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THE EFFECT OF SOCIAL SUPPORT ON PROBLEM SUBSTANCE USE WITHIN BLACK
HOMELESS YOUTH

by

ALEXUS C. MOORE

Under the Direction of Eric R. Wright, PhD

ABSTRACT

Homeless youth are an evasive population which can make it difficult to address matters such as problematic substance use. Along with being a hidden population, homelessness is already stigmatized, which can decrease the social support that these youths may receive. On the streets, homeless youth can fall into a culture where substance use and misuse are normalized. The purpose of this study was to identify whether the presence of social support networks has an effect on problematic substance use within Black homeless youth. Using binary logistic regression, this study tests if Black homeless youth have a lower risk of problem substance use predicted by the presence of social support networks. That is, “Does having access to social support network(s) effect a homeless youth’s risk of problem substance use?” and “Are certain types of social support networks more influential on problematic substance use?”

INDEX WORDS: Black homeless youth, Substance use, Social support

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HOMELESS YOUTH

by

ALEXUS C. MOORE

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

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Alexus C. Moore
2019

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ALEXUS C. MOORE

Committee Chair: Eric R. Wright

Committee: Daniel Pasciuti

Erin Ruel

Electronic Version Approved:

Office of Graduate Studies

College of Arts and Sciences

Georgia State University

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DEDICATION

For Black homeless youth. Your struggles do not go unnoticed.

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1 INTRODUCTION

In 2015, The U.S. Department of Housing and Urban Development's Point-In-Time (PIT) count estimated that the state of Georgia has 575 homeless youth. For the same year, in the city of Atlanta, the homeless youth count was estimated at approximately 3,374 (Wright et al. 2016). The discrepancies in these numbers stem from the elusive nature of homeless youth as homeless youth are categorized as a "hidden" population (Ringwalt et al. 1998). Due to this along with the methodology of the PIT count, the PIT count does not always accurately represent the amount of homeless youth there actually are. The PIT count only captures those who are living on the streets or on in shelters which can cause their estimates to misrepresent the real number (Department of Housing and Urban Development 2015). Homeless youth exhibit high mobility throughout different communities, housing situations, and the street (Ringwalt et al. 1998). Despite the varying estimates of homeless youth, youth homelessness is on the rise.

The majority of the general population are misinformed about the causes of homelessness. While homelessness can be misinterpreted as the result of drug use or laziness, that is not the case as many young people choose to leave their homes in order to protect themselves from emotional or physical danger (Zerger, Strehlow, and Gundlapalli 2008). Youth may be willing to trade an abusive but secure situation for homelessness. Yet, for some, the decision to leave home is not always a choice. However, regardless of the reasons, youth are met with even more danger on the street as they are placed into a perilous and risky life that can include interpersonal violence, substance misuse, food insecurity, and perpetual poverty (Hyde 2005).

Most of the literature on homeless youth surveys a population that is overwhelmingly white and uses a deficit framework. This thesis expands the literature by using a data set that has

a large number of Black respondents and follows a need-based approach. This thesis explores if social support is correlated with problematic substance use by examining the relationship between problematic substance use and social support within Black homeless youth. It is important to study homeless youth because the periods of adolescence and young adulthood are crucial developmental stages (Chambers, Taylor, and Potenza 2003; Kandel and Logan 1984; McArdle 2008). With the long lasting effects of substance misuse, mental health, sexual exploitation, etc., that homeless youth must confront, these stressors may negatively impact their physical, social, and mental development (Crews, He, and Hodge 2007). It is also necessary to study homeless youth because homeless youth are more elusive than older homeless individuals. Along with this elusiveness, there is a major gap in the literature focused on Black homeless youth. This is why it is imperative to do a study focused on Black homeless youth and their interactions with problematic substance use and social support.

With homeless youth being hard to find, paired with the stigmatization of homelessness, the social support that a homeless youth can receive may be limited. Since the last time they were housed, homeless youth exist in different spaces than before. From being housed to being on the streets, their network ties can falter or cease to exist which can make it difficult to address the matter of problem substance use with which they are faced. Using the Atlanta Youth Count and Needs Assessment (AYCNA), I test whether having access to social support minimizes a homeless youth's relative risk of problem substance use. Specifically, I address the research questions: "Does having access to social support network(s) effect a Black homeless youth's risk of problem substance use?" If there is a significant relationship, then "What social support network groups have the most influence on reducing a Black homeless youth's risk of potential problematic substance use?"

2 LITERATURE REVIEW

2.1 Substance Use Patterns Among Youth

There are several national surveys, such as the Monitoring the Future Study, the National Household Survey on Drug Abuse, and the Youth Risk Behavior Study that follow and evaluate drug use trends of youth in the United States (Banken 2004). The Monitoring the Future study found that during the latter half of the 20th century, adolescents reached a high level of drug use, a level that exceeded previous trends. (Johnston et al. 2018). For adolescents, even though there was frequent use, the types of drugs that youth use, varied. When looking at drug use, by age group and proportionally, the trend has remained consistent at this higher level (Johnston et al. 2018).

In 2016, the National Household Survey on Drug Abuse estimated that 2.3 million youth aged 12 to 17, or 9% of youth, are current alcohol users (Substance Abuse and Mental Health Services and Administration 2016). For youth aged 18 to 25, close to 20 million or 57% were alcohol users (Substance Abuse and Mental Health Services and Administration 2016). Additionally, about 2 million youth aged 12 to 17, or 7.9%, were current drug users. For youth aged 18 to 25, 8 million or 23% were drugs users (Substance Abuse and Mental Health Services and Administration 2016). These numbers may seem high, but when looking from the years 2007 to 2017, the Youth Risk Behavior Study found that the percentage of youth who have ever used drugs has diminished tremendously (Centers for Disease Control and Prevention 2018).

All three of the national surveys reflect similar results in America's youth, but the surveys only focus on students or housed individuals (Centers for Disease Control and Prevention 2018; Johnston et al. 2018; Substance Abuse and Mental Health Services and Administration 2016). Missing from the survey results are youth who are not currently in school

or youth who do not have a permanent address. Those who are excluded can include homeless youth, youth in the military, youth who are gang members, and institutionalized populations such as youth in jails, nursing homes, or hospitals (Rahdert and Czechowicz 1995; Substance Abuse and Mental Health Services and Administration 2016).

The Substance Abuse and Mental Health Services Administration (SAMHSA) states that regardless of age, homeless individuals are more susceptible to the risks “Of infectious and chronic illness, poor mental health, and substance abuse, as well as being victims of violence,” when compared to the rest of the population (SAMHSA, 2018, p. 1). Between 39% to 70% of homeless youth have been reported misusing alcohol and drugs, a rate that is much higher when compared to non-homeless youth (Kipke, Montgomery, and MacKenzie 1993; Narendorf et al. 2017). This shows that alcohol and drug use among homeless youth are increasingly becoming a problem (Chen et al. 2006; Martijn and Sharpe 2006). With problematic substance use rising within this population, the risks of negative health effects on an already vulnerable population increases as well.

2.2 Risk Factors for Substance Use

These national surveys do provide useful information on the trends and patterns of American youth when it comes to substance use. However, the limitations of these surveys, specifically who they are leaving out, is worth exploring. The literature states that one of the excluded populations, homeless youth, have alcohol and drug usage that is significantly greater when compared to non-homeless youth, and homeless youth are also at higher risks for using substances (Kipke et al. 1993; Narendorf et al. 2017).

Risk factors can be divided into two categories: interpersonal, consisting of both societal and cultural influences, or psychological, consisting of individuals and their environments

(Hawkins, Catalano, and Miller 1992; Swadi 1999). The literature states many risk factors for substance misuse (Kilpatrick et al. 2000; Maddahian, Newcomb, and Bentler 1988; Vega et al. 1993). The risk factors for substance use among homeless youth are: if they have had lengthy periods of homelessness, have had physical/sexual abuse, have had suicide attempts, have engaged in sex work, have dropped out of school, or who do not have family support (Kipke et al. 1993). There is not a universal risk factor as these factors have many ways of interacting and compounding on one another, but the most straightforward risk factor is the period of adolescence itself. Substance use increases and peaks during adolescence, but then decreases after the age of 20, stemming from maturational changes (Kandel and Logan 1984). As individuals grow up, they take on new roles – marriage, jobs, parenting. These roles do not coincide well with legal and most illicit drug use (Kandel and Logan 1984). Additionally, as adolescents hit their 20s, the phase of experimentation is over. Youth eventually fade out of illicit drug use or use less amounts than they did during their adolescent years.

2.2.1 Social Support as a Risk Factor

Social support can act as a gateway to substance use. Bandura's Social Learning Theory states that an individual's behavior can be influenced by those around them (Jones et al. 1955). When examining social networks, the proverb "Birds of a feather flock together" rings true. Prior research has found that there is a link between social networks and substance misuse with the patterns being similar to those in risky sexual behavior (Ennett, Bailey, and Federman 1999). Youth who have peers who engage in alcohol and drug activity increase the risk of substance use, due to their peers creating an acceptable image of substance use (Andrews et al. 2002; Gibbons et al. 2004).

2.2.2 Racial Risk and Protective Factors

There has been little discussion of the differences *within* racial groups with regards to: problematic substance use, as most of the literature focuses on differences *between* racial groups. However, the literature that does exist has been fairly consistent. An important finding is that Black youth tend to have less frequent use of substances (Bachman et al. 1991; Strycker, Duncan, and Pickering 2003; White et al. 2004). With the exception of marijuana, Black youth also have less frequent use of illicit drugs and alcohol (Chen et al. 2005; Chen and Jacobson 2012; O'Malley and Johnston 2002).

Even though Black youth engage in less frequent drug use, it is not clear, when looking by race, if less frequent use comes from access or availability since research does not typically examine the role of race. Although access and availability cannot be pinpointed, it has been found that majority white areas, or suburban neighborhoods, have higher odds of drug use when compared to majority Black areas or urban neighborhoods. (Chen and Killeya-Jones 2006). Therefore, the context of community cannot be overlooked when examining racial differences in drug use (Chen and Killeya-Jones 2006).

Research does suggest that social support networks can lead individuals to substance use (Duan et al. 2009; Rice et al. 2005; Tyler 2008; Wenzel et al. 2010). There have also been studies that indicate that social support networks can also act as a protective barrier against substance use, especially when the support network is composed of people with similar characteristics (Boyd-Franklin, 2003; Phinney, 1990 as cited in Stock et al., 2013). Among Black people, race can function as a protective barrier because Black people develop an identity of self that is different from the mainstream culture (Brown 2008; Townsend and Belgrave 2000). The creation of an alternative self-identity stems from minority parents socializing their kids to

encounter discrimination in the world (Garcia Coll et al. 1996). This racial identity that is unique to Black people, as well as other racial minorities, boosts pride in one's race and one's individual self, which can then lead to negative views of drug use and other detrimental behaviors (Caldwell et al. 2004; Garcia Coll et al. 1996; Townsend and Belgrave 2000). A sense of pride and strong internalization of one's race can act as a buffer against harmful activities, can determine behavior as it relates to values and beliefs, and increases positive outcomes for youth (Caldwell et al. 2004; Garcia Coll et al. 1996). Black people's racial identity also contributes attitudes of intolerance for illicit drugs (Townsend and Belgrave 2000). Not only does race act as a protective barrier against problem substance use, but social network characteristics or the type of support an individual has changes significantly by race (Wenzel et al. 2012).

The literature has shown that Black people are one of the racial groups who engage in substance use less frequently (Bachman et al. 1991; Chen et al. 2005; Chen and Jacobson 2012; O'Malley and Johnston 2002). With the respondents of the AYCNA being primarily Black, it gives the opportunity to see if social support is a significant factor in reducing risk of problematic use for Black homeless youth. While each risk factor is equally important emphasis is being placed on contextual – societal or cultural – reasons, to explore if the patterns of social support networks of Black individuals still exist when it comes to this subpopulation of homeless youth.

2.2.3 Duration and Multiple Periods of Homelessness as a Risk Factor

Although social support can be a very important factor in the explanation of the relationship between homeless youth and substance misuse, other factors also impact this relationship. The duration of homelessness is a factor for substance abuse. Previous research has shown that multiple periods of homelessness can make an impact homeless youth throughout the

life course. Youth who are homeless do not often stay homeless, but just one instance of housing instability can introduce homeless youth to problematic substance use (Tompsett, Domoff, and Toro 2013). Even though youth, when compared to older individuals, experience a shorter time of homelessness, they are still susceptible to falling into problematic substance use (Caton et al. 2005). However, studies have shown that regardless of age, the presence of familial social support has lessened a youth's duration of homelessness as well as helped stop problematic substance use (Caton et al. 2005; Henwood et al. 2012).

2.2.4 Sex as a Risk Factor

Sex is another risk factor for substance use. Some research has shown that males are more likely to use illicit drugs, alcohol, and cigarettes, more than females (Wallace et al. 2003). However, contrasting research shows that gender actually holds little weight when it comes to predicting most drug use (Kulis, Marsiglia, and Hurdle 2003). Regardless of this, when looking at sex and its effects on social support, research has found that increased social support can reduce the effect of a stressor (Bellman et al. 2003). Research also shows that substance use, a byproduct of encountering stressors, differs when it comes to sex; with males having lower rates of drug use when they receive higher levels of support and females having higher rates of drug use when they receive higher levels of support (Lifrak et al. 1997).

2.2.5 Education as a Risk Factor

Lower levels of education can also increase the likelihood of substance use (Freudenberg and Ruglis 2007; Biafora & Zimmerman, 1998 as cited in Stock et al. 2013). Substance use and low education levels can form a feedback loop where either one can be the cause or effect (Townsend, Flisher, and King 2007). However, this is not the focus of this study nor does the AYCNA support it since it is a cross sectional study and not a longitudinal study. To combat

individuals not furthering their education, there have been programs related to substance misuse prevention and treatment geared towards reducing the health-related risks of discontinued education. While these programs do seem promising, they are few and rarely funded. More importantly these programs are focused on health and not directly interested in decreasing the dropout rates or increasing student retention (Freudenberg and Ruglis 2007). It is important to note that when family is involved in these treatment programs, through family therapy and other family interventions, an adolescent's drug use is reduced (Elliott et al. 2005). Similar findings suggest that positive family influences reduce the chance that youth will participate in substance misuse and that social support that comes from family makes a lasting impact in regards to substance use and potential problematic substance use (Henwood et al. 2012; Scheer, Borden, and Donnermeyer 2000).

Education levels can lead a youth to engage in substance use, but support, in this instance familial support, seems to have a big impact on a youth's substance use activity. Support, whether on an individual or societal level, can lead to better health outcomes for individuals (Donev, Pavlekovic, and Lijana 2008). Education is important, however access to social support networks can reduce health-related risks.

2.3 Social Support Networks as Protective Factors

While, risk factors such as the length of homelessness, gender, and education can lead to substance use. There are protective factors as well, such as social support, that can reduce substance use. Social support can act as a protective factor. Social support is often a function of the structure of an individual's support networks (House and Kahn 1985). Individual or personal support networks are a readily available group of people that an individual has access to when they are in need of any type of support. Previous research has found that social support networks

act as a barrier from stress and can promote the well-being of an individual (Camara, Bacigalupe, and Padilla 2017). Social support can be divided into four categories: instrumental (tangible items), advice, protective (physical help), and emotional support (Ennett et al. 1999; Ko, Wang, and Xu 2013). While these categories do provide nuance, they can be regrouped into just two categories: instrumental support (i.e., what somebody practically does for somebody) and emotional support (e.g., providing advice, guidance, and an expressive outlet) (House and Kahn 1985; Wright, Attell, and Ruel 2017). Categorizations of social support networks matter since the foundations are not all the same. Because categories of support can differ in what type of social support they offer and who is offering the social support, it is worth looking at what social support networks have more of an impact on Black youth. With Black people's substance use being below their counterparts it is apparent that Black people participate in illicit substance use less frequently. Yet, the literature does not provide an explanation for why Black people use substances less than other groups. It is possible that when social support is paired with race, an explanation arises.

2.3.1 Social Support Networks of Black Youth

A consistent finding in the literature is that Black people, when compared to other races, participate in substance use less frequently during their adolescence, young adult years, and lifetime (McCabe et al. 2007; Wallace et al. 2003). Less frequent use can be due to the familial structures of Black youth. The social support networks of Black youth revolve heavily around family (Giordano, Cernkovich, and DeMaris 1993). Black individuals tend to have more personal support networks based around family. For Black people, the term family is not only limited to blood relatives; it can include fictive kin. Fictive kin are individuals who are considered family, but are not related by blood or marriage (Nelson 2013). Whether family is

biological or chosen, the ties that Black youth tend to have are more durable (Boyd-Franklin, 2003; Phinney, 1990 as cited in Stock et al., 2013), due to stronger feelings of belonging and support that are created by familial and racial bonds within Black culture. This means that the culture plays an important part in increasing and maintaining social support networks for Black people.

When it comes to social support outside the family, Black people are more homophilious and not as diverse as whites when it comes to social support networks comprised of peers and friends (McPherson, Smith-Lovin, and Cook 2001). When looking at social support based in friendship, the intensity and influence of the relationships are weak (Giordano et al. 1993). The friendship bonds that Black youth develop are not as strong as their white counterparts due to the more difficult economic and social situations that they are placed in that require social flexibility (McAdoo, 1988 as cited in Giordano et al., 1993). Social support networks made up of family tend to have a greater effect on substance use before the period of adolescence, but during adolescence, social support networks comprised of peers and friends have a greater impact on substance use (Huba and Bentler 1980 as cited in Rahdert and Czechowicz 1995).

2.4 Critical Gaps

The literature states that the period of adolescence is extremely important (Chambers et al. 2003; Kandel and Logan 1984; McArdle 2008). Therefore, the research community understands that separately, youth homelessness and problem substance use during adolescence are huge challenges. Now, when substance use is coupled with homelessness, it potentially magnifies the individual negative effects. This literature review has examined the relationship between substance use and social support. After examining the above relationship between

substance use and social support, it is apparent that substance use is linked to social support. For Black individuals, it is linked to a specific type of support: familial support.

Previous research suggests that homeless youth tend to lose family support ties the longer an individual is homeless (Wright et al. 2017). While most of the literature suggests that social support networks weaken the longer an individual is homeless, research also suggests that for Black homeless youth are more likely to have more family ties than other homeless youth (Wright et al. 2017). Within the literature familial support is significant and often leads to better outcomes for homeless youth. (Mayock, Corr, and O’Sullivan 2011). Not only is social support and substance use linked, the literature supports that substance use and social support differ racially. When adding race to the equation, it can either decrease or increase problem substance use. Since Black youth have higher familial support this could hint at a causal factor. However, there is very little research on Black homeless youth in regard to problematic substance use and social support. This lack of prior research is where my study will contribute to the literature reviewed.

There is an apparent gap in the current literature exploring the relationship between youths’ experience of homelessness in relation to substance use and social support. The following sections detail the research, as well as results, that explores the aforementioned relationship. In my investigation, I test whether having access to social support minimizes a youth’s risk of potential substance use. Specifically, I address the research questions, “Does having access to social support network(s) effect a Black homeless youth’s risk of problem substance use?” If there is a significant relationship, then “What social support network groups have the most influence on reducing a Black youth’s risk of potential problematic substance use?”

3 RESEARCH DESIGN

3.1 Hypotheses

The following hypotheses were formed from the literature. The hypotheses are analyzed using binary logistic regression.

H₁ – The majority of Black homeless youth will have a low risk of problematic substance use, as measured by the CRAFFT scale, by falling beneath the problematic cutoff score of 2.

H₂ – Black homeless youth who have familial support will be less likely to have the likelihood of potential substance abuse problems.

H₃ – Black homeless youth who experience longer periods of homelessness will be more likely to have the likelihood of potential substance abuse problems.

3.2 Data

Using the Atlanta Youth Count and Needs Assessment (AYCNA), this thesis is a secondary data analysis of a cross sectional study of homeless and runaway youth within metro Atlanta (Wright et al. 2016). The AYCNA was conducted by Georgia State University's Sociology Department. The study involved students, advocates, service providers, and researchers who were aimed at examining the present state of youth homelessness in the metro-Atlanta area (Wright et al. 2016). The participants of the study were all homeless and runaway youth. The original purpose of the AYCNA, was to:

“1) provide metro-Atlanta service providers, policymakers, and youth advocates practical information on the size, nature, and needs of the homeless, precariously housed, and runaway youth in our community; 2) collect information that can be used to develop and refine policies, programs, and interventions to help these youth in our community; and 3) encourage a community-wide dialogue about the needs and social determinants of youth homeless” (Wright et al. 2016).

The AYCNA, is a cross sectional study that was conducted during the summer months of May 2015 through July 2015 (Wright et al. 2016). The AYCNA study was distributed using

interviewer administered surveys to homeless youth (Wright et al. 2016). The study used a sophisticated systematic capture-recapture field sampling method to gather its sample of homeless and runaway youth who did not have a consistent residence of their own, who chose to live without parental or familial support, and who were between the ages of 14 and 25 in metro Atlanta.

For the AYCNA, Wright et al. (2016), came up with three estimates for the homeless youth population within parts of Fulton, Cobb, Clayton, DeKalb, Gwinnett counties, and relatively 5-7 miles outside of the I-285 perimeter road. The survey detailed the homeless youth's past and present experiences with homelessness. Survey data was collected in two stages (Sweep 1: June 18 – July 2, 2015; Sweep 2: July 8 – July 23, 2015). The original 2015 sample from the AYCNA was made up of 693 unique homeless youth (Wright et al. 2016). This investigation limited the analysis to self-identified Black homeless youth who had values on all study variables (N = 493).

3.2.1 Dependent Variable

Problematic Substance Use

The World Health Organization (WHO), defines substance use as the use of psychoactive substances, including alcohol and illicit drugs, that when taken can be harmful and or hazardous to the user (World Health Organization 2018). Problematic substance use was conceptualized based on WHO's definition because homeless youth often misuse alcohol and/or drugs and are at a greater risk for alcohol/drug use than youth who are not homeless (Thompson, Zittel-Palamara, and Forehand 2005).

To identify categories of problematic substance use, screening tools are often employed. *The Adolescent Screening, Brief Intervention, and Referral to Treatment for Alcohol and Other*

Drug Use guide outlines several screening tools for adolescents (Massachusetts Department of Public Health 2009). One of which is the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) scale, which the original investigators of the AYCNA chose to use. The CRAFFT is used to identify youth who are at risk for alcohol and drug disorders and/or problem substance use (Massachusetts Department of Public Health 2009). A component of the CRAFFT is that it is targeted for youth between the ages of 14 to 21 (Massachusetts Department of Public Health 2009). Although ages for the original data included ages over 21, ages over 21 were not excluded as the period of adolescence has been extended to the age of 24 (Sawyer et al. 2018).

CRAFFT: In the AYCNA, the CRAFFT is a scale that gives a respondent an overall “score” of having a likelihood of problematic substance use (Wright et al. 2016). The CRAFFT is a scale composed of six different items that pertain to problematic substance use (See Table 1). The survey design of the AYCNA involved skip patterns. If respondents answered no to one of the three previous questions they then skipped the subsequent six questions that make up the CRAFFT scale. Although these respondents did not answer the CRAFFT scale questions they were not treated as missing. Instead these respondents were categorized as an automatic skip or a “legitimate no” and received a score of 0. The response categories, for all six questions, were either yes or no. These six variables were all binary measures that have lower values indicating no with higher values indicating yes. The six variables were then added together to create a count variable, with scores ranging from 0 to 6.

Based on the literature, scores ranging from 0 to 1 are not suggestive of “problematic drug use” scores greater than or equal to 2 are suggestive of “problematic drug use” and scores equal to or greater than 4 are suggestive of “drug dependence” (Falck et al. 2012; Skogen et al. 2013). The sum variable was transformed into a binary variable to strengthen statistical power. 0

equaled scores of zero to one and 1 equaled scores of two or more. After the transformation the categories were “non-problematic use” indicated by a 0 and “problematic use” indicated by a 1.

3.2.2 Independent Variables

Social support

Social support can refer to different aspects pertaining to social relationships such as quantity, structure, or function (House and Kahn 1985). Wright and colleagues (2016), operationalized social support as informational and emotional support. Informational support is when an individual receives information that can potentially help them through tough situations in the form of advice or guidance. Emotional support is when an individual has outlets to express and talk about problems (House and Kahn 1985). Social relationships often include both informational and emotional support. Social relationships are a means for individuals to discuss “important matters” (Marsden 1987). For this study, informational and emotional support are synonymous to “important matters.” In surveys, such as the General Social Survey, asking about “important matters” reveals the configuration of an individual’s personal support networks (Marsden 1987). “Important matters” can include a range of topics that can deal with intrapersonal and interpersonal affairs. When individuals disclose “important matters,” it is to those who they consider a part of their “core” network. Core networks can be characterized based on social relationships, and are often formed to be smaller kin based, rather dense, and homogenous (Marsden 1987).

For the purpose of this investigation social support is conceptualized in terms of the different types of support Black homeless youth have access to. Social support was conceptualized in this way, rather than combining all the types together in a scale, because it allows for identification of which groups are significant in reducing problematic substance use.

The AYCNA asked about support from several types of similarly aged “core” network supports: family and fictive kin, friends, adults, and professionals.

Family Support: Family support was an ordinal measure that measured the respondent’s familial support. The AYCNA asked, “Do you have family members you can talk to about important matters or turn to for help when you have a problem? By family members, I mean people who are related to you by birth or marriage? (Wright et al. 2016)” The original response categories were zero members, one to three members, and four or more members. This variable was collapsed and transformed into a dichotomous variable to see whether respondents had family support or not.

Fictive kin support: Fictive kin was a binary measure that measured the respondent’s support by a chosen family. The AYCNA asked, “Do you have a ‘chosen family,’ ‘street family,’ ‘squad,’ ‘crew,’ or other small group of people you consider to be your alternative family? (Wright et al. 2016)” Lower values of 0 indicated no and higher values of 1 indicated yes. No transformations were done to this variable.

Friend support: Friend support was an ordinal measure that measured the respondent’s social support from friends. The AYCNA asked, “Do you have friends your age you can talk to about important matters or turn to for help when you have a problem? (Wright et al. 2016)” The original response categories were zero friends, one to three friends, and four or more friends. This variable was collapsed and transformed into a dichotomous variable to see whether respondents had friend support or not.

Adult support: Adult support was an ordinal measure that measured the respondent’s social support from adults older than 25. The AYCNA asked, “Do you have adult friends you can talk to about important matters or turn to for help when you have a problem? Here, I mean

friends who are older than 25 years old? (Wright et al. 2016)” The original response categories were zero adults, one to three adults, and four or more adults. This variable was collapsed and transformed into a dichotomous variable to see whether respondents had adult support or not.

Professional support: Professional support was an ordinal measure that measured the respondent’s social support from professionals. The AYCNA asked, “Do you have professionals you can talk to about important matters or turn to for help when you have a problem? (Wright et al. 2016)” The original response categories were zero professionals, one to three professionals, and four or more professionals. This variable was collapsed and transformed into a dichotomous variable to see whether respondents had professional support or not.

Number of times respondent has been homeless: The number of times a respondent has been homeless was an ordinal measure that indicated the number of times a youth had been homeless and ranged from 1 to 5 or more. This variable combined two variables, to calculate the total number of times a youth had been homeless.

For the first variable (“firsthomeless”), the AYCNA asked “Is this the first time you’ve been homeless?” (Wright et al. 2016) This variable was transformed to keep respondents who answered yes to, “Is this the first time you’ve been homeless?”, and to drop all other answers into system missing.

For the second variable (“numbertimeshomeless,”) the AYCNA asked, “Including this time, how many separate times have you been homeless in the past three years? (Wright et al. 2016)” The response categories ranged from zero to five, and unsure, with lower values indicating less times a youth has been homeless while higher values indicated more times a youth has been homeless. If respondents were experiencing their first bout of homelessness, they

skipped over this question, which resulted in only 325 responses. To capture the rest of the youth who had been homeless more than once, the variable “numbertimeshomeless” was used.

“Numbertimeshomeless” was transformed by recoding respondents who were system missing, because it was their first time homeless, into an answer category of “6”. Respondents in “6” were then placed into answer category “1” which indicated that it was their first time homeless. Then respondents who had previously experienced homelessness and respondents who answered “not sure” were turned into system missing. The original answer category “1”, not the created category of 1, also had to be recorded as system missing because in the original dataset AYCNA, Wright and colleagues included “1” as an answer because some individuals had been homeless previously within the last three years (Wright et al. 2016). Lastly, the recoded variables were merged together by computing a new variable that included the total count of the number of times a youth had been homeless for all the respondents in the survey.

Respondent’s length of time homeless: A respondent’s length of homelessness was an interval measure that indicated how long a youth had been homeless. The AYCNA asked, “How long have you been homeless this time (that is, continuously homeless since your last permanent housing? (Wright et al. 2016)” This variable measured an individual’s length of their current episode of homelessness, not a cumulative count of the number of times they were homelessness. The response categories ranged from less than one month to more than a year. Lower values indicated less time a youth has been homeless while higher values indicated longer periods of time a youth has been homeless. The original response categories were not affected as recoding was not necessary.

Education level of respondent: Education was a dichotomous measure that measured if the respondent had completed a high school education or not at the time of the survey. The

AYCNA asked, “What is the highest grade that you completed so far? (Wright et al. 2016)” The original categories ranged from less than high school to postgrad degree, but was collapsed into a dichotomous measure of: those who have less than a high school education and those who have a high school education or higher. The decision to collapse seven answer categories into only two was due to small numbers within the original categories.

3.2.3 *Controls*

Sex of respondent at birth: The sex of a respondent was a nominal measure that grouped respondents by their sex at birth. The AYCNA asked, “What sex were you assigned at birth? (Wright et al. 2016)” The original response categories were male/man (1), female/woman (2), and something else (3). The original responses of male/man were transformed into male (1), female (0), and something else into system missing. Higher values of 1 represent males and 0 represent females. Males were chosen as the reference category because they make up majority of the respondents.

Race of respondent (Black): The dummy variable Black was a nominal measure that grouped respondents by race. The AYCNA asked, “What race do you consider yourself? (Wright et al. 2016)” The original response categories included white, Black of African American, Asian, Native American/Alaskan Native, Pacific Islander, Multiracial, and Other. These categories were collapsed into Black, white, and Other race. Those who identified as Black, African, Haitian, Jamaican, Creole, biracial, or multiracial were considered Black. Those who identified as white were kept as white. Those who identified as Asian, Native American, Alaskan Native, or Pacific Islander were categorized as Other. This variable was then dummy coded, where Black participants were coded as 1 and those who were not Black were coded as 0. All those who were not coded as Black were then dropped which left 493 Black homeless youth to run analyses on.

4 ANALYSIS

All statistical procedures were analyzed using SPSS version 25. The analyses conducted during this thesis were divided into three categories: univariate, bivariate, and multivariate analysis. Univariate analysis consisted of descriptive statistics. Bivariate analysis consisted of chi-square tests and a one-way ANOVA. Multivariate analysis consisted of binary logistic regression. First, univariate analysis was conducted to examine the descriptive statistics of the population. The descriptive statistics revealed the means, ranges, and standard deviations of the key study variables. Next, bivariate analysis was conducted. A series of chi square tests were ran to check for any significant relationships between problem substance use and a homeless youth's social support networks, sex at birth, and education level. Next, an one-way ANOVA was an to check for a significant relationship between problem substance use and a homeless youth's duration of homelessness. Lastly, multivariate regression was conducted by using binary logistic regression with all assumptions being met. Binary logistic regression was used to examine the effect of different social support networks, as individual groups, as a predictor of problem substance use. Binary logistic regression was also used to examine the effect of social support networks, as individual groups along with their sex at birth, the number of times a Black youth has been homeless, their length of time homeless, and their education level, as a predictor of problem substance use.

4.1 Descriptive Tables

Table 1 presents the descriptive statistics of Black homeless youth, within the AYCNA, for the dependent variable including means, ranges and standard deviations. Within the final sample, 63.7% Black homeless youth fell into the category of problem substance use with an average CRAFFT score, by count, of 2.47 (\pm 1.89). When looking at the questions that made up

the CRAFFT scale: 49.9% had rode or drove in a car while drunk or high. 53.1% used alcohol or drugs to relax, feel better about themselves or fit in. 57.2% used alcohol or drugs while alone. 29% forget things while using alcohol or drugs. 36.1% had family or friends tell them they should cut down on alcohol or drug usage. 21.5% had gotten in trouble while using alcohol or drugs

Table 2 presents the descriptive statistics of Black homeless youth, within the AYCNA, for all independent and control variables including means, ranges, and standard deviations. The final sample included 493 participants (169 females, 324 males). The breakdown of individual social support networks are: 62.3% Black homeless youth with family support, 49.1% Black homeless youth with fictive kin support, 67.7% Black homeless youth with friend support, 61.1% Black homeless youth with adult support, and 39.4% Black homeless youth with professional support. On average, Black homeless youth were homeless for 2.33 (\pm .887) times and they spent approximately between 2 to 3 months homeless. Of the final sample, 65.7% Black homeless youth were male and 55.2% had an education level of high school or more.

4.2 Chi Square Table

Table 3 shows the results of the chi square tests. A series of chi square tests were conducted for the study variables: presence of individual support groups, a Black homeless youth's sex at birth, a black homeless youth's education level and a Black homeless youth's problem substance use (CRAFFT score). Out of the tests, a significant interaction ($\chi^2(1) = 16.78$, $p=.000$), was found between the presence of fictive kin support and a Black homeless youth's problem substance use (CRAFFT score). There are significant differences in Black homeless youth who have fictive kin support, and those who do not, with 72.7% of Black homeless youth

who have fictive kin falling into the problem substance use category. The strength and direction of this relationship was tested below.

4.3 One-way ANOVA Table

Table 4a and 4b shows the result of the one-way ANOVA which compared the means of the length of time a Black youth had been homeless and a Black homeless youth's craft score. An analysis of variance showed that the effect of the length of time a youth had been homeless on a homeless youth's craft score was significant ($F_{5,487} = 2.70, P=.20$). Post Hoc comparisons using the Tukey HSD test indicated that the mean difference for Black homeless youth who were homeless for less than a month ($M=-.234, P=.041$) was significantly different when compared to Black homeless youth who had been homeless for more than 2 months to 3 months. The Tukey HSD test also indicated that the mean difference for Black homeless youth who were homeless for less than a month ($M=-.211, P=.025$) was significantly different when compared to Black homeless youth who had been homeless for more than a year.

4.4 Multivariate Regression

Table 5 shows the results of the binary logistic regression used to analyze the effect of social support networks, as a count and individual groups along with a Black homeless youth's sex at birth, the number of times they have been homeless, their length of homelessness, and their education level, as a predictor of problem substance use. Odds ratios predicting the presence of problematic substance use are presented in Table 4. The odds ratio column represents the occurrence of a measure expressed in a ratio. If the odds are over 1 then the outcome is more likely to occur. If the odds are under 1 then the odds are less likely to occur. The pseudo R^2 s, Cox & Snell and Nagelkerke, are used to explain the variation of the model.

Model 1 shows the results of regressing problem substance use (CRAFFT scores) on individual support groups. Model 1 was significant with a χ^2 (N=493) of 17.85, $p=.003$. Within model 1, fictive kin support was significant. The odds of problematic substance use when having the presence of fictive kin was 2.13 times or 113% more likely to occur (OR=2.13, $p<.001$) than those who did not have the presence of fictive kin. When examining the other support groups of family, friends, adults or professionals none of them were statistically significant.

Model 2 shows the results of regressing problem substance use (CRAFFT scores) on individual support groups, a Black homeless youth's sex at birth, the number of times they have been homeless, their length of homelessness, and their education level. Model 2 was significant with a χ^2 (N=493) of 27.88, $p=.001$. Within model 2, fictive kin support and the length of homelessness was significant. The odds of problematic substance use (CRAFFT) when having the presence of fictive kin support was 2.02 times or 102% more likely (OR=2.02, $p<.000$) than those who did not have the support of fictive kin. The odds of problematic substance (CRAFFT scores) was 1.13 times or 13% more likely (OR=1.13, $p<.025$) the longer a youth was homeless. Length of homelessness is important when comparing this variable against the other risk factors for substance use. Meaning time is a significant factor in the odds of problem substance use increasing. There were no statistically significant results for the support groups of family, friends, adults, and professionals. No significance was found either for a Black homeless youth's sex at birth and the number of times they had been homeless .

Across both models, fictive kin support remained significant. Model 2 had the highest variability of all the models, but that is due to all the study variables being added in. Although all the study variables were included, model 2 was the best model. Model 2 was the best model for three reasons. First, the pseudo R^2 was higher than the pseudo R^2 of model 1. For model 2, 7.5%

of the variability within the model was explained by the variables. Second, when looking at the variable fictive kin, the odds of problematic substance use decreased. Third, model 2 revealed that the length of time homeless was a significant risk factor for increasing the odds of problematic substance use.

5 DISCUSSION

This study examined the associations between social support networks of Black homeless youth and problem substance use. Separately, studies have examined substance use and homeless youth (Kipke et al. 1993), the developmental period of adolescence (Chambers et al. 2003; Kandel and Logan 1984; McArdle 2008), and social support networks of youth (Huba and Bentler 1980 as cited in Rahdert and Czechowicz 1995). Yet, there is hardly any research that combines these three areas which is why it is imperative to examine the effects of social support networks on Black homeless youth's problematic substance use.

Overall, this study finds support for Bandura's social learning theory¹, which suggests that an individual's behavior can be influenced by those around them. Findings indicate, that having fictive kin, or a chosen family of peers, increases the odds of problem substance use. This finding was not hypothesized. However, this finding is still in line with Bandura's social learning theory as like-minded peers increase the risk of substance use (Andrews et al. 2002; Gibbons et al. 2004).

The first hypothesis, that the majority of Black homeless youth would fall beneath the suggested problematic cutoff score of 2 on the CRAFFT scale, was not supported. Meaning on average, Black homeless youth would score between a 0 and a 1. Out of 493 Black homeless

¹Differential Association Theory was considered to explain this phenomenon. However, the dataset does not measure the interactions between homeless youth and peers, which prevents the testing of the validity of Differential Association Theory.

youth, about 1/3 fell within the range of zero to one, which was the lowest category of respondents when compared to the other categories. Yet on average, Black homeless youth scored between .058 and 4.36, on the CRAFFT scale. So, although about 2/3 of Black homeless youth fell beneath the suggestive problematic cut off point, the range of scores are between zero and five, which suggests that Black homeless youth may have risks of problematic substance use. This finding is not consistent with existing literature on Black youth using substances less (Bachman et al. 1991; Chen et al. 2005; Chen and Jacobson 2012; O'Malley and Johnston 2002; Strycker et al. 2003). However, this finding is consistent with existing literature on homeless youth having greater use of substances and having a higher risk for using substances (Kipke et al. 1993).

The second hypothesis, that the social support network of family would have the strongest effect on reducing the likelihood of problematic substance use among black homeless youth, was not supported. In this study, traditional, blood or marriage related, familial bonds were not statistically significant in either model. This finding was also inconsistent with the literature (Boyd-Franklin, 2003; Giordano et al. 1993; Phinney,1990 as cited in Stock et al., 2013). However, social support from fictive kin was statistically significant. Although, the significant finding of Black homeless youth having support from fictive kin was the exact opposite of the second hypothesis when looking at the literature this finding is consistent (Boyd-Franklin, 2003; Mayock, Corr, and O'Sullivan 2011; Ennett et al. 1999; Phinney,1990 as cited in Stock et al., 2013; Tyler 2008). Fictive kin is an alternative to the traditional family type. Individuals in this family structure are not blood or marriage related instead they are a *chosen* family of peers (Nelson 2013). Since fictive kin is a type of family, the distinction of a *chosen* family must be acknowledged. Therefore, importance must be placed on the composition of this

type of family, which is often peers. Research shows that during the period of adolescence, peers have more influence than the family does (Huba and Bentler 1980 as cited in Rahdert and Czechowicz 1995).

In addition, this finding suggests that although race can be a protective barrier against substance use, it cannot compete with peer influence or the phase of substance use experimentation during adolescence. Alternatively in general, the protective factors of racial and familiar bonds, of Black people, may not be fully formed during adolescence. Which could be another reason Black homeless youth fell into the problematic substance use category. In summary, the presence of fictive kin increased the risk of problem substance use. Even though the second hypothesis was not supported, the significant finding of fictive kin is still consistent with Bandura's Social Learning Theory.

The third hypothesis, that Black homeless youth who experience longer periods of homelessness will be more prone to have the likelihood of potential substance abuse problems, was supported. Consistent with the literature, there was a significant difference in the length of homelessness in relation to substance abuse (Caton et al. 2005; Ferguson et al. 2010; Tompsett et al. 2013). This finding suggests that the length of homelessness can lead to factors that introduce youth to substance use and abuse such as stressors and hardships met on the streets or peers who engage in substance use.

5.1 Limitations

There are a couple limitations to this study. The AYCNA was a general survey used to gauge the needs of homeless youth and the survey covered several topics briefly. When it came to substance use and social support networks, I was limited to a small number of questions on the topics. Due to the nature of the AYCNA, I was not able to identify the network characteristic of

acquisition. However, I was able to identify network composition, since the AYCNA uses a crude measure of composition, by testing what groups (friends, family, etc.), are more influential when it comes to limiting the risk of problem substance use.

Also, due to the limited nature of the AYCNA, the data cannot provide an in depth look at a youth's usage or the types of drugs a youth engages in. Although these can be seen as downsides, a plus of this survey is that it is very unique. The AYCNA is a dataset where the majority of the respondents were Black and male, which is not the norm when collecting data on homelessness. These two demographic characteristics are important because it affirms the literature that says Black men are more likely to experience homelessness, but it is also interesting because of the demographic makeup of Atlanta.

Another limitation is the sample size. The original dataset contained 693 respondents, of these respondents I used data on 493 of them. This small sample size could have affected the observed pseudo R^2 which could be why they were low. Although, the pseudo R^2 can be considered low, it still indicates that there is a relationship between problematic substance use and social support. More importantly, this low pseudo R^2 suggests that there are other factors that were not accounted for; factors that could lend more explanatory power to the model. Also, since the observed R^2 regression is a pseudo R^2 , it should be interpreted cautiously.

Regardless of these limitations, the findings in this study indicate that fictive kin, or a chosen family of like-minded individuals, can have impacts on the risk of problematic substance use. Since problematic substance use can either be the cause or result of homelessness, it makes for a unique relationship between two. This unique relationship can be seen as a potential reciprocal relationship. This relationship, along with the sample population, can also make implications or solutions difficult to come up with. Since, homeless youth are an evasive

population more research is needed to study the patterns of homeless youth, over time and within the same youth, who engage in problematic substance use. Despite this, implications and potential solutions are available. While not quick or easy, I believe that the end of homeless youths' risk of problematic substance use can potentially start with community support as an effective intervention.

5.2 Implications

My research contributes to a better understanding of the patterns and potential value of social support as a way of intervening. My research fills the gap in two ways: First by highlighting that within Black homeless youth there is a risk of potential substance misuse. By statistically looking at this population, it becomes easy to identify who needs the help of the community the most. However, identifying the target audience is only part of the solution.

Secondly, my research emphasizes social support networks as a key factor in patterns of potential substance abuse. Support is embedded in community networks, however that differs for homeless individuals. I believe that there is a need for community service providers to increase channels of positive support. Community service providers, such as those that are Christian based, should widen their reach in order to create a space that is accepting, free of judgment, or vilification regardless of a youth's identity.

Another way for community service providers to increase channels of social support is to potentially change the ways in which they are interacting with homeless youth. As previously mentioned, the social support ties of homeless youth can falter or cease to exist, especially if youth are leaving their homes and severing ties to their families due to physical or emotional danger. Without family support, many of these youth are depending on fictive kin to replace the traditional family. More often than not, the fictive kin that they choose encourage negative

behavior. It is here that community support providers have a chance to step in and become a source of positive fictive kin. Research shows that positive family influences decreases substance use (Henwood et al. 2012; Scheer et al. 2000). If community service providers became a positive chosen family, this could potentially change the risk of homeless youth's problematic substance use.

Even if youth do have a support system it can still be hard for them to navigate a substance abuse problem without the *right* support, tools, and resources. By being able to not only point out which youth are susceptible to substance use and potential abuse, my research could aid in the furthering of policy and funding which would encourage community service providers to provide space for youth who are battling the risk of potential substance use and abuse. This would ultimately allow community service providers to play a larger role within the lives of these youth and have the opportunity to enhance their quality of life. Otherwise substance use and abuse problems will go unchecked which can lead to a continuous cycle of homelessness that can be hard to escape.

5.3 Conclusion and Future Research

Homeless youth are elusive, stigmatized, and may have little to no social ties. The culmination of these factors can make it difficult to address the matter of problematic substance use. There are many risk factors for substance use and within all of them social support can act as a protective factor against substance misuse. When looking at substance use and misuse racially, Black youth are unique since their social ties of familial bonds can protect them from substance misuse. Familial bonds can either be blood related or a chosen family. For Black homeless youth, it seems to be fictive kin that plays a significant role in substance misuse. Although the presence of fictive kin increases the odds of problematic substance use, the

significant finding of fictive kin is still important. Even though the presence of fictive kin had a negative effect on substance misuse, the presence of fictive shows that it is able to influence the odds of problematic use. Therefore, the presence of fictive kin has the potential to have a positive effect on the risks of problematic substance use.

This research raises important questions for future studies and suggests the need for qualitative research. To gain more insight into the role that fictive kin plays within the lives of Black homeless youth, a question must be answered such as when familial ties are not present, seen as important, or strong, “How and where do you build alternative support networks that function in a positive manner?” Future research on Black homeless youth is necessary to determine the central role of fictive kin.

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APPENDIX: TABLES

Table 1. Dependent Variable Descriptive Statistics of Black Homeless Youth Within the AYCNA (N=493)

Dependent variable	% (N)	M (SD)
<i>CRAFFT questions</i>		
“Have you ridden in a car driven by someone (including yourself) who was ‘high’ or had been alcohol or drugs?”		
No	49.7% (245)	
No/Legitimate Skip	.4% (2)	
Yes	49.9% (246)	
“Do you use alcohol or drugs to <i>relax</i> , feel better about yourself, or fit in?”		
No	24.3% (120)	
No/Legitimate Skip	22.5% (111)	
Yes	53.1% (262)	
“Do you use alcohol or drug while you are by yourself, or <i>alone</i> ?”		
No	20.1% (99)	
No/Legitimate Skip	22.7% (112)	
Yes	57.2% (282)	
“Do you <i>forget</i> things while using alcohol or drugs?”		
No	48.5% (239)	
No/Legitimate Skip	22.5% (111)	
Yes	29% (143)	
“Do your <i>family or friends</i> tell you, you should cut down on your drinking or drug use?”		
No	41.6% (205)	
No/Legitimate Skip	22.3% (110)	
Yes	36.1% (178)	
“Have you gotten into <i>trouble</i> while you were using alcohol or drugs?”		
No	56.2% (277)	
No/Legitimate Skip	22.3% (110)	
Yes	21.5% (106)	
<i>CRAFFT count^l</i>		2.47 (1.89)
0	22.5% (111)	
1	13.8% (68)	
2	13.4% (66)	
3	18.3% (90)	
4	15.6% (77)	
5	9.5% (47)	
6	6.9% (34)	
<i>CRAFFT scores categorically</i>		

Non problem use	36.3% (179)	
Problem use	63.7% (314)	

Notes. N=493 ¹Range: 0 to 6.

Table 2. Independent Variable Descriptive Statistics of Black Homeless Youth Within the AYCNA (N=493)

Variables	% (N)	M (SD)
Independent variables		
<i>Family Support</i>		
No	37.7% (186)	
Yes	62.3% (307)	
<i>Fictive Kin Support</i>		
No	50.9% (251)	
Yes	49.1% (242)	
<i>Friend Support</i>		
No	32.3 (159)	
Yes	67.7 (334)	
<i>Adult Support</i>		
No	38.7% (191)	
Yes	61.1% (301)	
<i>Professional Support</i>		
No	60%.6 (299)	
Yes	39.4% (194)	
<i>Number of Times Homeless¹</i>		2.33 (.887)
1	3.7% (18)	
2	76.9% (379)	
3	9.1% (45)	
4	3.2% (16)	
5	7.1% (35)	
<i>Length of Time Homeless²</i>		3.59 (1.82)
Less than a 1 month	18.3% (90)	
1 to 2 months	17% (84)	
More than 2 months to 3 months	12% (59)	
More than 3 months to 6 months	14.8% (73)	
More than 6 months to 1 year	16% (79)	
More than 1 year	21.9 (108)	
<i>High school education or More</i>		
No	44.8% (221)	
Yes	55.2% (272)	
Control variable		
<i>Sex at Birth</i>		
Female	34.3% (169)	
Male	65.7% (324)	

Notes. N=493 ¹Range: 1 to 5, ²Range: 1 to 6.

Table 3. Results of Chi-Square Test and Descriptive Statistics for CRAFFT Scores by Support Groups, Sex at Birth, and Education (N=493)

	Non-problem use CRAFFT score	Problem use CRAFFT score
<i>Support groups</i>		
Family Support	111 (36.2%)	196 (63.8%)
***Fictive Kin Support ¹	66 (27.3%)	176 (72.7%)
Friend Support	115 (34.4%)	219 (65.6%)
Adult Support	106 (35.2%)	195 (64.8%)
Professional Support	66 (34%)	128 (66%)
<i>Sex at birth</i>		
Female	71 (42%)	98 (58%)
Male	108 (33.3%)	216 (66.7%)
<i>Education</i>		
Less than HS education	74 (33.5%)	147 (66.5%)
HS education or more	105 (38.6%)	167 (61.4%)

Note. Numbers in parentheses indicate column percentages. * $p < .05$ ** $p < .001$

¹ $\chi^2 = 16.78^{**}$, $p=.000$, $df = 1$.

Table 4a. One-Way Analysis of Variance of Black homeless youth's Craft's Scores by Time Homeless

	Sum of Squares	df	Mean Square	F
Between Groups	3.081	5	.616	2.70, $p=.020$
Within Groups	110.92	487	.228	
Total	114.00	492		

Note. * $p < .05$

Table 4b. Tukey HSD Comparison for Black homeless youth's Time Homeless

Comparisons	Mean Difference (I-J)	Std. Error	95% CI	
			Lower Bound	Upper Bound
Less than 1 month vs more than 2 months to 3 months	-.234*	.079	-.463	-.005
Less than 1 month vs more than a year	-.211*	.068	-.406	-.016

Note. * $p < .05$

Table 5. Binary Logistic Regression of CRAFFT scores on independent variables for Black Homeless Youth (N=493)

	Model 1		Model 2	
	B (SE)	OR	B (SE)	OR
Family Support	-.070 (.208)	.933	.013 (.213)	1.01
Fictive Kin Support	.759 (.194) (p=.000)***	2.13	.707 (.197) (p=.000)***	2.02
Friend Support	.150 (.220)	1.16	.190 (.223)	1.20
Adult Support	.015 (.218)	1.01	-.028 (.221)	.972
Professional Support	.127 (.210)	1.13	.159 (.212)	1.17
Sex at Birth			.295 (.202)	1.34
# times homeless			.128 (.116)	1.13
Length of time homeless			.122 (.054) (p=.025)*	1.13
HS Edu			-.153 (.197)	.859
Constant	.091		-.784	
χ^2		17.85 (p=.003)**		27.88 (p=.001)***
Cox & Snell R ²	.036		.055	
Nagelkerke R ²	.049		.075	

Note. N=493. Unstandardized regression coefficients shown (Std Error) and Odds Ratio (OR).

* p≤.05; **p≤.01; ***p≤.001