general substance use is acceptable among social network members, David believes that children should not witness drug use.

Substance use distinctions

Many homeless young people made distinctions between different types of drugs when considering whether they were acceptable or not within their social networks. Alcohol was a common substance that was viewed as acceptable. Rodrigo and Maria (both 20-year-old Hispanics), for example, mentioned that drinking in moderation is not problematic within their social networks. According to Emily (White 19-year-old), "Well, like, I don't care if someone drinks around me . . . but as far as like any other drugs and stuff like that, I don't really want it around me." Sarah concurred with this statement and mentioned that one of her network members, Dani, "won't have anything to do with anything illegal." As such, it is possible that the legality of alcohol consumption for those 21 years of age and older factors into the acceptability of this particular substance.

In addition to alcohol consumption, several homeless youths believed that marijuana use was viewed as acceptable among their networks. Tyrell (19-year-old Black male), for example, mentioned that he and three of his network members routinely smoke marijuana and it is viewed favorably among their group. As such, these network members distinguish marijuana use from other forms of illicit drugs and view it as a safer or more socially acceptable substance. According to Melissa (White 20-year-old), marijuana use is very commonplace and thus acceptable among her network: "Um, Casey smokes pot but not too much. I mean, everyone smokes pot sometimes. But it's not like an addiction, you know. It's smoke here and there and then, you know, have fun." It seems that Melissa views marijuana use as universal, although according to the Monitoring the Future survey, only 6.6% of twelfth graders reported using marijuana within the past year (Johnston, O'Malley, Bachman, & Schulenberg, 2011). It is also possible that Melissa believes her peers engage in more marijuana use than they actually do, perhaps influencing her own use.

Some homeless young people may not perceive marijuana as having the same addictive properties as other drugs and thus view its use as more acceptable.

Although some respondents such as Darnel (21-yearold Black male) said that their network members tended to perceive experimentation with different substances as acceptable, others such as David mentioned that certain drugs (i.e., meth, heroin, and crack) are unacceptable. Melissa, who lives in a homeless camp community, mentioned that illicit drug use was inconsistent with group norms. When asked what would happen if someone brought heroin or crack into the campsite, Melissa said, "I'd tell them they'd have to leave. Because I'm totally against it and because . . . he's [network member] totally against the whole crack thing. . . . So if they're gonna do it [use drugs], they gotta go somewhere else, they can't come to camp and do it. That's totally against, kind of, a camp code." Consequently, certain social networks appear to have more stringent rules when it comes to acceptable and unacceptable substance use.

Undesirable substance use

Elizabeth (White 21-year-old) believes that drug and alcohol use is unacceptable within her social network because some members are former users who are trying to stay clean and sober. It is possible that these respondents have learned the deleterious effects of substance abuse the hard way, such as Darnel's previous experiences with incarceration related to drug use, and are perhaps trying to save their friend from a similar fate. For others, such as Stephanie (20-year-old White female) using alcohol and drugs is not only unacceptable behavior to them but also to their network members: "Oh, well, I know that almost all of them now, um, have a tendency to want to be clean, period, and not abuse anything. . . . I don't condone the use of any, any illegal drugs, period. I don't even like drinking or smoking, because that's just, to me it, it inhibits you." Amanda (White 20-year-old) adds, "It's [alcohol consumption] not good for your body—neither are drugs or the needle." As such, former alcohol and drug use and health concerns may explain why some view substance use as unacceptable behavior.

Safety concerns

Safety was a paramount concern for many respondents when discussing substance use norms within their social networks. Specifically, several youths discussed how knowing their limits, drug-related safety, and the buddy system are all important considerations when it comes to substance use. Much of this information, which was transmitted informally among most social networks, may be vital for the young homeless individuals' well-being; however, other advice may actually be detrimental to their health.

Knowing your limits and location

Some respondents discussed how their social networks were supportive of substance use as long as it occurs in moderation. Maria said, "Um, I drink about one or two beers . . . if I've got a buzz, I got to stop because if I drink more than what I'm supposed to, I get so drunk and I will get myself into trouble." Consequently, Maria knows her personal limitations and is aware that consuming too much alcohol will alter her mood such that the larger group will not condone her conduct. Similarly, Lulu (16-year-old American Indian)

and Sarah also mentioned that ingesting illicit substances in moderation is crucial and added that location of substance use consumption also matters, such that their social network members are safer when they drink or smoke inside a house. Being inside a dwelling, especially when under the influence of a substance, likely provides a level of protection from stranger and acquaintance victimization that they would not receive if consuming alcohol or drugs on the street.

Drug-related safety

Some network members discussed the importance of checking their drugs prior to consumption as well as using sterile supplies. Jennifer (White 19-year-old), for example, mentioned that her social network members would "try a little bit and see how it [the drug] does" to ensure that their weed was not laced with a harmful substance. It seems that her network members believe that ingesting a small amount of a tampered substance would not be harmful to them and would actually protect them from an adverse outcome if they were to consume it in a large quantity. Elizabeth and Darnel both said that they have network members who use IV drugs and protect themselves by using sterile needles. It is unclear, however, whether or not these needles were actually thoroughly sterilized. For example, Elizabeth mentioned that the safety measures of one of her network members included personally cleaning his needle to sterilize it because he does not trust others doing so. Darnel talked about his own and his network member's IV drug use: "And he'd, like, we'd never use the same needles but, like, I figured if you're shooting up, you don't have to worry about trying to clean the needle if you're using the same needle and nobody else is using the same one, you know?" In general, needles are considered sterile if they have gone through a sterilization process and are properly packaged and stored (Japp, 2008). Although young people may somehow cleanse the needle themselves, it is doubtful that this process would meet precise standards of sterilization. In addition, homeless youths are unlikely to have a safe place to store used needles or thoroughly cleanse the injection site, thus increasing their risk for infection. It is also possible that, like research on condom use (Rose et al., 2009), young people may report that they only inject drugs with a sterile needle but may abandon this general rule when faced with a situation in which clean needles are unavailable.

Buddy system

A few respondents mentioned that their safety measures included having trusted friends around when using controlled substances. Amanda, for example, declared that she and her network members always have a designated driver "who is still sober enough to make sure they don't do anything stupid." Nicole (White 21-year-old) also reported using the "buddy system" and that her network members will "stay with the other person [substance user] to make sure they don't . . . end up all fucked up laying somewhere." These measures are enlisted not only to ensure that their network members' physical health is not compromised but also to prevent other forms of victimization such as robbery or assault from occurring.

Encouraging and discouraging messages
There were several ways in which respondents' social networks either implicitly or explicitly encouraged or discouraged substance use. For those who encourage drug or alcohol consumption, they tended to offer or make their own use visible to entice others to engage in similar behavior. In contrast, no encouragement is necessary for some, as they believed substance use is a personal choice. Several respondents, however, spoke of the ways in which their network members discouraged substance use through words of warning and avoidance strategies.

Encouraging via offering and visibility
Some homeless youths mentioned that their network members encouraged drug and alcohol use by offering them these substances. Rodrigo talked about how his network member encouraged alcohol use: "He'll probably just be like 'come on, just one drink, come on, that's it,' that kind of pressure." Tyrell and Sarah echoed these experiences and said that their network members encouraged substance use by explicitly offering the substances and using them in front of the respondent. Another way that social network members may encourage drug use is by "how they act when they're dealing it around others" (Ashley; 18-year-old White female). Dealing drugs is another method that increases visibility, thereby both condoning and encouraging illicit drug use behavior.

No encouragement necessary
Several respondents talked about how it was unnecessary for network members to encourage substance use, as it is a personal choice. Nicole said, "I've never needed no encouragement. I just do it on my own." Within these groups, it seems that personal substance use is not necessarily influenced by the attitudes and behaviors of social network members. Brittany (18-year-old biracial female) concurred with this sentiment and said that even if their network members drink or use other drugs, they do not encourage or pressure others to do so. As such, the substance use norms among groups like Brittany's may be more permissive than those of others and thus may result in lower levels of substance use within these particular social networks because there is no direct pressure to use.

Discouraging words of warning
The "Just Say No" campaign from the 1980s seems to have resonated with several of the respondents and their social networks, as many youths report that they discourage substance use through words of warning. Stephanie said, "Oh, all of them say 'Just stay clean.' . . . They're always telling me, 'Don't, don't use this, it's just complications.' . . . Alfred, especially, is always telling me, 'Don't. Do. Drugs.' [laughs]." Others rely on personal stories and tragedies to deter their network members from substance use. Emily, for example, said, "Well, just like, sometimes they'll tell me some of the experiences that their friends have had when they've . . . done drugs. Or sometimes personal ones too." These network members draw from their personal experiences to detail the negative outcomes associated with substance use in hopes of saving their friends from a similar fate.

Discouraging through avoidance

Others reported that their social network members discourage substance use by simply avoiding it. According to Brittany, some social network members do not allow illicit substances around them or will "throw it out" if it is detected. Melissa spoke of drug use avoidance when discussing the unwritten rules at her homeless camp:

> We—we do have rules down at camp and, um, thing is: no crackheads. Um, if you are a crackhead, you're gonna have to do it in your tent and nobody else can be around; because we don't want to be around it.

As such, there are severe sanctions for using substances at the homeless camp, including isolation, which is difficult for all youths but especially for those who are already disenfranchised.

Substance use situations

The final theme centered on different situations in which homeless youths reported that substance use was more likely within their social networks. For example, some respondents mentioned that illicit substances are used to assist them with managing their emotions. Finally, some stated that alcohol and/or drugs were generally consumed within social situations.

Managing emotions

Several homeless youths discussed situations in which they used controlled substances to assist them with managing a range of emotions. For some, drugs and alcohol allowed them to cope with stressful situations such as child abuse (Emily). Megan said, "Um, back when I was using, um, [in] stressful situations, when I was mad, [and] when I was sad. I used emotionally, every emotion." Others, such as Tyrell and Nicole, also used substances when they were upset or angry. Alcohol and drugs may be used as a method of coping with or relieving negative stimuli such as the stresses associated with street life (Kidd & Kral, 2002; Thompson, Rew, Barczyk, McCoy, & Mi-Sedhi, 2009; Tyler & Johnson, 2006). David and others concurred with these statements but also mentioned that they liked how the substances made them feel.

Managing social situations

The respondents also discussed how they are more likely to use substances when they are around certain people and during special occasions. Ashley, for example, was more likely to use substances when around her baby's father, as "all he does is drink and smoke." As such, watching someone else consume these substances was too tempting for her and contributed to her personal use. Megan, who was trying to recover from her addiction, also mentioned that she is more likely to use drugs when she encounters a social situation where drugs are present and she was not mentally prepared beforehand that these substances would be nearby. Brittany and David talked about how they are more likely to use substances on special occasions such as holidays, birthdays, or at other parties. Darnel stated that he is more likely to use substances in social situations:

> I'm not a closet alcoholic anymore. I won't just do it [drink] by myself, it's more so at parties . . . even at parties I'll take it to the extreme but I'll do it because I feel like, well, if everybody else is getting fucked up that'll give me more of the reason to, you know, just fit—like, go right along with it.

Not only is Darnel more likely to use drugs in a social setting, but he also increases his consumption in these environments. Although usage may be recreational for some, others may continue to use alcohol and drugs as a way to cope with early childhood trauma such as abuse, to manage the stressful circumstances of street life, or to fit in with others around them so that they can feel they are an important part of a group.

Discussion

The narratives of this diverse group of homeless youths reveal important information surrounding substance use and the drug and alcohol consumption norms among members of their social networks. We find that the norms surrounding substance use choices vary considerably among social networks of homeless youths. While some report their networks as being at the extremes of "anything" or "nothing" being acceptable, other networks fell somewhere in between. For those whose network norms support the acceptability of any type of substance, the attitude within these groups tended to be carefree such that everyone should be permitted to do whatever they choose. Those indicating that they did not want to be the only person getting drunk or "high" in the presence of their peers qualified this norm; thus, they were encouraging of everyone using substances. In contrast, others firmly believe that substance use in general is undesirable because some individuals within the group are trying to stay clean and sober and having substance users in close proximity makes this a difficult goal to achieve. Thus, the distinction between these two groups may lie in their earlier exposure to and usage of substances.

The final group believes that certain substances such as alcohol and marijuana are socially acceptable within their network as long as they are used in moderation. If over time young people abuse these substances, it is possible that these individuals and their network members may make more refined distinctions between what types of substances are acceptable. Thus it is plausible that the acceptability of alcohol and drugs within networks is a negotiation among its members and that substance use rules ebb and flow over time depending on group composition.

Safety concerns surrounding substance use, such as knowing one's limit, drug-related safety, and the buddy system, are all important considerations among homeless youths and their social networks. Some respondents describe having "personal limits" when it comes to substance use. Because individual perceptions of others' actions may impact personal decision making regarding their substance use conduct (Arbour-Nicitopoulos et al., 2010; Elek et al., 2006; Martens et al., 2006), it is possible that some network members positively influence homeless youths by limiting their substance use.

The comments of the young people regarding drug-related safety indicates their awareness of the potential health hazards of illicit drug use and drug injection; thus, group norms within their networks advocate taking precautions to protect themselves. It is unlikely,

however, that all young people belong to networks that have stringent norms and thus many homeless young people are likely at risk for negative health outcomes. Overall, our findings suggest that some are aware of a range of negative outcomes associated with substance use and thus take precautionary measures to reduce their risk. In contrast, others do not have such rigid norms within their networks and thus are likely at greater risk for victimization, physical and mental health problems, and potentially, HIV infection.

Some homeless young people report that their network members encourage drug and alcohol use by making it widely available or by pressuring them to use. This is consistent with the literature which holds that if network norms are consistent with drug and alcohol use and participation in these behaviors is valued within the group, the youth is likely afforded more opportunities to use alcohol and drugs and may model the behavior of other members (Bauman & Ennett, 1996). In contrast, several young people stated that it was unnecessary for network members to encourage substance use because they personally make the decision to drink and/or use drugs. It is possible that the young people in this latter group already have high rates of substance use and thus join peer groups where network norms are consonant with their own values, beliefs, and behaviors regarding alcohol and drug use. This finding is consistent with Gomez and colleagues (2010), who found that those who belonged to social groups with drug-dependent members were more likely to report personal substance use dependency. Finally, several describe how their networks discourage substance use through words of warning or through avoidance techniques. It is possible that young people who belong to social networks who do not condone alcohol and drug use are less likely to initially be substance users.

Our final theme, which focuses on situations in which substance use is condoned among homeless young people, is particularly unique and adds to the existing literature because it reveals circumstances in which alcohol and drug use is more likely to occur within their social networks. Thus, our findings provide insight into why homeless youths view substances as functional and how they are sometimes used to cope with emotions or social situations. Several respondents describe situations in which they use substances to assist with managing feelings of depression, resentment, and sadness associated with experiences of child abuse. Others report using substances to cope with anger and other negative feelings associated with their current circumstances of having to survive on the street. Thus, some drugs may be used as a coping mechanism to relieve numerous stressors, including those associated with street life (Kidd & Kral, 2002; Thompson et al., 2009; Tyler & Johnson, 2006). Finally, some talked about using substances in social situations perhaps because friends were using or because they want to fit in with the group. This may be particularly important for those who are new to the streets and are looking for dependable individuals who will afford them protection and teach them survival techniques. Although not highly desirable, these individuals may join substance-using groups because they feel people within these networks are important for their survival on the streets.

There are limitations to this study, such as the cross-sectional nature of the data, which do not allow for the changing nature of social networks. Albeit difficult with this population, future research should examine how homeless youth social network norms regarding substance use change over time with a longitudinal sample. Even though our qualitative

sample included an overrepresentation of females, GLBT, and young adults, this was pur-posefully done given that these characteristics are potential sources of variability for our main focus of HIV risk behavior in the full sample. It is possible, however, that the inclu-sion of more males and heterosexuals may have changed our emergent themes. Further-more, although our findings are not necessarily representative of all homeless young people, the fact that the majority of them form social networks, often for survival purposes, speaks to the importance of adapting policy changes that address changing substance use norms among these young people within their social networks. In addition, it is important to recognize that respondents were reporting on their perceptions of their network mem-bers' behavior and thus may be overreporting or underreporting certain behaviors. Finally, given the nature of our topic, respondents may have been influenced by social desirability biases that occurred during the interview process.

Overall, the social networks of homeless youths tend to be heterogeneous, as some are supportive of substance use whereas other networks are not. Furthermore, some groups advocate substance use in moderation. Although a few respondents have network norms that reflect drug use safety, it is unlikely that these methods are flawless and this opens up the possibility that at least some of these young people are at risk for negative physical and mental health outcomes. Though some respondents report that their network members routinely make substances readily available or sometimes pressure them to use, others said their networks do not condone substance use and adamantly encourage members to say "No" to drugs. Finally, the narratives of these youths also shed light on particular social situations in which substance use is tolerated because of its comforting ability in light of dealing with stressful circumstances. In conclusion, our study advances the literature on social networks and homeless youths by providing unique insight into the norms associ-ated with alcohol and drug use within these networks and revealing that not everyone in this high-risk population advocates substance use. Even in networks where substance use occurs, there still are explicit norms surrounding safe alcohol and drug use that young people and their network members diligently follow to protect themselves from harmful outcomes.

At the policy level, these findings suggest that intervention could be targeted at two levels. First, intervention needs to focus on changing social norms among homeless youths. Previous research with high school samples has focused on pinpointing social situations where substance use occurs and then using interactive video as a way to challenge social norms by teaching young people about social norms, attitudes, and beliefs that are associ-ated with effective refusal skills (Duncan, Duncan, Beauchamp, Wells, & Ary, 2000). These interventions have been effective in changing personal self-efficacy and perceptions about social norms surrounding substance use (Duncan et al., 2000). Second, specific programs that target those with histories of abuse are also needed to assist them with developing healthy coping strategies. Because many of these young people are victims of child abuse and are likely to run away from home to escape these negative circumstances, it is plausible that the majority of youths do not receive appropriate intervention and thus their coping skills may be maladaptive. Intervention programs that teach these individuals alternative coping strategies such as counseling and developing problem-solving skills may result in reducing their likelihood of developing substance abuse problems and future risk for re-

victimization. Future research should not only examine the effectiveness of these intervention programs, but also query the youths themselves on other effective ways to prosocially change social network norms regarding unhealthy substance use, especially since some homeless young people may not view alcohol and/or drug use as deviant. Changing homeless youths' social network norms regarding substance use through media sources and street outreach initiatives and providing them with alternative coping mechanisms may significantly improve their quality of life.

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