Developing Effective Risk Reduction Programs for Homeless Youth

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Outline

- Substance use and sexual risk behaviors among homeless youth in Los Angeles County
- State of the science: Substance use and sexual risk reduction interventions for homeless youth
- Applying "lessons learned" to reducing tobacco use among homeless youth

RAND Survey of Homeless Youth in Los Angeles County

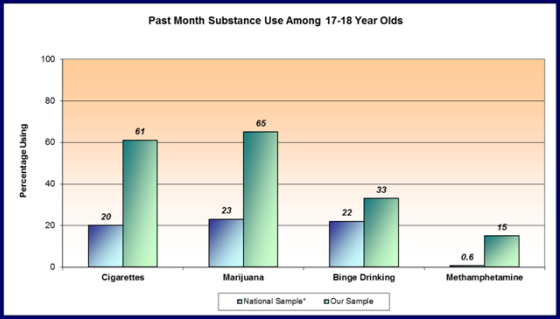
Design:	Multiple frames multi-stage design to obtain a probability sample from the homeless youth population
Study area:	Los Angeles County
Eligibility:	Unaccompanied homeless; age 13-24
Sample size:	419 homeless youth
Where sampled:	41 sites (15 shelters, 7 drop-ins, 19 street venues)

Funded by NIDA Grant R01DA020351 (PI: Tucker)

Past Month Substance Use

Cigarettes	**72%**
Alcohol	**68%**
Marijuana	**66%**
Ecstasy	16%
Methamphetamine	15%
LSD/hallucinogens	13%
Prescription drugs to get high	12%
Injection drug use	9%
Cocaine	9%
Heroin	8%
Crack	8%
OTC drugs to get high	8%

Higher Rates of Substance Use Among Homeless Youth



* Monitoring the Future (2012) – 12th graders

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Sexual Risk Behavior*, Past 3 Months

Mean # of partners	1.75
≥ 4 partners	16%
Any sex trade partners	7%
Any sexual concurrency	50%
No condom @ last sex	56%
No condom w/ casual partner	24%

** Among sexually active youth.*

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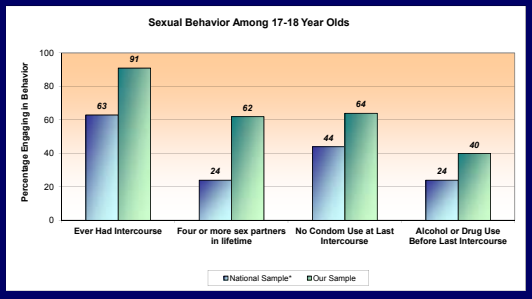
Higher Rates of Sexual Risk Behavior Among Homeless Youth



* Youth Risk Behavior Surveillance (2011) – 12th graders

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State of the Science

- Treatment development and evaluation efforts involving homeless youth are relatively recent.
- The first controlled evaluation of an intervention was published in 1991. It focused on HIV prevention among shelter residing adolescents (Rotheram-Borus et al.).
- Over the past two decades, many interventions using various approaches have been developed (e.g., brief MI, social enterprise, art messaging, family therapy, community reinforcement approach).
- But most interventions have not been rigorously evaluated, so there is still much to learn about what works and what doesn't.

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State of the Science

Slesnick et al. (2009). A review of services and interventions for runaway and homeless youth: Moving forward. *Children and Youth Services Review, 31*, 732-742.

- ❖ Drug and alcohol abuse treatment interventions (5 studies)
- ❖ Sexual risk interventions (7 studies)

Naranbhai et al. (2011). Interventions to modify sexual risk behaviours for preventing HIV in homeless youth. *Cochrane Database of Systematic Reviews (Online)*. January 19(1).

- ❖ Sexual risk interventions (3 randomized studies)

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State of the Science

Although only a small number of studies have examined intervention approaches for reducing these risk behaviors, several "lessons learned" can be drawn from existing research…

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Preliminary Lessons Learned

1. Currently, little evidence that brief, motivational interventions are effective. More intensive approaches may be needed.
   - ❖ But evidence is thin and it may depend on target behavior.
2. Addressing multiple, interrelated areas of need may be more effective than addressing one area in isolation.
3. Need to strike a balance between being intensive enough to address the multiple, interrelated risk behaviors that most youth exhibit, yet feasible to deliver.
   - ❖ Collaboration between service providers and researchers can both improve the quality of the research and the ability for the research to be applied to intervention.

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In addition…

- Flexible treatment may be needed to address the considerable diversity among homeless youth in terms of…
  - ❖ demographic characteristics (e.g., race/ethnicity, sexual orientation)
  - ❖ cognitive and emotional developmental stage
  - ❖ reasons for homelessness
  - ❖ youth's homeless trajectory and the potential resources and protective factors available to the youth
- Treatment development and evaluation efforts to date have paid little attention to the issue of diversity

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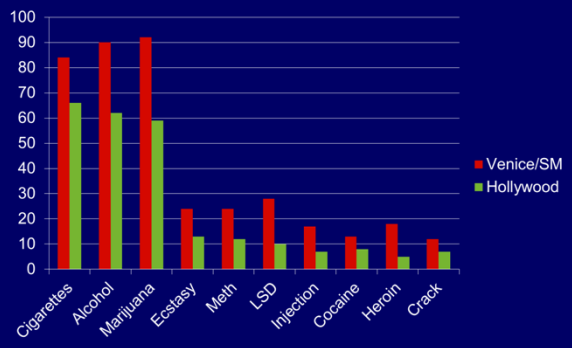
Group Differences in Past Month Substance Use (% of Youth Reporting Use)



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Why Focus on Smoking?

- Very high rates of cigarette smoking among homeless youth (> 70%)
- Cigarette smoking is the leading cause of preventable disease and death in the U.S., *killing about 443,000 people per year*
- Given vulnerable health status of homeless youth, continued smoking promises to put them on a long-term trajectory of chronically compromised health functioning

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Why Focus on Smoking?

- Homeless youth engage in high-risk smoking practices that increase their exposure to toxins and susceptibility to highly infectious diseases
- We know very little about how and why homeless youth smoke, and what treatment strategies might best fit their specific needs
  - ❖ Only three published studies on smoking among homeless youth – none focused on how to reduce smoking in this population

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Methods

Funded by Grant 21RT-0018 from the California Tobacco-Related Disease Research Program of the University of California (PI: Tucker)

Research team: Joan Tucker, Bill Shadel, Rick Garvey, Leslie Mullins, Daniela Golinelli

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Initial Interviews w/ Service Providers in Los Angeles County

- Semi-structured telephone interviews with staff from 23 facilities serving homeless youth in Los Angeles County
  - 16 emergency or transitional shelters
  - 7 drop-in/access centers
- Interviews were conducted with staff responsible for health programming
- Conducted September-October 2012

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Initial Interviews w/ Service Providers

- Do you currently have an indoor "no smoking" policy?
  - **100% currently have an enforced indoor "no smoking" policy**
- Do you routinely ask youth whether they smoke?
  - **52% routinely ask (e.g., during intake process)**
- Are you interested in offering a smoking cessation program?
  - **95% (22 out of 23) are interested in offering a program**
- In the past year, have you had a program or curriculum specifically for helping youth to quit smoking?
  - **13% (3 out of 23) have offered a program**
- What smoking cessation program did you offer?
  - **Referral to 1-800-NO-BUTTS**
  - **Partnered with local pharmacy that provided workshops and nicotine gum**
- How easy or hard would it be to implement a quit smoking program (1=*very easy* to 4=*very hard*)?
  - **70% thought it would be "somewhat hard" or "very hard"**

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Top 5 Potential Barriers to Reducing Smoking Among Homeless Youth

Barrier:	# of mentions:
Lack of organizational money/resources for smoking cessation services	15
Youth would lose a critical coping strategy for stress if they quit smoking	10
Lack of education about dangers of smoking and benefits of cessation	9
Smoking is a normative part of their culture	8
In the scope of challenges facing youth, quitting smoking is lower priority	8

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What We've Learned So Far from Service Providers…

- There is widespread interest among service providers in offering smoking cessation services.
- Youth are already routinely screened for smoking in about 50% of facilities.
- However, smoking cessation services are generally not being offered.
- Main concern is lack of money/resources, but other perceived barriers were identified.

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Follow-Up Interviews w/ Service Providers in Los Angeles County

- Follow-up telephone interviews with same staff from 23 facilities who completed initial interview
- Obtaining feedback on feasibility of some common smoking cessation program options such as:
  - Referral to 1-800-NO-BUTTS
  - One-on-one brief advise to quit
  - One-on-one cessation counseling
  - Multi-session group-based cessation program
- In process (March-April 2013)

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Focus Groups w/ Homeless Youth in Los Angeles County

- Eligibility: Smoked at least 100 cigarettes in lifetime (could be current or former smoker)
- Four 90-minute focus groups
  - 2 @ Hollywood drop-ins
  - 1 @ Hollywood shelter
  - 1 @ Santa Monica/Venice Beach drop-in
- 27 participants total
  - 70% male; age range = 18-24

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Focus Groups w/ Homeless Youth Topics Covered

- Smoking behavior
- Perceived pros and cons of smoking
- Interest in quitting and prior quit attempts
- What would motivate them to attend a smoking cessation program
- Interest in and experience with pharmacotherapy (e.g., nicotine patch, nicotine gum)

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Focus Groups w/ Homeless Youth: Smoking Behavior

- On average, youth smoked > ½ pack a day (12 cigs); 56% were daily smokers
- In the past month, most youth engaged in particularly high-risk smoking:
  - 77% smoked a cigarette remade from discarded butt/filter
  - 73% smoked a discarded butt
  - 69% shared a cigarette with someone else
  - 62% used things other than tobacco in remaking a cigarette
  - 46% blocked cigarette's filter vent
  - 42% smoked a discarded filter

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Focus Groups w/ Homeless Youth: Quitting Behavior

- 59% quit smoking for at least 24 hours in the past year
  - Past quit attempts were generally unassisted (i.e., "cold turkey") and, by definition, unsuccessful
- 50% were currently motivated to quit smoking
- 56% felt confident that they could quit smoking completely

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Top 5 Potential Barriers to Reducing Smoking Among Homeless Youth

Barrier:	Examples:
Smoking is a routine part of life	"[I smoke] everywhere and anytime." "I smoke with anybody who's around me or just anybody." "If I'm desperate, I'll find cigarettes on the ground… I'll take whatever is left in it and I'll roll it myself."
Affective/hedonic benefits of smoking	"I like the lightheaded feeling it gives me sometimes." "It just relaxes you." "Like, you can pay attention better." "I honestly just like to smoke. I like the act of doing it."
Coping benefits of smoking	"It controls my anger." "It's de-stressing, it calms you down." "It takes the load off." "Yeah, when you're in like a tight squeeze and you just came from argument or you had a bad day. That's going to put you to smoke a cigarette."

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Focus Groups w/ Homeless Youth: Potential Barriers to Quitting

Barrier:	Examples:
Wariness of using nicotine replacement products	"You can overdose on them [nicotine patches]." "I don't want a patch on my skin." "It's [nicotine gum] not very good tasting." "I'd just go cold turkey."
Challenges of engaging youth in smoking cessation	"With a lot of people that are here, smoking cigarettes, you're not going to be able to get them to sit in a room for about an hour for no reason." "I'm thinking without incentives, I don't think anyone would do it." "The thing is we're like, damn, so why should we spend our time doing this when we're missing out on showers and stuff like that?"

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What We've Learned So Far from Homeless Youth…

They smoke a lot and engage in particularly high-risk smoking behaviors.

About 60% have recently tried to quit and/or are currently motivated to quit.

Potential barriers include affective/coping benefits of smoking, preference for quitting on their own ("cold turkey"), and challenge of engaging youth in programs.

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Applying Lessons Learned from Alcohol/Drug and HIV Prevention Interventions

Lessons Learned from Alcohol/Drug and HIV Prevention Interventions:	Applications to Developing Smoking Cessation Interventions:
1. Currently, little evidence that brief, motivational interventions are effective. More intensive approaches may be needed, but evidence is thin and it may depend on target behavior.	Need to determine what is effective for smoking cessation, specifically. *Among the program options deemed most feasible and sustainable, pilot testing is a necessary first step.*

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Applying Lessons Learned from Alcohol/Drug and HIV Prevention Interventions

Lessons Learned from Alcohol/Drug and HIV Prevention Interventions:	Applications to Developing Smoking Cessation Interventions:
2. Addressing multiple, interrelated areas of need may be more effective than addressing one area in isolation.	Need to determine whether it is necessary for smoking cessation programs to also address stress, other substance use, etc. *Upcoming youth survey will help inform this issue.*

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Applying Lessons Learned from Alcohol/Drug and HIV Prevention Interventions

Lessons Learned from Alcohol/Drug and HIV Prevention Interventions:	Applications to Developing Smoking Cessation Interventions:
3. Need to strike a balance between being intensive enough to address the multiple, interrelated risk behaviors that most youth exhibit, yet feasible to deliver.	Need service provider input to identify program options that are not only effective, but feasible and sustainable to deliver. *Soliciting input and feedback on an ongoing basis.*

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Applying Lessons Learned from Alcohol/Drug and HIV Prevention Interventions

Lessons Learned from Alcohol/Drug and HIV Prevention Interventions:	Applications to Developing Smoking Cessation Interventions:
4. Flexible treatment may be needed to address the considerable diversity in the population.	Need to determine whether programs should be tailored to the needs of subpopulations of homeless youth. *Upcoming youth survey will help inform this issue.*

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Stay Tuned…

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- Thank you -

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