

Demographic, Psychosocial, and Service Use Factors Associated with Beliefs and Attitudes Towards Substance Use in Youth Experiencing Homelessness



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INTRODUCTION

Between 39%—70% of youth experiencing homelessness meet criteria for a substance use disorder¹, increasing risk of:

- Sexual victimization²
- Death by drug overdose or suicide³
- Chronic homelessness⁴

➤ Psychological factors – such as motivation⁵ and self-efficacy about one's ability to quit⁶ – affect likelihood of quitting.

This study explores beliefs about addiction and treatment effectiveness in youth experiencing homelessness who use substances.

METHODS



Setting: Bridge Over Troubled Waters, a homelessness support program in Boston, MA, serving youth between 18- to 24-years-old.

Sample: 16 youth with at least 7 days of alcohol or substance use in the last 30 days taking part in a randomized controlled trial of Bridge's 5-session substance use intervention, MY-BEST.

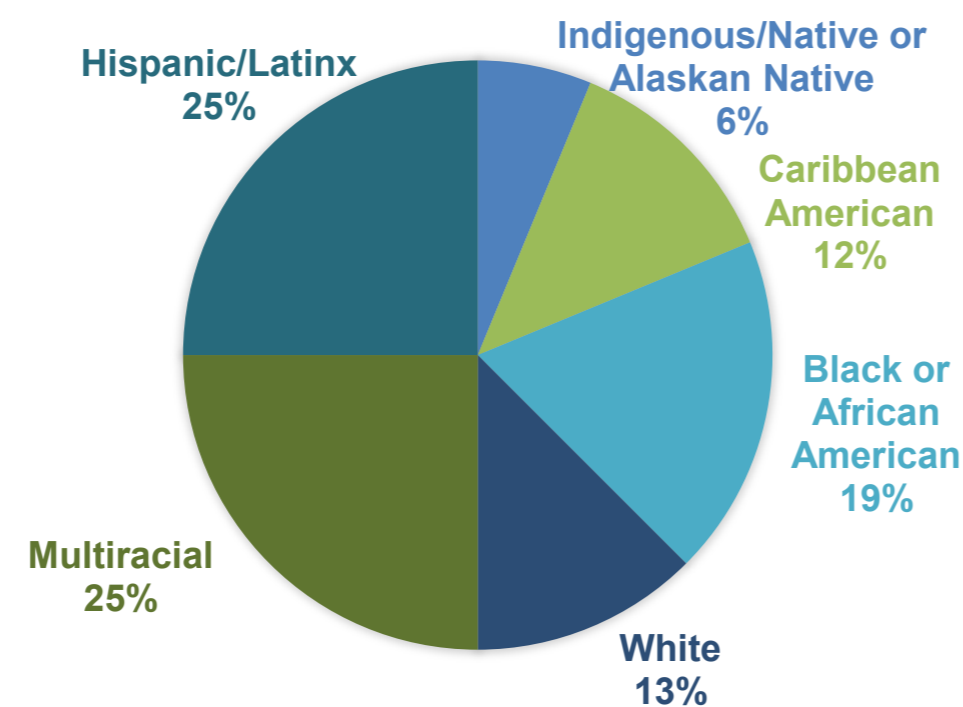


Learn more about the MY-BEST intervention

Data collection: Between February 2021 to February 2023, MY-BEST study participants completed a baseline assessment evaluating demographic, substance use, mental health, functioning, and service use factors. In session 3, participants completed a measure of their beliefs and attitudes towards substance use.

RESULTS

Demographics



Baseline Substance Use - Mean (SD) or % (N)

AUDIT	9.5 (9.7) (harmful/hazardous drinking)
CUDIT	13.1 (4.7) (possible cannabis use disorder)

MINI Diagnosis

Alcohol Use Disorder	43% (N=7)
Cannabis Use Disorder Only	69% (N=11)
2 or More Substance Use Disorders	19% (N=3)
Days of Substance Use in Last Month	24.3 (7.4)

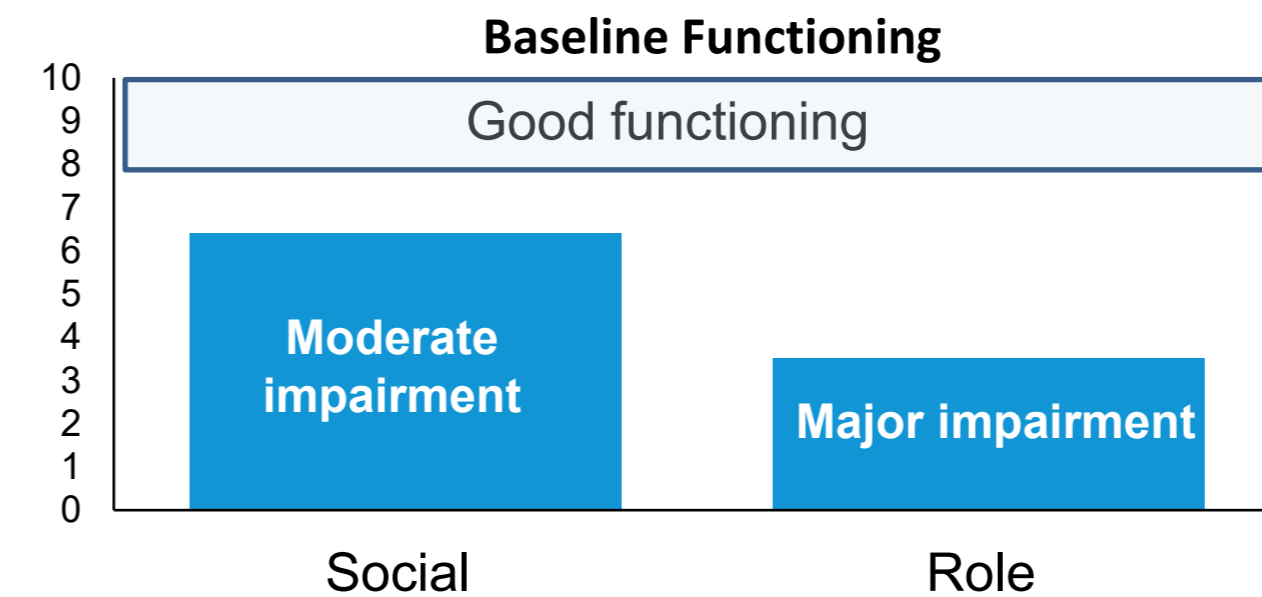
Baseline Stages of Change (SoC)

Recognition of having a substance use problem	18.1 (8.0) Very low
Ambivalence about substance use	10.3 (4.4) Low
Readiness to take steps to change	26.0 (7.2) Low

56% High school degree or higher

81% Male
13% Female
6% Non-Binary / Genderqueer

The average participant had low symptoms of depression, moderate symptoms of anxiety, high-moderate symptoms of PTSD, and access MH services 1.4 times monthly.



8 out of 15 questions were associated with baseline variables

Question	Significant Correlations
Life without substances would be boring.	Days of drug use: .47 [^]
Rehab does not work.	SoC – Recognition: .47 [^]
Someone who maintains a job can't be addicted to drugs.	SoC – Recognition: -.65* AUDIT: -.59 [^] PCL-5: -.72*
Most people in 12-step programs are older adults	MH Service Use: -0.56*
People can become addicted to marijuana.	Anxiety: .54*
Someone who uses substances has to want to recover and stop using for rehab to be successful.	Education: -0.66** SoC – Taking Steps: .67**
It's a "red flag" if people using marijuana begin to reduce participation in other activities and spend more time getting high.	Anxiety: .55*
All people that use drugs are addicted.	Days of drug use: .65 [^]

[^]p < .10, *p < .05, ** p < .01

CONCLUSION

➤ More days of drug use were associated with the belief that life without substances would be boring, suggesting this belief may maintain substance use in this population.

➤ While recognition of having a substance use problem was associated with understanding that even someone who maintains a job can be addicted to substances, it was also associated with the belief that rehab does not work. This suggests that some individuals may want to address their problems but do not think substance use treatment works.

➤ Higher alcohol use and PTSD symptom severity was associated with knowledge that even people who maintain a job can be addicted to drugs. This may speak to personal or vicarious experiences of working while inebriated or distressed.

➤ Those in MH services had more awareness on who attends 12-step programs (i.e., not just older adults). Participation in MH services broadly may expose people to more accurate information about SUD treatment options.

➤ Some findings warrant further exploration including that those with higher anxiety had more accurate beliefs about cannabis addiction and that those with lower education and higher readiness to take action on SUD also endorsed the importance of internal motivation as a driver of SUD treatment success.

REFERENCES

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