Risky Environments or Risky Business?: Health and Substance Use Among Street-Involved Youth and Their Experiences with Harm Reduction Services in Victoria, BC

by

Alexandra Sarah Holtom
B.A., University of Guelph, 2012

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in the Social Dimensions of Health Program

Supervisory Committee

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Dr. Cecilia Benoit, (Department of Sociology)
Primary Supervisor

Dr. Mikael Jansson, (Department of Sociology)
Co-Supervisor

Dr. Bernadette Pauly, (School of Nursing)
Outside Member

Abstract

Supervisory Committee
Dr. Cecilia Benoit, (Department of Sociology)
Primary Supervisor
Dr. Mikael Jansson, (Department of Sociology)
Co-Supervisor
Dr. Bernadette Pauly, (School of Nursing)
Outside Member

The purpose of this thesis is to analyze changes over time in the interactions of street-involved youth with their risk environments and to investigate how their integration into local, provincial, and federal systems and services impacts their lives, health, and substance use. This thesis employs a sequential explanatory mixed methods design and uses closed and open-ended questions collected over five waves of interviews during the longitudinal study *Risky Business? Experiences of Street-Involved Youth*. Quantitative (n = 50) methods of analysis include descriptive statistics and bivariate comparisons complemented by a qualitative (n = 15) thematic analysis comprised of open-ended interview questions. The risk environment framework proposed by Tim Rhodes is used to highlight structural and systemic forces informing the lives of street-involved youth, allowing for an analysis on three levels of influence (micro, meso, macro) and four types of environment (economic, physical, social, policy). Results indicate that comparatively high substance use and harms of substance use among street-involved youth decrease as they become integrated into local, provincial, and federal systems and services. Intersecting demographic and structural factors correspond with higher substance use for male youth and youth who had been involved with the foster care system during their life. Given the diversity of backgrounds and risk environment experiences, street-involved youth expressed diverse opinions and perspectives regarding the effectiveness of healthcare, harm reduction, and outreach services. Policy recommendations and suggestions for future research are suggested, with the aim of developing safer environments and environment interventions for street-involved youth that reduce substance use-related harms.

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Acknowledgments

I have had the privilege and fortune of living, studying, working, and growing on Lekwungen and WSÁNEĆ territories for the past two and a half years. I acknowledge my position as a white settler and am working towards a better understanding of how I can continuously support indigenous sovereignty on Turtle Island.

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I would also like to acknowledge the street-involved youth of Victoria, BC., whose experiences are highlighted in this thesis. Their struggles and resiliences are daily-lived and should not be ignored or undermined. They rightfully deserve to be treated with dignity, respect, and compassion. It is my hope that this thesis can raise the voices of street-involved youth and highlight the social and structural changes necessary to ease their transitions out of street-entrenched life.

Finally, I would like to thank my parents, brother, grandmother, and friends for being unconditionally supportive, loving, and encouraging throughout this process.

Dedication

To my parents, Bonnie and Greg, who have provided unconditional love and support, who have raised me with firm values of justice and equality, and who have stood by me through my darkest and brightest moments. Completing this thesis would not have been possible without you.

Chapter 1: Introduction

Section 1.0 - Introduction

According to Raising the Roof, Canada's only national charity dedicated to long-term solutions to homelessness, there are approximately 65,000 young people between the ages of sixteen and twenty-nine who are "homeless or living in homeless shelters throughout the country at some time during the year" (2009, p.13). It is challenging to define and estimate the numbers of street-involved youth (SIY) because their lack of address, mobility, and distrust of persons in authority make them less visible to society, and consequently, "difficult to access" and support (Ensign & Santelli, 1997, p.817). Estimating the specific number of SIY living in the Victoria Census Metropolitan Area (VCMA) is difficult due to their under-the-radar and transient lifestyles (couch surfing, squatting, renting, returning home on occasion, etc.)(Benoit, Jansson, Hallgrimsdottir & Roth, 2008). However, estimates from 2008 state that there are roughly 250 to 300 SIY between the ages of fourteen and twenty-four years old living in the VCMA at any given time (Benoit et al., 2008, p.330). Numerous studies have highlighted the diverse life experiences of SIY and the cumulative impacts of street life on their physical and mental health (Benoit et al., 2008;Hyde, 2005;Kelly & Caputo, 2007;Saewyc, Wang, Chittenden, Murphy & McCreary Centre Society, 2006;Smith et al., 2007;Stablein & Appleton, 2013;Tyler & Schmitz, 2013). Common early childhood and adolescent experiences of divorce/separation, parental substance use, abuse and violence (physical, emotional, sexual), poverty, and trauma among SIY have been well documented (Dube et al., 2003;Hyde, 2005;Mersky, Topitzes & Reynolds, 2013;Tyler & Schmitz, 2013;Saewyc et al., 2006;Smith et al., 2007).

The health of SIY is significantly impacted by prolonged periods of homelessness, inadequate access to sanitary facilities, and considerable amounts of time spent outside in cold, damp, and/or wet environments (Kelly et al., 2007). Physical health conditions among SIY include: a "constant feeling of malaise", sleep difficulties/insomnia, respiratory illnesses, lice, skin problems, headache, stomach ache, cough/cold/flu, foot problems, backache, and asthma (Kelly et al., 2007, p.732;Smith et al., 2007, p.23;Stablein et al., 2013). Compared to other youth, SIY also experience increased risks for contracting sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) and are more likely to experience various forms of violence such as being physically assaulted, sexually assaulted, stabbed, and/or shot (Kelly et al., 2007). In regards to mental health, research from the McCreary Centre Society (MCS) has highlighted common experiences of depression, anxiety/stress, and Post Traumatic Stress Disorder (PTSD) among SIY (Smith et al., 2007).

Comparatively high rates of substance use among SIY has been well researched and documented (Benoit et al., 2008;Johnson, Whitbeck & Hoyt, 2005;Tyler & Johnson, 2006;Saewyc et al., 2006;Smith et al., 2007). SIY initiate substance use at a much earlier age in comparison to their peers who live with their parent(s)/guardian(s) on a full-time basis (Benoit et al., 2008;Smith et al., 2007;Tyler & Johnson, 2006). For example, the MCS found that of the 762 SIY they surveyed between October and December 2006, over 89.0% of seventeen year olds reported having ever smoked a whole cigarette (compared to 11% in their *Adolescent Health Survey*, AHS), 91.0% of youth reported having ever tried marijuana at least once, and 25% of those youth had tried it before their eleventh birthday (Smith et al., 2007, p.33, 35). Research has also documented higher "hard drug" use rates among SIY, including cocaine, methamphetamine,

and heroin (Bungay et al., 2006;Johnson et al., 2005;Marshall et al., 2011;Martin, Lampinen & McGhee, 2006;Nyamathi, Hudson, Greengold & Leake, 2012;Roy et al., 2011;Smith et al., 2007). For example, in a sample of 126 SIY, Martin and his colleagues found that 67.0% of SIY had ever used methamphetamine and 45.7% of SIY reported having used it multiple times a day at some point in their lifetime (Martin et al., 2006, p.322).

Researchers have also documented the comparatively high substance use-related harms among SIY including the transmission of HIV and Hepatitis C, non-fatal and fatal overdose, and various forms of violence (Barnaby, Penn & Erickson, 2010;Elliot, 2013;Fletcher & Bonell, 2009;Kelly et al. 2007;Roy, Boudreau & Boivin, 2009;Uhlmann et al., 2014;Werb, Kerr, Lai, Montaner & Wood, 2008). Barnaby and her colleagues found that poly-substance use, sharing substance use equipment, needing help to inject, injection related infections, and the unsafe disposal of used substance use equipment were also among the types of harms and risks that SIY experienced (Barnaby et al., 2010). Therefore, the development of safer environments and environment interventions for SIY are essential for reducing the risks and harms associated with substance use.

It has been documented through research that harm reduction programs have beneficial outcomes for the health, substance use, and general livelihoods of youth. Results from an evaluation of the *Youth Engagement Program* (YEP) in Australia (a harm reduction-based Alcohol and Other Drug program), revealed that almost half (45.0%) of the young people engaged with YEP had reduced their substance use, accompanied by improved levels of connectedness (19.0%) and physical health (15.0%) (McKenzie, Droste & Hickford, 2011, p.45). Researchers have also highlighted the positive outcomes (improved health, new skills,

friendships, etc.) of engaging youth in harm reduction programs and have recommended that youth be considered vital assets and stakeholders during the planning, implementation, facilitation, and assessment of harm reduction programs (Paterson & Panessa, 2008;Poland, Tupker & Breland, 2002).

With the exception of a few studies (Benoit et al., 2008;Kennedy, 2013;Nyamathi et al., 2012;Stablein et al., 2013), most research regarding the risk environments of SIY who use substances has been based on cross-sectional data highlighting the need for more longitudinal research. More longitudinal research will help us understand how the risk environments of SIY who use substances change over longer periods of time and provide crucial information regarding the development of safer environment interventions for SIY who are already using substances. Additionally, there is an urgent need for more relevant and up-to-date research concerning the intersecting, multi-level, and multi-dimensional experiences of SIY, particularly those who engage in substance use. Little is known about how health care, harm reduction, and outreach services impact and influence the lives, health, and substance use of different groups of SIY. Mixed methods research concerning SIY that appeals to a wider audience of scholars, policy-makers, frontline workers, and activists is also required for the formation of proper policy changes, knowledge dissemination, and advocacy.

Section 1.1 - Purpose of the Study

The purpose of my thesis research is to analyze changes over time in the interactions of SIY with their risk environments and investigate how their integration into systems and services impacts their lives, health, and substance use. The ultimate goal of my thesis research is to contribute knowledge and understanding for how we can create safer environments and environment interventions for SIY that help decrease substance use and substance use-related harms.

My research questions and hypotheses are as follows:

1) What changes can be observed in the interactions of street-involved youth with their risk environments that parallel an overall decrease in substance use and substance use-related harms over time?

   The comparatively high substance use and harms of substance use among street-involved youth will decrease over time as they become integrated into local, provincial, and federal systems and services.

2) What risk environment factors contribute to higher substance use and substance use-related harms among some street-involved youth in comparison to others?

   Intersecting demographic and structural factors will result in higher substance use for some street-involved youth.

3) How do healthcare, harm reduction, and outreach services impact and influence the lives, health, and substance use of street-involved youth?

   Support for this research question is presented in the second qualitative section (Chapter 7).

The data analyzed are taken from the *Risky Business? Experiences of Street-Involved Youth* study. The *Risky Business?* (RB) project is an ongoing longitudinal study that began interviewing youth in 2002 and has produced five waves of quantitative and qualitative data. In this thesis, I have employed a sequential explanatory mixed methods design that uses descriptive statistics, bivariate comparisons, and thematic analysis. Mixing methods will allow me to produce both comprehensive and in-depth research and offers me the opportunity to investigate the intersecting, but still unique aspects of substance use among SIY and their encounters with harm reduction services in Victoria, BC.

Section 1.2 - Structure of the Thesis

I have now introduced the context and purpose of my thesis research. In Chapter 2, I will outline the conceptual framework (the risk environment framework) that will frame my thesis. I will follow this with my review of the literature regarding the lives, health, and substance use of SIY and their engagement in harm reduction programs (Chapter 3). In Chapter 4 , I will describe the research design (sequential explanatory mixed methods design) and data set RB employed and define the quantitative and qualitative methods and procedures undertaken. I will present the quantitative findings gathered through descriptive statistics and bivariate comparisons in Chapter 5. These findings focus on answering my first and second research questions and aim to investigate which demographic, circumstantial, and structural factors result in higher substance use for some SIY and not others. In Chapters 6 and 7, I will present the qualitative findings collected through thematic analysis of transcribed interviews. These findings concentrate on answering my first and third research questions and will help me illustrate how the risk environments of SIY change over time and how their varied experiences result in diverse opinions regarding the effectiveness of healthcare, harm reduction, and outreach services. In Chapter 8, I will provide a summary of the relevant findings, respond to my research questions, and discuss their relation to previous literature and research. In Chapter 9, I will suggest policy recommendations, discuss the strengths and limitations of my research, contribute suggestions and directions for future research, and present concluding remarks.

Chapter 2: Conceptual Framework

Section 2.0 - Introduction:

In this chapter, I provide an overview of the conceptual framework that is applied throughout my thesis. I introduce the main components of the risk environment framework, as proposed by Tim Rhodes (2002), in Section 2.1. In Section 2.2, I review the importance and relevance of the risk environment framework in relation to harm reduction and SIY. I provide a summary of Chapter 2 and introduce Chapter 3 in Section 2.3.

Section 2.1 - Conceptualizing the Risk Environment Framework

Tim Rhodes, a sociologist from the London School of Hygiene and Tropical Medicine, proposed his version of the "risk environment framework" in 2002. He argues that the "individuation of risk reduction" through the emphasis on individual risk behaviours can limit emerging public health movements, specifically harm reduction interventions (Rhodes, 2002, p. 86). He suggests that focusing on changing the contexts in which individuals are embedded has the potential to reduce social, political, economic, and environmental inequalities in general, and in turn, decrease the harms of substance use (2002). Rhodes' "risk environment framework" consists of the spaces or "types of environments" (economic, physical, social, and policy) in which "a variety of factors interact to increase the chances of drug-related harm" through the interplay of micro-, meso-, and macro-levels of influence (Rhodes, 2002, p.88-89;Rhodes, Singer, Bourgois, Friedman & Strathdee, 2005). The intersections between the various types of environments (economic, physical, social, and policy) and the levels of influence (micro, meso, macro) are essential to the risk environment framework (2002, p.90). For example, macro-level drug policies directly and indirectly affect the micro-level, daily lived experiences of people who engage in substance use (2002, p.90).

The risk environment framework has been employed by sociologists, epidemiologists, health science researchers, and policy makers around the world in relation to people who engage in substance use (Fitzgerald, 2009;Krusi, Wood, Montaner & Kerr, 2010;Leung et al., 2013;Ramos et al., 2009;Rhodes, 2009;Rhodes et al., 1999;Small, Rhodes, Wood & Kerr, 2005;Zikic, 2006). Notably, in 2005, Rhodes and his colleagues used the "HIV risk environment framework" to explore HIV risk among injection drug users (IDUs), which they define as the

"space, whether social or physical, in which a variety of factors exogenous to the individual interact to increase vulnerability to HIV" (Rhodes et al., 2005, p.1026). Among other things, the following factors were found to be crucial to the social structural production of HIV risk associated with injecting drugs: population shifts and mixing, level of neighbourhood disenfranchisement, role of peer groups and social networks, level of social capital, role of stigma and discrimination, role of policies, laws and policing norms, and specific injection environments such as "shooting galleries" and prisons (Rhodes et al., 2005, p.1027-1031). More recently, Rhodes (2009) argues that "interventions which target the social conditions producing drug harms may be more effective than interventions targeting specific behaviour changes among drug users, even if these social conditions are not easily translated into specific epidemiological causes or risk factors" (p.199). More broadly speaking, Rhodes' risk environment framework highlights the broader social, political, economic, and environmental forces at play within the lives of people who engage in substance use (2009).

Table 2.1 illustrates the risk environment framework experienced by SIY living in Victoria, particularly those who engage in substance use.

Table 2.1: Risk environment framework for street-involved youth			
Levels of Influence **Types of Environment**	**Micro**	**Meso**	**Macro**
Economic	• high cost of living and high "living wage" • lack of employment and income • high cost and lack of coverage for healthcare, prescriptions, and harm reduction supplies	• unstable and/or lack of funding for outreach and healthcare systems and services within the community • closures of local services • continuing, but strained local services	• unbalanced economic and healthcare service revenues and expenditures in Canada • lack of economic growth and prosperity in Canada due to the financial crisis of 2008-2009 • lack of employment opportunities in Canada
Physical	• lack of safe and secure space for youth to spend time in • using substances in public, open spaces (streets, parks, popular hangout spots) and in private, enclosed spaces (at home, at a friend's place, at parties) • lack of safety and security when using (or when others are using) substances in public and private spaces	• lack of physically accessible community spaces and services for youth (ex. no elevators) • restrictive age limits for "youth" set by local services vary across the community, resulting in the lack of physical space available to youth	• drug trafficking and distribution routes are supported by Victoria's proximity to Vancouver and easy ferry travel • transient populations of youth, especially during the warm, dry seasons, result in geographical population shifts

Table 2.1: Risk environment framework for street-involved youth			
Levels of Influence **Types of Environment**	**Micro**	**Meso**	**Macro**
Social	• peer and social risk norms regarding substance use (experimentation, sharing supplies, peer pressure) • personal experiences of stigmatization and marginalization within friend and peer groups	• negative community attitudes regarding substance use and lack of support for harm reduction services • inconsistent access, delivery, and quality of community services • lack of welcoming, non-judgmental, and caring community spaces for youth, especially for those who are under the influence or in possession of substances • insensitive, inappropriate, and discriminatory policing practices	• social inequality in a variety of forms (sexism, racism, ableism, classism, ageism, etc.) • overall negative societal attitudes regarding substance use

Table 2.1: Risk environment framework for street-involved youth			
Levels of Influence **Types of Environment**	**Micro**	**Meso**	**Macro**
Policy	• personal experiences of youth struggling to access harm reduction and outreach services due to meso- and macro-level policies (ex: lack of availability of harm reduction supplies for youth) • lack of social housing for youth, especially for those who use substances	• inconsistent and weak organizational harm reduction policies and practices within and between community services • inconsistent policies and practices of harm reduction from the City of Victoria • inconsistent policing policies and practices enforced by local law enforcement • lack of youth engagement and connection to local harm reduction initiatives	• inconsistent and regressive provincial and federal laws regarding harm reduction • damaging provincial and federal laws regarding substance possession, trafficking, and production • regressive provincial and federal policies regarding healthcare, social welfare, and housing services

Section 2.2 - Importance and Relevance of the Risk Environment Framework

Rhodes (2002) argues that the risk environment framework raises the importance of "non-drug" and "non-health" interventions to reduce drug related harms and facilitates the creation of alliances between harm reduction and other social movements dedicated to tackling vulnerability as a means of promoting public health. He suggests that his risk environment framework enables harm reduction in four specific ways. Firstly, it critiques the tendency of public health policies to emphasize harm as the primary determinant of individual behaviour and responsibility. Secondly, it encourages resistance to "blame for harm" being laid solely upon individuals. Thirdly, the risk environment framework focuses on risks as socially situated and investigates how risk environments are embodied and experienced as part of everyday life. Lastly, it incorporates harm reduction principles into broader frameworks that promote human rights approaches within public health. Additionally, Rhodes' framework also highlights the knowledge of lived experiences (of substance use, of mental health struggles, of poverty, etc.) as well as the role of agency and social change.

Most importantly, by applying the risk environment framework to the SIY population, we can learn more about the micro-level, daily lived experiences of SIY that are perpetuated by meso- and macro-level forces around them. Additionally, the risk environment framework makes visible the social and political change that needs to occur in order to improve the health and well-being of SIY who engage in substance use (Rhodes et al., 2009). The risk environment framework also illustrates how harm reduction might mediate harms of substance use among SIY who engage in substance use (2009).

Section 2.3 - Summary

In this chapter, I introduced the main principles of the risk environment framework and its relevance to research focusing on harm reduction and SIY. In Chapter 3, I will provide a review of the literature regarding the lives, health, and substance use of SIY and their engagement with harm reduction programs and initiatives. I will also identify current knowledge and research gaps, followed by the research questions and hypotheses that will guide my thesis analysis.

Chapter 3: Review of the Literature

Section 3.0 - Introduction

In this chapter, I review the literature concerning SIY. In Section 3.1, I examine the literature regarding the demographics and backgrounds, living circumstances, and health of SIY. In Section 3.2, I review the literature concerning the comparatively high substance use and substance use-related harms among SIY. I investigate the concept of harm reduction and its relation to SIY in Section 3.3. In Sections 3.4 and 3.5, I identify the knowledge and research gaps that exist and present the three research questions and hypotheses that guide my thesis. I provide a summary of Chapter 3 and a brief introduction to Chapter 4 in Section 3.6.

Section 3.1 - Who Are Street-Involved Youth?

As noted in Chapter 1 (Section 1.0), there are roughly 250 to 300 SIY between the ages of fourteen and twenty-four years old living in the VCMA at any given time (Benoit et al., 2008). For the purposes of my thesis research, the term street-involved youth (SIY) refers to:

> "...not only youth who live mainly on the street, but also 'couch surfers' who share shelter with intimate partners or friends, youth who are in and out of government care (also known as 'system youth'), and youth who frequent shelters for the homeless" (Benoit et al., 2008, p.329).

The vast majority of SIY spend a considerable amount of time without adequate shelter, food, or income, and consequently, many are involved in a "variety of illegal activities" (McCarthy & Hagan, 1992, p.412). In general, SIY come from backgrounds associated with disenfranchisement and their early life experiences are marked by "poverty, instability, and greater experiences of violence" (Benoit et al., 2008, p.348-349).

Numerous studies have highlighted the connections between street involvement and its cumulative impacts on the physical and mental health of SIY (Kelly et al., 2007;Saewyc et al., 2006;Smith et al., 2007;Stablein et al., 2013). In their 2007 study, the MCS found that marginalized and SIY (n = 762) experienced significant struggles in regards to their housing status, physical and mental health, substance use, educational status, employment status, sexual orientation, ethnicity, relationships with family and friends, levels of social and community engagement, and experiences with the foster care system in comparison to youth who were living with their parent(s)/guardian(s) full-time and also attending school on a regular basis (Smith et al., 2007). SIY were asked if they had experienced a variety of symptoms and illnesses within the thirty days prior to completing the survey (Smith et al., 2007). The most common recent health complaints reported by participants included: headache (63.0%), cough/cold/flu (49.0%),

stomachache (47.0%), backache (47.0%), and sleep difficulties (46.0%) (Smith et al., 2007, p. 23). In relation to mental health, 63.0% of female SIY and 50.0% of male SIY reported being diagnosed with at least one of the following "conditions": (1) learning disability, (2) Fetal Alcohol Syndrome (FAS), (3) Attention Deficit Hyperactivity Disorder (ADHD/ADD), (4) depression, (5) problematic substance use, and/or (6) Post Traumatic Stress Disorder (PTSD) (Smith et al., 2007, p.25). In addition to these physical and mental health struggles, 18.0% of SIY reported that they did not have a Medical Services Plan (MSP) Care Card and 16.0% indicated that they could not afford prescription medications when they needed them (Smith et al., 2007, p.24).

In their review of literature and research, Kelly et al. (2007) uncovered that the health of SIY was significantly impacted by prolonged periods of homelessness, inadequate access to sanitary facilities, and considerable time spent outside in cold, damp, and/or wet environments. "Street sickness", or a "constant feeling of malaise", respiratory illnesses, lice, skin problems, foot problems, and malnutrition were among the most common health concerns experienced by SIY (Kelly et al., 2007, p.732). Additionally, a number of factors were found to increase the likelihood of poor health among SIY including their restricted/limited access to adequate social and health care services, the difficulties associated with attaining a health card, their inability to afford prescriptions, and the lack of proper space to store medical supplies (Kelly et al., 2007).

Recently, Stablein and Appleton (2013) investigated the associations between the "early homeless experience" and health outcomes among formerly homeless adolescents and young adults (ages fifteen to twenty-five). They also examined whether factors such as education level, employment history, and mental health history mediated the associations between early homelessness and health outcomes (Stablein et al., 2013). Overall, formerly homeless young

people were found to be at a greater risk for "developing asthma, health-limiting conditions (HLCs), and fair/poor self-rated health over 8 years of follow-up, particularly among females" (Stablein et al., 2013, p.305). Factors such as education level and mental health history mediated associations for asthma and HLCs (Stablein et al., 2013). Stablein and Appleton conclude that early experiences of homelessness for young adults have the strong potential to negatively impact multiple "life domains" in the years following their "acute crisis" of homelessness (2013, p.310).

Section 3.2 - Substance Use and Substance Use-Related Harms Among Street-Involved Youth

Evidence suggests that SIY experience comparatively high substance use and substance use-related harms in comparison to youth who are not street-involved and live with their parent(s)/guardian(s) on a full-time basis (Benoit et al., 2008;Kelly et al., 2007;Saewyc et al., 2006;Smith et al., 2007;Tyler & Johnson, 2006). Through their qualitative research with forty homeless youth (ages nineteen to twenty-one), Tyler and Johnson discovered that homeless youth were "initiated into substance use" by friends and/or acquaintances, partners, family members, and/or simply the cultural context of street life (2006, p.133). Almost one half of the participants reported using substances to cope with early family abuse, life on the streets, and/or stress/ anxiety. However, the majority indicated that they had no intention of discontinuing their substance use (Tyler et al., 2006). The small number of homeless youth who reported that they had discontinued their use noted that it was because of a precipitating event such as going to jail or becoming pregnant (Tyler et al., 2006).

Moreover, Benoit and her colleagues found that SIY in the RB study used marijuana at much higher rates than participants from the HYS (Benoit et al., 2008). For example, almost 100.0% of male SIY between the ages of fourteen and fifteen used marijuana, whereas roughly 30.0% of male HYS participants used marijuana in the past six months (Benoit et al., 2008). Approximately 95.0% of female SIY between the ages of sixteen and seventeen used marijuana, and in contrast, roughly 50.0% of female HYS participants used marijuana (Benoit et al., 2008).

The MCS has also helped shed light on the substance use of SIY living in nine urban centres in British Columbia (Smith et al., 2007). For example, of the 762 SIY surveyed, over

89.0% of seventeen year olds reported having ever smoked a whole cigarette (compared to 11% in the *Adolescent Health Survey*, AHS), 91.0% of youth reported having ever tried marijuana at least once, and 25% of those youth had tried it before their eleventh birthday (Smith et al., 2007, p.33, 35). Youth in the survey were also much more likely to report binge drinking than their peers from the AHS (Smith et al., 2007). Seventy-six percent reported binge drinking at least once in the past month, compared to 26.0% of youth in the AHS study (Smith et al., 2007, p.34).

Researchers have also documented the comparatively high substance use-related harms among SIY including the transmission of HIV and Hepatitis C, non-fatal and fatal overdose, and various forms of violence (Barnaby, Penn & Erickson, 2010;Elliot, 2013;Fletcher & Bonell, 2008;Kelly et al., 2007;Roy, Boudreau & Boivin, 2009;Uhlmann et al., 2014;Werb, Kerr, Lai, Montaner & Wood, 2008). Kelly and Caputo (2007) have highlighted the potential consequences of engaging in risky and/or illegal activities such as substance use, "high-risk sex", and involvement in the sex trade for SIY. SIY were found to be at a higher risk of contracting STIs and HIV, and were also more likely to experience street violence such as being beaten up/ assaulted, sexually assaulted/raped, and/or stabbed or shot (Kelly et al., 2007). Likewise, Uhlmann and her colleagues revealed that of the 1,019 "at-risk youth" they surveyed over seventeen months, crystal methamphetamine use was independently associated with homelessness, injection drug use, non-fatal overdose, being a victim of violence, involvement in the sex trade, and drug dealing (Uhlmann et al., 2014).

Research has also examined the use of "harder drugs" and "poly-substance use" among SIY, including cocaine, methamphetamine, and heroin, some of which are injected (Bungay et al., 2006;Marshall et al., 2011;Martin, Lampinen & McGhee, 2006;Nyamathi, Hudson, Greengold & Leake, 2012;Roy et al., 2011;Smith et al., 2007). Stimulants such as

methamphetamine and cocaine temporarily elevate mood, enhance energy and alertness, and increase general feelings of well-being. Therefore, these substances are most commonly used by young people, especially those who live and/or spend time on the street to feel better, to stay awake, and to stay safe (Nyamathi et al., 2012;Smith et al., 2007). By comparing data collected in 2000, the MCS found that the use of amphetamines and crystal methamphetamine among SIY increased from 59.0% in 2000 to 63.0% in 2006 and the injection of illegal drugs increased from 28.0% in 2000 to 36.0% in 2006 (Smith et al., 2007, p.35).

Nyamathi and her colleagues investigated the characteristics of young homeless adults (15 to 25 years old) who use cocaine and methamphetamine in an attempt to identify "correlates of stimulant use" (Nyamathi et al., 2012, p.244). They used a portion of the data collected from a longitudinal study regarding Hepatitis A and B vaccination among young homeless adults that took place between February and July 2009. Sixty percent had a high school diploma, 53.0% reported feeling depressed, and 68.0% had experienced the juvenile or adult justice system in one way or another. Twenty-eight percent identified as people who use injection drugs and 53.0% reported having ten or more sex partners in their lifetime. Overall, older age, having a history of incarceration, experiencing the foster care system, having ten or more sexual partners, and engaging in sexual intercourse for money were associated with higher rates of both cocaine and methamphetamine use. People who used injection drugs were also found to be seven times more likely of using both stimulants compared to those who did not identify as someone who used injection drugs.

Roy et al. (2011) used a "social cognitive theory framework" to investigate the predictors of initiation into drug injection among SIY living in Montreal, Quebec. They employed an extended version of the *Theory of Planned Behavior* (TPB), a type of social cognitive theory, as

a theoretical framework (Roy et al., 2011). Due to ethical concerns, the researchers decided to measure intention to *avoid* initiation into injection rather than intention to *start* injecting. Of the 352 street-involved youth who participated, 37 initiated drug injection over the course of the study. Fifty-four percent of those 37 youth began by injecting cocaine, 40.0% started by injecting heroin, and 6.0% initiated drug injection with some other substance (methamphetamine, morphine, etc.). Overall, "high control beliefs" were associated with decreased risks of initiating injection. However, daily alcohol consumption, heroin use, cocaine use, and survival sex (the exchange of sex for drugs, money, or other things) all resulted in increased risks for beginning to inject drugs (Roy et al., 2011, p.128).

Section 3.3 - Harm Reduction and Street-Involved Youth

Although altering individualized behaviours has traditionally been the principle approach to decreasing substance use, harm reduction has now largely become accepted in Canada "as the philosophical underpinning of the public health response" reducing substance use and substance-use related harms (Poulin, 2006, p.1). Harm reduction interventions have been suggested by a number of social science researchers, health and social service workers, and activists as part of the solution to reducing substance use-related harms among youth and the positive impacts of engaging them in harm reduction programs (Bok & Morales, 2000;Karabanow, 2004;Karabanow et al., 2004;McKenzie et al., 2011;Paterson et al., 2008;Pauly, 2008;Poland et al., 2002). Although harm reduction services have received significant support in Canada, the United Kingdom, and Australia, debates regarding the principles, effectiveness, and ethics of harm reduction practices still persist (Bonell & Fletcher, 2008;Keane, 2003). In relation to these issues, the earlier work of Simon Lenton and Eric Single (1998) helps me place boundaries on the term harm reduction, followed by a description of the debate between four researchers regarding harm reduction principles and approaches (Ezard, 2001;Hathaway, 2001;Keane, 2003;Miller, 2001). Bonell et al. (2008) highlight the criticisms and limitations of population-specific harm reduction programs. The work of Dr. Bernadette Pauly and her colleagues then helps illustrate the potential for harm reduction to serve as a partial solution to addressing the broader social and political circumstances of people who engage in substance use (Pauly, 2008;Pauly, Reist, Belle-Isle & Schactman, 2013). Evidence-based research, including an example of a harm reduction program in Australia that was evaluated between July 2008 and December 2009 (McKenzie et al., 2011) and a discussion of youth engagement in harm reduction initiatives will be discussed at the end

of the section (Karabanow, 2004;Karabanow et al., 2004;Paterson et al., 2013;Poland et al., 2002).

In their seminal article "The definition of harm reduction", Lenton and Single (1998) investigate and critique a range of definitions for harm reduction and present a practical set of criteria for determining whether or not a given policy or initiative should be considered "harm reduction". Lenton and Single present four definitions of harm reduction: (1) *broad*, (2) *narrow*, (3) *hard empirical*, and (4) *socio-empirical*. They advocate for a socio-empirical definition of harm reduction consisting of three main elements: "(1) the primary goal is the reduction of drug-related harm rather than drug use per se; (2) where abstinence-orientated strategies are included, strategies are also included to reduce the harm for those who continue to use drugs; and (3) strategies are included which aim to demonstrate that, on the balance of probabilities, it is likely to result in a net reduction in drug-related harm" (1998, p.218).

The following debate between Helen Keane (2003) and three other scholars help highlight the ongoing debates and discussions that surround harm reduction philosophies and strategies. First, Hathaway (2001) argues against the "value-neutral" discourse of harm reduction, and instead, propose that harm reduction advocates should articulate the deeper moral concerns (freedom, human rights, etc.) embedded in harm reduction policy and practice. In contrast, Keane states that harm reduction advocates have more success when they frame drug use as a "technical and public health problem" as opposed to being a moral issue (2003, p.229). Next, Ezard (2001) argues that by incorporating human rights into harm reduction philosophies and strategies, it is possible to highlight the responsibility of the state to reduce the vulnerability of individuals in general (through better housing, employment, education, healthcare, etc.), as well as their risks to drug-related harms. Keane (2003) counters this by arguing that because

human rights can be so widely interpreted, focusing on the human rights of substance users will not always lead to the establishment of certain harm reduction principles, policies, and/or practices. In fact, it may actually reinforce "a universal model of the 'normal' sovereign individual that pathologizes and marginalizes" people who use drugs (2003, p.228). Lastly, Miller's Foucauldian critique of harm reduction argues that "harm minimization" actually increases the control and surveillance of drug users, and also reduces communities of people to categories of "normal" and "abnormal" (2001, p.228). Although Keane agrees that both population-based and individual-focused harm reduction strategies can unfairly categorize people, she then inquires as to how harm reduction advocates should "encourage and enable people to care for themselves" (2003, p.231).

Researchers Bonell and Fletcher (2008) recently suggested that population-level interventions are more effective than targeted harm reduction interventions when addressing problematic substance use among young people. First, they argue that targeted interventions have the potential to target the "wrong" youth and/or may not target enough of the "right" young people because it is essentially impossible to know exactly which youth should be deemed "high risk" (2008, p.267). Second, they claim that targeted interventions tend to work with and support young people in isolation, away from their peers. Therefore, the interventions can only have "limited and possibly transient effects" because they do not attempt to alter the norms of the peer groups in which young people participate (2008, p.267). Bonell and Fletcher (2008) argue that these two disadvantages actually have the potential to create more harm than good, primarily by labelling certain youth as "high risk" or "at risk" and making them feel as though they are a "problem" and lack any real potential. In addition to this, they claim that by removing young people from their normal peer groups, school community, and other social networks, youth may

actually become more intensely involved with peers who engage in substance use (2008). They argue that whole-population interventions lead to larger reductions in substance use among young people because they not only reach the small numbers of youth who are considered "high risk", they also influence the large numbers of people who are at "low or medium risk" of developing problematic substance use patterns (2008, p.268).

In her analysis entitled "Harm reduction through a social justice lens", Pauly emphasizes the underlying inequalities correlated with drug use, stating that "harm reduction as a strategy is a *partial* rather than comprehensive approach to reducing the harms associated with multiple inequalities as a result of homelessness and drug use" (2008, p.6). Pauly (2008) argues that distributive justice primarily focuses on the distribution of material goods, and in turn, ignores the structural issues that act as barriers for people attempting to access social and health services. Her critical reinterpretation of social justice (based on Marion Young's interpretation from 1990), as an ethical and just alternative to distributive justice calls attention to the social structures and institutional contexts that perpetuate the root causes of problematic substance use and homelessness (2008). Ultimately, she argues that it is possible to address the harms of drug policy "not as a matter of choice, but as a matter of health and well-being" by employing a social justice framework (2008, p.8).

More recently, Pauly and her colleagues investigated the role of harm reduction in addressing homelessness (Pauly et al., 2013). Essentially, they argue that the harms of substance use are exacerbated by the risk environment of previous housing and homelessness and that by addressing issues of homelessness, the harms of substance use can be mediated (Pauly et al., 2013). They examine "Housing First" as an example of the integration of housing and harm reduction. "Housing First" is a new philosophy that focuses directly on housing people

regardless of their current patterns of substance use and does not require people to undergo treatment for substance use or to abstain in order to access and keep permanent housing (Pauly et al., 2013, p.284). Pauly and her colleagues suggest four key areas for action within Victoria: (1) developing policies of social inclusion, (2) ensuring an adequate supply of housing, (3) providing on-demand harm reduction services, and (4) systemic and organizational infrastructure (2013, p. 286).

With these theoretical conceptions of harm reduction in mind, the following paragraphs will now focus on the evidence available that highlights the effectiveness of harm reduction initiatives among young people. The evaluation of the *Youth Engagement Program* (YEP) conducted by McKenzie and his colleagues between July 2008 and December 2009 in Australia is an example of a harm reduction program aiming to "engage young people with alcohol and other drug problems" (2011, p.51). Although the evaluation of YEP did not collect any indicators regarding substance use-related harms, which is the ultimate focus of harm reduction, almost half (45%) of the young people engaged with YEP reported that they had reduced their substance use (McKenzie et al., 2011, p.45). This was accompanied by improved levels of connectedness (19%), physical health (15%), and emotional and psychological well-being (15%), along with reduced crime indicators (5%)(McKenzie et al., 2011).

Multiple researchers emphasize the importance of engaging youth in the design and delivery of harm reduction programs, particularly those who are marginalized and disenfranchised (Karabanow, 2004;Karabanow & Clement, 2004;Paterson et al., 2013;Poland et al., 2002). In their commentary on the practice-based research literature regarding interventions with SIY, Karabanow and Clement highlight the importance of offering various types of interventions to youth that cater to their everyday needs, including: shelters and drop-in centres,

medical services, therapy and counselling, and skill building seminars (2004). Karabanow et al. (2004) found that organizations who were successful at connecting with SIY used respectful approaches and had a strong awareness of the unique dynamics facing young people. They recommend that organizations aimed at helping youth should focus on establishing peer education and mentoring frameworks in their policies and practices (2004). They also argue for provincial and federal governments to take responsibility for the adequate funding available to programs that provide a continuum of care for street youth (2004).

Poland and his colleagues discovered that youth who engaged in peer harm reduction education programs experienced many rewards and challenges throughout the process (Poland et al., 2002). Youth gained new friendships, developed new skills, and achieved a sense of pride and accomplishment (Poland et al., 2002). Challenges for youth included the heavy demands of participating in organizational processes (ex. conducting evaluations, collecting statistics, recruiting, etc.) and frustrations over the priority given to the development and collection of data as opposed to focusing on the impact and dissemination of findings (2002).

Paterson and Panessa (2008) conducted a review of the published research regarding the efficacy of harm reduction interventions and strategies for at-risk youth. Engaging young people entails "sharing power with adults in the design, implementation, and assessment" of harm reduction programs and "having a 'voice' in any decisions that are made" (Paterson et al., 2008, p.25). They found that by engaging youth in harm reduction programs, more relevant, effective, and sustainable interventions and services could be offered to clients and the community (Paterson et al., 2008, p.25). Additionally, youth engagement in harm reduction programs can positively impact their personal health and development by establishing friendships with peers

and supportive adults, connecting with community organizations and services, and creating a sense of social responsibility (Paterson et al., 2008, p.25). Ultimately, Paterson and Panessa argue that engaging youth should be an "ethical imperative" for harm reduction programs and that their engagement provides them with the opportunity to offer feedback regarding the relevance of the design and implementation of the program (2008, p.26). They discovered that although "current rhetoric promotes the engagement of at-risk youth, tokenism and limited opportunity for their involvement" persist, resulting in youth simply attending meetings (without any real "voice") and acting as peer mentors (Paterson et al., 2008, p.24).

Karabanow investigated "human service organizations", specifically youth shelters, and found that they are generally viewed by clients as "bureaucratic, formal, oppressive, and insensitive environments" (2004, p.47). Through structured interviews with service providers and SIY in three locations, Karabanow found that organizations with anti-oppressive mandates and practices "allow for the emergence of meaningful and vibrant community settings by embracing grass-root social development, active participation, a structural analysis of the problem, consciousness raising, and social action" (2004, p.47). He argues that anti-oppressive organizational structures help build respectful and dignified environments for marginalized populations, particularly among young disenfranchised people. Karabanow also acknowledges that street youth organizations that commit to enacting anti-oppressive practices have been successful in "attracting hard-core street populations" (2004, p.58).

Ultimately, harm reduction initiatives can have significant impacts on the health, substance use patterns, and lives of young people, particularly those who are marginalized and disenfranchised. Next, I present knowledge and research gaps.

Section 3.4 - Knowledge and Research Gaps

Although previous research as presented above has been able to shed some light on the living situation, health status, and substance use patterns of SIY, multiple authors have identified a number of gaps that still exist within academic research (Benoit et al., 2008;Kennedy, 2013;Nyamathi, 2012;Paterson et al., 2008;Pauly et al., 2013;Rhodes, 2002). The following three knowledge and research gaps are a compilation of the recommendations and suggestions put forward by other social science researchers and my own personal critiques and observations regarding the previous research conducted on SIY who engage in substance use.

Firstly, there is a clear lack of longitudinal research available to social science researchers, non-profit organizations, and frontline workers about SIY, substance use-related harms, and risk environment impacts (with the exceptions of Benoit et al., 2008;Nyamathi et al., 2012;Stablein et al., 2013). More longitudinal data will strengthen our confidence of causal relationships and help researchers better understand the experiences of SIY over longer periods of time, specifically how their lives progress into adulthood. Long-term, evidence-based research will help inform policy discussions and decisions, with the aim of developing safer environments and environment interventions for SIY.

Secondly, there is a distinct lack of strong and up-to-date mixed methods research available concerning the situations, experiences, and contexts of SIY living in Victoria, BC, particularly those who engage in substance use. The majority of studies have been exclusively quantitative or qualitative, with the research of Benoit and her colleagues (2008), and Kennedy's (2013), as two of the exceptions. Mixed methods research can help triangulate and validate the results of a study through the use of both qualitative and quantitative data and multiple forms of

analysis (Mathison, 1988). Additionally, little is known about how healthcare, harm reduction, and outreach services impact and influence the lives, health, and substance use of SIY living in the study area. Therefore, qualitative interview data can help bring the voices and opinions of SIY to the forefront, allowing them the opportunity to reflect on the various harms in their environments and the effectiveness of particular healthcare, harm reduction, and outreach services.

Thirdly, the lack of attention to the "risk environment framework" and "multiple risk factors" are mentioned by a variety of researchers when examining substance use related-harms and the broader impacts of poverty, homelessness, and marginalization (Nyamathi et al., 2012; Pauly, 2008;Pauly et al., 2013;Rhodes, 2002). Their suggestions highlight the need for researchers to address the experiences of SIY at multiple and intersecting levels of influence.

Section 3.5 - Research Questions and Hypotheses

The following research questions and hypotheses were developed with the intention of addressing the knowledge and research gaps discussed in Section 3.4.

My research questions and hypotheses are:

1) What changes can be observed in the interactions of street-involved youth with their risk environments that parallel an overall decrease in substance use and substance use-related harms over time?

   The comparatively high substance use and harms of substance use among street-involved youth will decrease over time as they become integrated into local, provincial, and federal systems and services.

2) What risk environment factors contribute to higher substance use and substance use-related harms among some street-involved youth in comparison to others?

   Intersecting demographic and structural factors will result in higher substance use for some street-involved youth.

3) How do healthcare, harm reduction, and outreach services impact and influence the lives, health, and substance use of street-involved youth?

   Support for this research question is presented in the second qualitative section (Chapter 7).

Section 3.6 - Summary

In this chapter, I reviewed the literature concerning the backgrounds, health, and substance use of SIY. I discussed concepts of harm reduction and youth engagement in harm reduction programs. I also presented research questions and hypotheses based on identified knowledge and research gaps. In Chapter 4, I will provide an outline of the research design and methods employed, describe the data set and participants of the study, define the quantitative and qualitative measures and procedures followed, and identify ethical concerns in regards to this research.

Chapter 4: Research Methods

Section 4.0 - Introduction

In this chapter, I review the overall research design and data set employed throughout my thesis project. In Section 4.1, I outline the research design and its rationale. In Section 4.2, I describe the data set utilized, followed by Section 4.3, in which I highlight the eligibility requirements of participants. I then define the quantitative measures and procedures used (Section 4.4), followed by my explanation of the qualitative procedures carried out (Section 4.5). In Section 4.6, I discuss the ethical considerations important to this research. In Section 4.7, I summarize Chapter 4 and introduce Chapter 5.

Section 4.1 - Research Design and Rationale

Although mixed methods designs were once considered to be controversial, many scholars in the social sciences have successfully implemented mixed methods designs in their research projects (Kroos, 2012). Mixed methods designs are beneficial for a number of reasons. Firstly, as an interdisciplinary student, it is important to incorporate a variety of research techniques as a way of investigating the unique, multiple perspectives employed by a variety of research fields, including sociology, anthropology, psychology, history, political science, and health sciences (Kroos, 2012). The use of both quantitative and qualitative data will appeal to a large number of researchers, as opposed to a small group of academics from one particular field (2012). Secondly, mixed methods research can help triangulate the results of a study through the use of both qualitative and quantitative data and multiple forms of analysis (Mathison, 1988). Triangulation (using multiple methods) enhances the validity and strength of research findings (Mathison, 1988). Thirdly, mixed methods designs allow researchers to represent their findings in a variety of ways (Greene, 2008). For example, results can be presented through tables, graphs, figures, excerpts from interviews, and quotes from policy documents (Greene, 2008). This allows for researchers from a variety of backgrounds the opportunity to understand and build upon the findings presented (Greene, 2008).

For my thesis research, I have chosen to use an explanatory sequential mixed methods design. An explanatory sequential mixed methods design begins with the researcher exploring quantitative data, followed by a second qualitative phase (Creswell, 2013). The qualitative research analysis builds upon the results of the first quantitative database (Creswell, 2013). This

research design is intended to “have the qualitative data help explain in more detail the initial quantitative results” (Creswell, 2013, p.224).

Section 4.2 - Data Set

This thesis research project conducted a secondary data analysis with quantitative and qualitative data from a study co-ed by my primary supervisor, Dr. Benoit, and one of my co-supervisors, Dr. Jansson, the *Risky Business? Experiences of Street-Involved Youth* study. *Risky Business?* (RB) is an recently completed mixed methods longitudinal study which focuses on the life course impacts of street life on the health and well-being of SIY first contacted when they were between the ages of fourteen and nineteen living in the Census Metropolitan Area (CMA) of Victoria, British Columbia (Benoit et al., 2008). RB began in 2002 and finished in 2012, comprising of five waves of data. Question topics include childhood experiences, past and present living situations, mental and physical health, substance use, employment status, education status, and experiences with the justice system.

SIY were interviewed (closed- and open-ended questions) for approximately an hour and a half, depending on the length and depth of their responses. Informed consent was always sought before each wave of interviews began. Interviews were then coded and transcribed by RAs at CARBC.

As mentioned above, the first wave (Wave 1A, n = 289) of RB data began in 2002 and their accompanying interviews (Wave 1B, n = 194) occurred roughly one week to one month later, with the last interviews occurring in 2011. Wave 2 (n = 132) interviews took place between 2003 and 2011. Wave 3 (n = 99) interviews were conducted between 2003 and 2012. Wave 4 (n = 80) interviews were conducted between 2005 and 2012. Wave 5 (n = 69) interviews began in 2006 and finished in 2012. Retention rates are as follows: Wave 1B = 67.1%, Wave 2 = 45.7%, Wave 3 = 34.3%, Wave 4 = 27.7%, and Wave 5 = 23.9%.

My thesis research analyzed all five waves of the RB data set, which allowed me to investigate the results of each wave and observe trends over time (ten years) among the participants of RB. The RB data set allowed me to investigate the factors that contribute to the risk environments of SIY and enabled me to examine the impact of healthcare, harm reduction, and outreach services (broadly conceived through a social justice lens) on the living circumstances, health, and substance use of SIY living in the VCMA.

Section 4.3 - Participants of Study

RB participants were recruited at various community organizations by using posters, key informants, and snowball sampling (Benoit et al., 2008). Five criteria for enrolment were required: (1) between fourteen and eighteen years old at first contact (a small number of youth had turned nineteen between the time of first contact and the first interview), (2) low level of attachment to parent or guardian, (3) low level of attachment to education system, (4) low level of attachment to formal economy, and (5) high level of attachment to informal (street) economy (Benoit et al., 2008). The average age of SIY at the beginning of the RB study was seventeen years old and there was a roughly even split between male and female SIY (Benoit et al., 2008).

Because of the study's aim to follow a diverse sample of SIY, the RB sample did not require participants to be currently (or recently) using substances at the time of enrolment. In Chapter 9, I will discuss the implications of recruitment criteria on the outcomes and results of studies in relation to my findings and the previously existing research.

Section 4.4 - Quantitative Analysis Methods, Measures, and Procedures

This thesis project used descriptive statistics and bivariate comparisons to analyze the RB data. After coding for missing values (coded as 88, 97, 99) and data inconsistencies, the data set consisted of fifty (n = 50) RB participants who were interviewed five times. SPSS was then used to run descriptive statistics and bivariate comparisons. Frequencies and central tendency measures (mean, mode, standard deviation, etc.) were used to produce the descriptive statistics presented (Agresti & Franklin, 2013). T-tests of equality were employed to analyze bivariate comparisons, with a 95.0% confidence level and a corresponding 0.05 alpha-level of probability (Agresti et al., 2013). The variables described below were used to produce the descriptive statistics and bivariate comparisons presented in Chapter 5.

Section 4.4a - Participant Demographics and Background

Six variables were used to describe the characteristics of the fifty RB participants at Wave 5. Age was calculated using the date of the interview and the question: “In what month and year were you born?” (#). Gender was ascertained through the question: “What is your gender?” (Female, Male, Transgender MTF, Transgender FTM). Indigenous status was defined by the question: “Are you Aboriginal?” (Yes, No). Visible minority status was determined by the question: “In this survey, we define a visible minority person as a non-aboriginal person who is not white in colour. Are you a visible minority person?” (Yes, No). Information regarding sexual orientation was collected through the question: “What is your sexual orientation?” (Homosexual, Heterosexual, Bi-Sexual, Two-Spirited, Other). Lifetime involvement in the foster care system was determined by the question: “Have you ever been in care? ‘In care’ means in care of the

Ministry of Children and Family Development (MCFD). Eg. ward of the state, in group, or foster home/institution" (Yes, No, Don't Know).

Section 4.4b - Outcomes for Street-Involved Youth

Four variables were used to investigate the outcomes for SIY. Housing stability was determined by creating two composite variables (stable and relatively unstable) based on the housing stability scale employed by Benoit and Millar (2001). The "stable" housing composite variable included renting a house or apartment, renting a room in a house or apartment, and living at home with parent(s)/guardian(s). The "relatively unstable" housing composite variable included squatting, staying in a hotel, motel, or hostel, accessing shelters, and living in a group or foster home. "Very unstable" housing was represented by the single variable "living on the streets". Together, this created a three-point housing stability scale.

Recent employment status was determined by the question: "Have you had a job in which you receive a salary or wage currently or within the last 2 months?" (Yes, No). Income from social welfare programs was determined by the question: "In the average week, how much money do you get from welfare?" ($). One question was asked to determine the amount and frequency that SIY were held in custody by police: "In the last two months, how many times have you been held in custody?"

Section 4.4c - Health Outcomes

Overall health was assessed based on a self-report 5-point scale: "In general, would you say your health is...? (1 = excellent, 2 = very good, 3 = good, 4 = fair, 5 = poor). Change in overall health was based on a self-report 5-point scale: "Compared to one year ago, how would you rate your health in general now?" (1 = much better now than one year ago, 2 = somewhat

better now than one year ago, 3 = about the same as one year ago, 4 = somewhat worse now than one year ago, 5 = much worse now than one year ago). The rates of sexually transmitted infections (STIs) among participants were analyzed using one question: “Have you had any of the following health conditions ever or within the last two months?” (Yes, No). If the participant answered “Yes” to STI, they were also asked to indicate if they had accessed treatment or not. Rates of depression were defined by the question: “Have any of the following health concerns happened to you?” (Yes, No). Again, if the participant answered “Yes” to depression, they were also asked to indicate if they had accessed treatment or not. Medication use was defined by the question: “Have you taken medication(s) for health reasons within the last two months?” (Yes, No).

Section 4.4d - Substance Use Outcomes

Recent substance use was determined by the type and frequency of the substance used (marijuana, alcohol, hard drugs): “How frequently have you used these substances over the last two months?” The “hard drugs” composite variable was coded to include cocaine/crack, ecstasy, crystal methamphetamine/speed, acid, mushrooms, prescription pills, and ketamine. Frequency of use was based on a self-report 7-point scale: 0 = never in the last two months, 2 = once a month, 3 = twice a month, 4 = once a week, 5 = several times a week, 6 = once a day, 7 = several times a day.

Section 4.4e - Knowledge and Access to Harm Reduction Services

The knowledge of and access to harm reduction services was determined by the question: “Do you have access to free condoms/barriers?” (Yes, No).

Section 4.5 - Qualitative Analysis Methods and Procedures

I analyzed the RB interviews by using thematic analysis techniques. Thematic analysis is a method for "identifying, analyzing, and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail" (Braun & Clarke, 2006, p.79). Essentially, a researcher searches across their data set to find repeated patterns of meaning and emerging themes become the categories of analysis (Braun et al., 2006;Fereday & Muir-Cochrane, 2006).

Thematic analysis differs from other analytic methods that attempt to describe themes across qualitative data (Braun et al., 2006). Braun and Clarke argue that a "named and claimed" thematic analysis does not force researchers to subscribe to the implicit theoretical commitments of certain theories such as grounded theory and interpretative phenomenology (2006, p.81). Thematic analysis can also be applied across a range of theoretical and epistemological approaches which allows for a wide range of analytic options (2006).

To begin the process of thematic analysis, I began by selecting the interviews of fifteen (n = 15) RB participants from the original fifty (n = 50) participants who were examined in my quantitative analysis. Every fourth participant on the list of fifty was selected, resulting in fifteen participants (n = 15) in total. Four youth self-identified as queer, including two who identified as gay and two who identified as bisexual. Four youth self-identified as indigenous. Additionally, three youth disclosed that they had been incarcerated at least once in British Columbia. Three youth discussed their time at detoxification and/or substance use treatment centres including a methadone treatment program. Pseudonyms were adopted to protect the confidentiality and anonymity of all participants and the names of non-profit organizations and other local agencies were also removed.

The first qualitative question was used as background information for the beginning of each interview: “How have you been doing since our interview last week? Probes: Has the week been uneventful? Have you found yourself in a corner? Have you been in need of help from others? If so, how did you cope?” Information on the living situations of SIY was gathered through the question: “Tell me a little about the place you are staying now. Probe: What is the best thing about it? What are the downsides, if any? Do you feel safe in the place where you are staying? If not, what do you fear about it? Do you have any fears about the surrounding neighbourhood?” The levels of safety and security perceived by SIY were ascertained by the question: “Have you felt your safety to be at risk lately? If so, why was this the case? What did you do when faced with the situation?” The health status of SIY was investigated using the question: “What are your main health concerns right now? Probes: Do you suffer from any physical problems? Are you emotionally okay? What happens when you get sick? Who takes care of you then?” The concerns of SIY regarding substance use were assessed using the following question: “As we discussed in earlier interviews, substance use is a common activity among youth. We are interested in hearing about your own views on substance use. What do you think? Is it something to be concerned about or not? Are there some drugs that we as a community should be more concerned about than others?”

Experiences when accessing services such as consulting with physicians and other health care providers were collected through the question: “Have you been to see a doctor recently? If so, what was it like? Probe: How would you describe your relationship with doctors in general? Have they treated you with respect? Is there any other health provider that you see? If so, what is he/she like? How is he/she different from doctors who you have met?” The experiences of SIY

when accessing local services and engaging with frontline workers were examined through the question: “I would like to know a little about local services such as housing, education, and other programs that you have used in the last two months, or since our last interview. Probes: What services stand out for you? Were you able to bond with a particular worker? What characteristics, in your view, are important for those working with youth?” Participants had the opportunity to make critiques and suggestions when asked the question: “Are there gaps in the services provided? If so, what services would you like to see become available in the city?”

The open-ended interview in Wave 4 included a number of additional questions in regards to the sale/exchange of sexual favours and/or intercourse for money, substances, shelter, and food: “Do you think that youth in Victoria are more or less likely to trade sex than youth located elsewhere in Canada? Why or why not? What about your friends? If your friends have talked about exchanging sex for money or in kind services, is this what they have heard about others doing, or what they say they have actually done themselves?” and “Have you ever exchanged sex for money, shelter, drugs, alcohol, food or anything else? If yes, are you comfortable talking to me about it? Was this a one-time occurrence, or did it happen more than once? What were the circumstances around this exchange? Do you plan on exchanging sex in the foreseeable future?”

I proceeded by reading all five interviews for each participant, while highlighting text, taking in-depth notes, and copying relevant and meaningful quotations. My notes for each interview were separated by each wave and delineated by thirteen categories: childhood and relationships background (parents, siblings, relatives, friends), living situation, labour force experience, educational experience, diet and nutrition, interactions with local services and

doctors visits, physical health status, mental health indicators including moods and feelings, perceived safety and security, family and peer support, recent peer and romantic relationships, substance use, and experiences with and/or perceptions of the justice system. After I compiled a document with all my notes (ninety-nine pages), I colour-coded each category and took brief summary notes for each participant regarding each category in another document.

Narrative information and quotes were assigned to one or more categories based on the subject matter of the answer provided by the participant. Key words and phrases were used as indicators for certain categories such as "my job" for labour force experience, "my mood" for mental health, and "my girlfriend/boyfriend" for romantic relationships. In order to assess the rigour of my qualitative research, Dr. Benoit conducted two audit trials with two random selections of narrative quotes that she categorized and then compared to my original categorizations (Akkerman, Admiraal, Brekelmans & Oost, 2008). After the first audit trial, Dr. Benoit and I negotiated a few minor theme changes (ex. from interactions with local services and doctors visits to quality of care from health/social service providers and from childhood and relationships background to childhood trauma and life course effects).

I then recorded overall observations and trends over time regarding each category by reviewing the notes taken for each individual category. The qualitative findings are divided into two chapters. In Chapter 6, I highlight the interactions of SIY with their risk environments and how their interactions changed over time as their integration in local, provincial, and federal systems and services increased. In Chapter 7, I focus on the diverse opinions and perspectives of SIY regarding the effectiveness of systems and services. My qualitative notes were also used in Chapter 9 to put forward policy recommendations and ideas for future research.

A small number of missing data presented themselves while conducting my qualitative analysis. Primarily, for one participant, Wave 1B was partially missing because the words on the tape recording were indiscernible. In addition to this, Wave 5 was missing for one participant because the recording was lost.

Section 4.6 - Ethical Considerations

All RB participants provided verbal informed consent prior to beginning the study. At the end of the interview, participants were given twenty dollars for their initial interview and twenty-five dollars for each follow-up interview. The research protocol was approved by the *University of Victoria's Human Research Ethics Board* (ethics protocol number 08-388-01j). All files are kept under lock and key at the Centre for Addictions Research of British Columbia (CARBC).

It is important to consider the broader ethical concerns of conducting research and/or working with SIY (Jansson & Benoit, 2006). Jansson and Benoit cited two major ethical concerns regarding RB: (1) balancing the mandatory reporting of designated individuals to the provincial authorities while obtaining informed consent and overcoming sample bias, and (2) maximizing youth participants' anonymity and confidentiality while following them through the years (Jansson et al., 2006, p.176). It is crucial for all researchers to be aware of the ethical dilemmas associated with conducting research and/or working with SIY.

Section 4.7 - Summary

In this chapter, I outlined the research design and methods employed, described the data set and participants of the study, defined the quantitative and qualitative measures and procedures followed, and identified ethical concerns in regards to my research. In Chapter 5, I will address my first two research questions and hypotheses. I present descriptive statistics to address my first question and bivariate comparisons to answer my second question.

Chapter 5: Quantitative Findings

Section 5.0 - Introduction

In this chapter, I analyze the experiences of SIY who participated in all five waves of the RB interviews as a way of addressing my first two research questions and hypotheses. With the exception of missing values (discussed in Chapter 4, Section 4.4), fifty SIY participated in all five waves (n = 50). I use descriptive statistics and bivariate comparisons to analyze the changes SIY experienced in their risk environments as they aged. Various risk factors including housing stability, employment status, social welfare status, instances of being held in police custody, and the knowledge of/access to harm reduction services are used to reflect the risk environments of SIY. Wave 5 data are presented as well as brief descriptions of changes in the key variables over time.

In Section 5.1, I highlight the demographics and background information for the fifty RB participants including age, gender, sexual orientation, indigenous status, visible minority status, and lifetime involvement in the foster care system. In Section 5.2, I analyze the outcomes for SIY in regards to housing stability, employment status, social welfare status, and instances of being held in police custody. In Section 5.3, I investigate the health outcomes for SIY in regards to overall health status, sexually transmitted infections (STIs), depression, and medication use. In Section 5.4, I present the substance use of participants. In Section 5.5, I illustrate the knowledge and access of SIY to harm reduction services and respond to my first research question (What changes can be observed in the interactions of street-involved youth with their risk environments that parallel an overall decrease in substance use and substance use-related harms over time?) based on the descriptive statistics presented in Sections 5.1-5.5. In Section 5.6, I use bivariate

comparisons to answer my second research question (What risk environment factors contribute to higher substance use-related harms and substance use among some street-involved youth in comparison to others?). In Section 5.7, I offer a summary of Chapter 5, respond to my second research question and hypothesis, and introduce Chapter 6.

Section 5.1 - Participant Demographics and Background

Table 5.1 highlights relevant participant demographics and background information including age, gender, sexual orientation, indigenous status, visible minority status, and lifetime involvement in the foster care system at Wave 5.

Table 5.1: Participant demographics and background	
Variable	**Wave 5**
Age	
Average	19.84 years old
Gender	
Female*	58.0%
Sexual Orientation	
Homosexual	6.0%
Bisexual	46.0%
Indigenous Status	
Indigenous	36.0%
Visible Minority Status	
Visible Minority	9.0%
Ever Involved In Foster Care System	
Yes	54.0%
* = *No participants identified as transgender (MTF, FTM)*	

As Table 5.1 demonstrates, more female youth (n = 29) participated in the five RB waves in comparison to male youth (n = 21). Twenty-six youth identified as bisexual or homosexual and less than half (44.9%) of the participants identified as heterosexual. A significant percentage

(36.7%) of SIY identified as indigenous and 9.3% identified as a visible minority. Fifty-four percent of youth in the study had been in foster care at least once in their lifetime.

Section 5.2 - Outcomes for Street-Involved Youth

Table 5.2 demonstrates the outcomes for the RB participants including housing stability, employment status, social welfare, and whether or not they were held in custody by law enforcement at Wave 5.

Table 5.2: Outcomes for street-involved youth		
Variable	**Wave 1**	**Wave 5**
Housing Stability (within last month)		
Stable (rent own house/apt, rent room in house/apt, at home with guardians)	29.0%	74.0%
Relatively unstable (squat, hotel, motel, hostel, shelter, group home, foster home)	29.0%	14.0%
Very unstable (living on the street)	42.0%	12.0%
Employed (within last two months)	20.0%	64.0%
Receiving social welfare (average)	$50.00, n = 1	$118.00, n = 10
Held in police custody	33.3% (ever)	6.25% (last 3 months)

Although rates of "very unstable" housing stability were high in Waves 1 to 3, the percentage of SIY sleeping on the streets significantly decreased from 42.0% in Wave 1 to 12.0% by Wave 5. Although the percentage of SIY experiencing relatively unstable housing (squatting, hotel, motel, hostel, shelter, group home, foster home) was not high to begin with, it decreased to 14.0% by Wave 5. In contrast, the percentage of SIY renting their own room in a house/apartment, renting a house/apartment, and living at home with guardians steadily increased, and by Wave 5, almost

three quarters (74.0%) of SIY were living in stable housing. Overall, this indicates that the housing situation of SIY became more stable as they aged.

Although employment status was low in Waves 1 (20.0%), 2 (42.0%), and 3 (38.0%), 64.0% of SIY were working for a salary/wage (either full-time or part-time) by Wave 5, demonstrating that more youth began working as they grew older. Reports for receiving social welfare were low across all waves, beginning with one youth receiving $, and by Wave 5, only ten youth reported collecting social welfare, with an average of $118.00 per cheque.

The percentage of youth held in custody by police decreased across all waves. In Wave 1, 33.3% of SIY reported that they had been held in custody by police at least once. By Wave 5, only three youth (6.25%) had been held in custody by police on one occasion each.

Section 5.3 - Health Outcomes

Table 5.3 highlights relevant physical and mental health indicators for Wave 5. Indicators for health include overall health, sexually transmitted infections (STIs), depression, and medication use. Overall health at Wave 5 was based on a 5-point self-report scale: 1= excellent, 2 = very good, 3 = good, 4 = fair, 5 = poor. SIY were also asked to compare their recent overall health to their overall health one year beforehand. This was based on a 5-point self-report scale: 1 = much better now than one year ago, 2 = somewhat better now than one year ago, 3 = about the same as one year ago, 4 = somewhat worse now than one year ago, and 5 = much worse now than one year ago. In addition to displaying whether or not SIY reported STIs and depression, whether the indicator was treated or not is also included.

Table 5.3: Health outcomes

	Wave 1		Wave 5	
Variable	**Ever**	**Sought treatment**	**Last 2 months**	**Sought treatment**
Sexually Transmitted Infections	10.4%	60.0%	6.25%	66.6%
Depression	69.4%	91.2%	34.0%	31.0%

In Wave 5, SIY reported that they felt “good” to “very good” (2.83), on average. When asked if their health was better in comparison to one year beforehand, the majority of SIY reported that their overall health was “much better” or “somewhat better” (1.56). STIs were the most commonly reported physical health concern among SIY. However, the percentage of youth who contracted STIs throughout the waves decreased to 6.25% in Wave 5 compared to 10.4% in Wave 1. Likewise, the percentage of SIY who reported depression in Wave 1 was high (69.4%),

but by Wave 5, only 34.0% of SIY reported experiencing depression. Medication use fluctuated between 42.0% in Wave 1, 64.0% in Wave 4, and back to 42.0% in Wave 5. As the "sought treatment" variable indicates, 66.6% of the youth who contracted STIs accessed treatment and only 31.0% accessed treatment for depression.

Section 5.4 - Substance Use Outcomes

Table 5.4 displays the frequency of substance use (alcohol, marijuana, and hard drugs) of SIY at Wave 5. The hard drug use composite variable includes cocaine/crack, ecstasy, crystal methamphetamine/speed, acid, mushrooms, prescription pills, and ketamine. Frequency of use was based on a self-report 7-point scale: 0 = never in the last six/two months, 2 = once a month, 3 = twice a month, 4 = once a week, 5 = several times a week, 6 = once a day, 7 = several times a day.

Table 5.4: How frequently have you used these substances over the last two months?

Type of substance	Wave 1	Wave 5
Alcohol	3.08 twice/mth	3.62 twice/mth - once/wk
Marijuana	5.83 several/wk - once/day	4.65 once/wk - several/wk
Hard drugs	1.16 once/mth - never/2mth	0.53 never/2mth - once/mth

The frequency of both alcohol and marijuana use remained high and relatively stable across all waves. However, the frequency of marijuana use slightly decreased between Waves 1 (5.83) to 5 (4.65), whereas alcohol use slowly increased from 3.08 in Wave 1 to 3.62 in Wave 5. Although hard drug use was never frequent among SIY to begin with, hard drug use decreased from 1.16 in Wave 1 to 0.53 in Wave 5.

Section 5.5 - Knowledge and Access to Harm Reduction Services

Table 5.5 shows the percentage of SIY who knew where to access free condoms/barriers in the study area at Wave 5.

Table 5.5: Do you have access to free condoms/barriers?		
Response	**Wave 1**	**Wave 5**
Yes	95.0%	96.0%

The overwhelming majority of SIY knew where they could access free condoms/barriers across, with 95.0% of SIY saying "yes" in Wave 1 and 96.0% saying "yes" in Wave 5. No other significant trends appeared throughout the waves in relation to health, harm reduction, and outreach services.

Overall, the descriptive findings presented above highlight the demographics, outcomes, health, substance use, and knowledge and access to free condoms/barriers of SIY across the five waves of RB data. My first research question can only be partially answered with these findings. Changes in the risk environments of SIY including increased housing stability and employment status, improved overall self-rated health, and decreased substance use occurred as they grew older. However, there is a lack of quantitative data on the integration of SIY into local, provincial, and federal systems and services. Therefore, my first research question cannot be fully answered until the end of Chapter 6. In Section 5.6, bivariate comparisons help answer my second research question: "What risk environment factors contribute to higher substance use and substance use-related harms among some street-involved youth in comparison to others?" My hypothesis states that intersecting demographic and structural factors will result in higher substance use for some street-involved youth in comparison to others.

Section 5.6 - Bivariate Comparisons

Table 5.6a illustrates bivariate comparisons between gender and marijuana use at Wave 5.

Table 5.6a: Bivariate comparisons between marijuana use and gender	
Response	**Wave 5**
Female	3.81, n = 26 twice/mth - once/wk
Male	5.75, n = 20 several/wk - once/day
Probability	0.018

In Wave 5, males used marijuana between several times a week and once a day, in contrast to females who used marijuana between twice a month and once a week, on average. This relationship was also significant (0.016) at Wave 3, in which males used marijuana between several times a week and once a day (5.95, n = 21), whereas females used marijuana once a week (4.30, n = 27), on average.

Table 5.6b demonstrates bivariate comparisons between alcohol use and employment status at Wave 5.

Table 5.6b: Bivariate comparisons between alcohol use and employment status	
Response	**Wave 5**
Yes	4.03, n = 31 once/wk
No	2.81, n = 16 once/mth - twice/mth
Probability	0.018

In Wave 5, youth who worked salaried/waged jobs used alcohol once a week, whereas youth who did not work used alcohol between once a month and twice a month, on average. This relationship was also significant (0.015) at Wave 4. In Wave 4, youth who were employed used alcohol between twice a month and once a week (3.58, n = 36), whereas SIY who did not work used alcohol once a month (2.17, n = 12), on average. One interpretation of these data could be that SIY who were working had more expendable income, and therefore, were able to purchase alcohol more frequently than they had be able to before. This finding is not surprising considering that 64.0% of SIY were working by Wave 5 and the majority of youth in the sample were at or above the legal drinking age by Wave 5.

Table 5.6c depicts bivariate comparisons between hard drug use and lifetime involvement in the foster care system.

Table 5.6c: Bivariate comparisons between hard drug use and lifetime involvement in the foster care system	
Response	**Wave 5**
Yes	0.74, n = 26 never/2mth - once/mth
No	0.28, n = 21 never/2mth - once/mth
Probability	0.015

In Wave 5, youth who had been in the foster care system at least once in their lives used, on average, more hard drugs than SIY who were never involved in the foster care system. This relationship was also significant (0.042) at Wave 4. In Wave 4, SIY who had been in the foster care system at least once in their lives used hard drugs (0.80, n = 25) slightly more frequently in

comparison to SIY who had never been involved in the foster care system (0.35, n = 22), on average. No relationships were found between higher levels of substance use and accessing healthcare and harm reduction services. Although the lack of relationships between these variables was initially surprising, the lack of robust sample sizes and the lack of appropriate and consistent harm reduction indicators present across all waves limited the potential statistical significance of certain variables. Chapter 6 will address these gaps by focusing on the interactions of SIY with their risk environments (economic, physical, social, policy) and how their experiences changed over time as they became integrated into local, provincial, and federal systems and services.

Section 5.7 - Summary

This chapter used five waves of RB data to analyze the interactions that SIY had with their risk environments and how their interactions changed over time. The data indicate that the housing stability of SIY became more stable over time, with significantly less youth accessing shelters, squatting, staying in hotels/motels/hostels, and living in a group or foster home by Wave 5. Seventy-four percent of SIY in Wave 5 were renting their own room, renting their own house/ apartment, or living with their parent(s)/guardian(s). This illustrates changes over time in the physical and economic risk environments of SIY.

By Wave 5, 64.0% of SIY reported that they were employed and ten SIY reported that they were receiving social welfare. The percentage of youth held in custody by police decreased across all waves, from 33.3% of SIY in Wave 1 to 6.25% of SIY in Wave 5. These findings illustrate changes over time in the economic and policy risk environments of SIY.

The self-reported health of SIY increased across all waves, and by Wave 5, SIY reported that they felt "good" to "very good", on average. Although STIs were the most commonly reported physical health concern among SIY, the percentage of youth who contracted STIs throughout the waves decreased by Wave 5 to only 12.0%. Likewise, the percentage of SIY who reported depression in Wave 1 was high (69.4%), but by Wave 5, only 31.0% of SIY reported experiencing depression. Medication use was relatively high across all waves and the rates of SIY experiencing each health concern was higher than the number of youth who sought treatment for what they were experiencing. The data presented highlights the observed changes that SIY experience in their economic, physical, and policy risk environments as they aged such

as changes in housing stability, employment, receiving social welfare, and interactions with the justice system.

In regards to substance use, both alcohol and marijuana use remained relatively high across all waves, while hard drug use steadily decreased. However, as the bivariate comparisons presented above indicate, there were also significant differences between SIY at Wave 5 in regards to their reported substance use. These findings support my hypothesis for my second research question. Overall, intersecting demographic and structural factors resulted in higher substance use for some SIY by Wave 5, including male youth, youth working for a salary/wage, and youth who had been involved in the foster care system at least once in their lives.

No relationships were found between higher levels of substance use and accessing healthcare, harm reduction, and outreach services. In Chapter 6, I will address my first research question, which aims to address the gaps in my quantitative data by analyzing the interactions of SIY with their risk environments over time as they became integrated into local, provincial, and federal systems and services.

Chapter 6: Qualitative Findings
The Risk Environments of Street-Involved Youth

Section 6.0 - Introduction

In this chapter, I use the RB interview data to answer my first research question (What changes can be observed in the interactions of street-involved youth with their risk environments that parallel an overall decrease in substance use and substance use-related harms?) and build upon my quantitative findings presented in Chapter 5. My first hypothesis suggests that the comparatively high substance use and harms of substance use among SIY will decrease over time as they become integrated into local, provincial, and federal systems and services. I describe the risk environments of SIY as they changed over time and highlight the impacts of their interactions with their risk environment on their lives, health, and substance use. Although a section has been dedicated to each type of risk environment (economic, physical, social, policy), it is important to keep in mind that all environmental types and levels of influence (micro, meso, macro) intersect with one another and should not be considered mutually exclusive.

I begin this chapter by providing an overview of the first half of my qualitative findings (Section 6.1). In Section 6.2, I highlight the economic risk environments of SIY, followed by Section 6.3, in which I examine the physical risk environments of SIY. In Section 6.4, I investigate their social risk environments, followed by my exploration of the policy risk environments of SIY in Section 6.5. In Section 6.6, I offer a summary of the qualitative findings presented in Chapter 6, respond to my first research question and hypothesis, and introduce the qualitative findings discussed in Chapter 7.

Section 6.1 - Economic Risk Environment

The economic risk environments of SIY included the high cost of living, lack of education and educational opportunities, lack of employment opportunities, and limited social welfare. In general, an individual's living situation greatly affects their ability to seek and maintain employment opportunities and their ability to participate in formalized educational settings. It was common for SIY to rotate between sleeping on the streets and/or in parks, accessing temporary shelters, couch-surfing for free, staying with their partners and/or friends, paying rent to live in a room or sleep in the living room of someone's apartment or house, and staying in hostels and hotels.

Some youth secured temporary housing alone, with friends, and/or with their partners for short periods of time. For SIY going through "break ups" or "on-off" relationships, living with and/or sharing space with an (ex)-partner was extremely difficult. In her fifth interview, Sonya recounted that she had moved out immediately after her break-up with her old boyfriend and had stayed on the streets for a few weeks. At the time of the interview, she stated that her new boyfriend and her were renting a room at a hotel in Victoria and had been doing so for roughly one month.

SIY who lived in a house and/or apartment with their parents, guardians, and/or relatives on an on-off basis often fought with their families during late childhood and adolescence. However, as SIY grew older, they expressed love and gratitude toward them and some youth even contributed to the costs of rent and groceries. In one instance, Michelle expressed deep love towards her mother, who she often fought with as a young teenager, but also noted that she felt ready to try living on her own: "I'm in, like, the most comfortable situation ever with a cool

mom and not paying rent, but I'm very aware that I need to get out onto my own soon and I would like to very much". Although Michelle and her mother built a strong, stable, loving relationship while living together, Michelle recognized her desire to try living independently. In another example, Daniel went between living with his grandmother at her house and staying at his boyfriend's apartment. He often gave them small sums of money to "cover" for his rent payments. He expressed his eagerness to try living on his own, but was also concerned about not having enough money to sustain himself.

Like Daniel, most SIY expressed deep stress, anxiety, and frustration over securing enough money in order to pay rent each month. However, a small number of youth noted that they truly preferred sleeping outdoors. For example, Dave stated that he would rather "live in the bush" as opposed to in a house or apartment because it offers more freedom and reduces (or eliminates) financial stress.

The claims of SIY regarding unaffordable housing were not unfounded. In 2010, Victoria was ranked eighth as having one of the most "severely unaffordable housing markets" out of sixty-two locations in Canada, United States, Australia, New Zealand, United Kingdom, and the Republic of Ireland (Performance Urban Planning, 2010). According to calculations made in April 2012, the average cost to rent a bachelor apartment in Victoria was $669, the average cost to rent one bedroom was $809, the average cost to rent two bedrooms was $1046, and the average cost to rent three bedrooms was $1295 (Victoria Foundation, 2012, p.22).

In regards to education, most youth stopped regularly attending mainstream educational systems completely between the ages of fourteen and sixteen years old. For example, Sara stopped attending school regularly at sixteen years old when she started spending time on the

streets and using drugs. In addition to this, Joey, among other youth, expressed his dislike of "institutional" educational environments due to its sterility, lack of stimulation and engagement, and lack of one-on-one interactions with teachers.

Almost all SIY cited the importance of education for their futures. Sara, who dropped out of high school in Grade 11, described the benefits of education: "'Cause if you don't have an education, you don't grow as a person. You don't have anything to go on. You don't know what the world's all about." Jordan explained that his low level of education decreased his employment potential:

> "Because I don't have a Grade 12 education, it makes me non-eligible for that position [cash supervisor] because, you know, they all want to see that you've done at least up to a minimum of a Grade 12 Math, so that they know you're not going to screw up and it's not that, you know, I would screw up, but...I think it's a viable, like a viable form of insurance to them if they say 'Okay, this guys got his credentials, he's been through high school, he's continuing in this direction or that direction'."

Michelle echoed these sentiments when she referred to education as a "gateway" or "credit" that individuals need to be successful. However, a few youth rejected the formal educational system. For example, Joey adamantly stated that he had no interest in returning to school:

> "Um, no. I don't really think there's a point. I think the point in going to school is kind of conditioning to the capitalist way of thinking and I don't really think there's a point in capitalism, so inevitably, no. I don't really think there's a point in school".

In addition to this, Dave expressed his concern that formal education does not teach students practical skills: "You learn more stuff just by living on the streets than you would learn like in school."

Other youth cited their need for not only stable living and financial situations, but also for enough money to afford textbooks, school supplies, computers, and internet access before being able to return to school. Stephen expressed what he would need to return: "I'd need like, a steady

place of residence, and probably just - like that, help out. Steady income, like a part-time job or a job of some sort...". Three youth mentioned the "Youth Agreements" program operated by the Ministry of Children and Family Development (MCFD) as a way of funding their education. However, all youth who had experience with the initiative complained about the burdensome application process and the mandatory three-month wait period before receiving the necessary funds. For example, Jordan cited his frustration with the MCFD:

> "I need money so I can have a home and everywhere that I've applied for a grant...through the Ministry of Children and Family Development, but you know, they said it's gonna be like three months before I would see anything of that, and you know, so trying to go to school while homeless for three months before I see any sort of benefits financially is, it's just, I can't, I don't have that much time..."

When youth were able to return to school, older SIY found it extremely difficult to participate in mainstream classrooms with students much younger than them. Caleb found the presence of younger, less "serious" students to be very distracting:

> "I said 'Hey, look man, I'm trying to do my work'. I was like 'I can't even think straight' and then he started flipping out so I just started walking away. After he realized what he did and then after the class ended, he came up and apologized."

Most youth preferred alternative education programs because they were able to work at their own pace, work independently, and get one-on-one support. Many youth tried several different alternative schooling programs, with varied success. Needing to earn money, take care of family members and partners, and stress were common reasons for dropping out of mainstream and alternative education programs.

In regards to employment, almost all SIY had a strong desire to work, but experienced difficulty finding and securing employment opportunities for a variety of reasons including lack of job opportunities, mental health struggles, high stress and anxiety, lack of interest, unstable

living situations, and low levels of education. Michelle expressed her eagerness to work and be "productive again": "I like am happiest when I'm making money...like, you know, I'm socially thriving and just mentally thriving when I'm busy and actually making a wage...". Throughout her five interviews, Michelle recalled having and then losing multiple jobs because of stress and poor time management skills. Likewise, Bailey, a female youth who had multiple jobs lasting for short periods of time over the course of her five interviews, said that having a job would give her "something to do during the day". However, she also noted that "knowing where to look", finding out the required qualifications, and waking up early in the morning would be the most difficult parts of searching for employment.

If youth were successful at securing employment, positions were generally part-time, temporary, and/or low-paying (minimum wage $10.25/hour). SIY obtained employment in a variety of areas including: 1) physical labour such as landscaping, construction, house painting, renovations, and welding, 2) customer service work such as fast food restaurants, retail, and bar/ pub, 3) cleaning for residential, commercial, and industrial buildings, and 4) strip club and escort services. Some SIY also earned money by doing "informal" or "under the table" work for their families and/or friends such as yard work, cleaning, and cooking. Additionally, some SIY earned money in the informal sector of the economy, including: 1) selling drugs, 2) busking and street performance without a license, 3) panhandling, and 4) selling/exchanging sex for money, food, drugs, and shelter. These pathways for making money were not mutually exclusive. For example, Stephen noted the reality of needing to earn money through multiple forms of work: "I know people that have jobs, panhandle, and sell drugs at the same time."

Over his five interviews, Dave was temporarily employed as a restaurant cleaner and a construction worker. While he preferred employment that provided him with a paycheque at the end of each day, he had not formally applied for a job for four or five years and preferred to obtain employment through friends, family, and acquaintances. Both Kelsey and Julie expressed their desire to work creative, "hands on" jobs. Kelsey was a landscaper for "old friends", who she said were "good employers". She did general yard work and outside labour, including cutting grass, raking, pruning, and shovelling. She also mentioned having "basic knowledge of janitorial work" and considered herself a "jack of all trades" who did all the "grunt work". Kelsey had ambitions to learn more about "chain mail and metal work", but noted that she would need to continue landscaping in order to save money. Julie was working at a retail store, but was fired after a few months. She said she "hated it" and wanted to try welding or interior painting.

Once youth turn nineteen, they become eligible for welfare through the MSDSI, and one youth successfully applied for it: "If you live on the street and don't have a phone or don't have an address or don't have like a prior work statement or like bank statements or anything like that, it's basically impossible for you to get on welfare..." Although they were eventually successful, the youth noted how difficult it was for them to complete the application process without the proper resources available to them.

Five youth identified as having exchanged and/or sold sex for money, drugs, food, and/or shelter. During her fifth interview, Meghan conveyed her experiences of exchanging sex:

> "I see him like two or three times a month. I saw him a bunch of times this week, but um, yeah. I don't know. We always use a condom. He makes me really fancy dinners and stuff and we watch TV and he gets me beer and I don't know. It's pretty good..."

Meghan stated that in addition, she received money for her time spent with him and, at the time, was trying to decide whether or not to continue with the arrangement to support herself through college.

When asked what SIY found to be the most difficult when searching for employment, almost all youth stated that creating and handing out resumes were major challenges. In addition to this, many youth who handed out resumes daily received very few, if any, callbacks requesting an interview. Julie stated that her boyfriend and her had been handing out a lot of resumes, but that no one had called them back for an interview. SIY found this to be extremely discouraging, and in some cases, youth eventually stopped trying to secure employment opportunities. Sonya experienced multiple layoffs throughout the RB interview waves: “They say they’re hiring, but then they hire people and then they lay them off because there’s not enough work”.

Many youth found themselves having trouble keeping jobs because they had difficulty commuting to and from work due to financial restraints. Jordan stated that after distributing ten resumes everyday for five and a half months, he had finally received a callback from a popular fast food restaurant. He noted that although he was grateful for the work, he did not have enough money to pay for bus fare to get to that job: “I am so thankful for that job even though I have no way to get there, you know, like I’m walking to that job at this point, everyday...”. For the first few weeks, Jordan walked for five to six hours a day in order to get to and from his workplace. After receiving his first pay cheque, he was able to purchase bus tickets. Ultimately, Jordan worked at that job for six months and cited the travel time and expense as his main reasons for quitting.

Many SIY faced tough decisions regarding how to spend their money. Multiple youth found themselves trying to decide between purchasing prescriptions, paying rent, buying "healthy" food, or purchasing substances. For example, when Bailey contracted conjunctivitis (pink eye), she had to use hot water and pressure to heal her eye because she did not have enough money to purchase the appropriate prescription. In regards to purchasing and consuming food, most SIY did not eat breakfast on a regular basis, if at all, and most only ate one meal a day or snacked throughout the day. When SIY did decide to purchase food, they bought the cheapest food available to them such as pizza, chips, cookies, and pasta.

Their limited marketable formal skills make it hard for SIY to compete in the formal labour market at all times. When the unemployment level is high, their challenges become extreme. In 2009, it was estimated that youth (15-24 years old) unemployment in Greater Victoria increased from 4.8% in January to 12.6% in June (Victoria Foundation, 2009, p.6).

Overall, the high cost of living, lack of education and educational opportunities, and lack of employment opportunities all contributed to the economic risk environments experienced by SIY. Over time, these risks exacerbated the likelihood of substance use and substance use-related harms for some SIY, and for others, positive changes in their risk environments (ex. finding affordable housing, securing employment, graduating, etc.) resulted in improved health outcomes, reduced substance use, and decreased substance use-related harms.

Section 6.2 - Physical Risk Environment

The physical risk environments of SIY included a significant lack of adequate and secure housing and limited space for youth to spend time safely. Another physical risk factor included their perceived lack of safety and security in public (streets, parks, etc.) and in private (at home, friend's place, etc.), particularly when using substances or when others were using substances. The most commonly reported physical health concerns included body aches (back, neck, hands, feet, knees, head), arthritis, bronchitis, asthma, cold and flu-like symptoms, insomnia, malnutrition, and low immunity. Body aches were most often attributed to intense physical labour, carrying heavy backpacks/belongings, and/or sleeping on poor mattresses and/or hard surfaces.

Stress, anxiety, and depression were the most commonly reported mental health concerns among SIY. Stress was the most common experience among youth, especially stress related to money, living situation, education level, employment status, and/or relationship and family problems. For example, Jordan reported experiencing immense stress and anxiety:

> "The stress from my family, the stress from being in the foster home situation, the stress from the charges, the stress from the person that I care about the most that's hurting me and, like, what I was saying about just like the stress pulling at me from all sides, it's just, I was so stressed out that I just could not feel happy."

Ultimately, the lack of adequate physical space and proper housing available resulted in heightened risks, and ultimately, physical and mental impacts for SIY, including body aches, stress, anxiety, and depression.

Some SIY reported using anti-depressants and anti-anxiety medications such as Prozac and Trazodone. However, the effects of these medications ranged widely, from significantly improving the mood of one youth to completely "numbing out" the emotions of others. In

addition to the varied effects of medications, many youth found themselves unable to purchase prescriptions and/or the healthy food needed to nourish themselves, resulting in further harm to their bodies.

Many SIY experienced a lack of physical safety and security when using substances in public and private spaces and/or when near others who were under the influence of substances. For example, Jordan noted his discomfort of and dislike for trying to sleep in a public park where street-involved people were using substances. He cited his fear of a substance user injecting him with "something crazy" and/or feeding him "crack hits" while he slept.

Ultimately, the lack of adequate housing and suitable space for youth contributed to their physical risk environments and also exacerbated their physical and mental health, along with their perceived feelings of danger and insecurity, particularly while sleeping outside. These risks increased the likelihood of substance use and substance use-related harms among some SIY. For others, positive changes in their risk environments over time such as securing and maintaining adequate housing resulted in improved health outcomes, decreased substance use, and reduced substance use-related harms, and ultimately, safer environments for SIY.

Section 6.3 - Social Risk Environment

The social risk environments of SIY were comprised of peer and social risk norms and personal experiences of stigmatization and marginalization within friend and peer groups.

SIY and their friends spent time together in many diverse ways as they aged. Playing "Tag", hanging out in parks, long-boarding, break-dancing, and watching television were mentioned as popular activities to engage in with friends. Nevertheless, many SIY described challenges with peers, even at an early age. For Caleb, making friends was very difficult in his late childhood when some people used to think of him as a "really bad person" and it was only when he became a teenager that he developed a successful strategy to "buy friends" with money and resources: "'Well, I got this money, you know, let's do this contest or something...the person that wins this contest wins the money". When he began making friends in middle school, his friends and him would generally "get into mischief", hangout in large groups, smoke marijuana, and drink beer. This is a common theme. For other youth, strain with peers occurred later during adolescence. Although Jordan stated that he had made many friends throughout high school, he said that some students still taunted and bullied him for being gay: "I mean, I had kids in Grade 12 all the time harassing me about my sexual preferences...". He said that some of his friends "started shying away" from him because they did not want to be targeted as "hanging out with the gay kid".

SIY encountered a variety of experiences with teachers and peers at school. Some SIY found it difficult to focus on school with many friends and distractions around, while others tried hard to concentrate. After moving to another high school, Caleb mentioned that his girlfriend and him would argue during class, disrupting their work and other students around them. Sonya was

"teased a lot" because she was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). She recalled trying to commit suicide multiple times while in elementary and middle school because of bullying and related depression, but noted that she did not "feel like that anymore".

Some SIY noted that as they began to spend more time downtown and/or engage in substance use, especially with older people, some of their previous friends "drifted" away. For example, when Julie started spending time downtown and using substances, her old friends from high school "thought they were better than" her and said that "street people were disgusting, gross, and weird".

When she was sixteen, Cara began spending time with the "bad crowd" downtown and using various substances, including marijuana, alcohol, cocaine, and heroin. Cara went between living at her mother's apartment and sleeping on the streets or in parks. Eventually, she moved back in full-time when she was experiencing substance use withdrawal. During her fifth interview, Cara noted that she had just celebrated her third official year of sobriety with her mother and father and was living happily in her mother's apartment. While reflecting on her friends in adolescence, Cara explained that her relationships with her friends became stronger over time and noted that they "protected each other". She suggested that her friends acted as a supportive family: "My friends created a community and safety and, uh, a family. Like a group, right, where I was safe." Ultimately, as Cara's relationships with her peers and family became stronger and more protective, the risks in her social environment were decreased.

Many youth who identified as current or former substance users cited poor physical and mental health, experiences of stigmatization, and poverty. Sara cited a number of her concerns:

“You don’t act like yourself, your physical health gets terrible. Mental health gets worse”. A number of youth also cited how spending time and/or using substances in the downtown core can result in losing old friends and can be truly stigmatizing.

When asked to reflect on the social risk norms in their peer groups regarding substance use, the majority of youth stated that substance use (or at least experimenting with substance use) is “acceptable”, but that youth need to be informed and use substances in moderation. For example, Jordan expressed his desire for others to practice harm reduction: “I tell most of them ‘make sure you’re using in moderation, make sure you, you know, you keep yourself hydrated, don’t drink too much because you’ll drown, like you know, you gotta take care of yourself when you do this to your body.” Some youth suggested that parents need to be less judgmental and more involved with their children. Stephen expressed his desire for parents to be more involved in the lives of their children: “I feel that the parents should get more involved, they shouldn’t sit back...” Some youth stated that having parents who are open to having honest and genuine conversations about substance use may actually reduce the amount of substances that youth experiment with. Older peers were often concerned about the substance use of their younger peers and offered advice to help keep them safe.

Together, social risk norms regarding substance use and experiences of stigmatization created intense social risk environments for SIY to interact with. Overall, these risks exacerbated the likelihood of increased substance use and substance use-related harms for some SIY. However, for other SIY, positive changes in their risk environments over time (ex. shifting social risk norms, growth of supportive networks among friends and family, etc.) resulted in improved health outcomes, decreased substance use, and reduced substance use-related harms.

Section 6.4 - Policy Risk Environment

The policy risk environments of SIY manifested in a variety of ways, mainly in regards to the personal experiences of SIY struggling to access healthcare, harm reduction, and outreach services due to meso- and macro-level policies, the lack of social housing available for SIY who use substances, and the inconsistent policing practices of the local police force.

Numerous community organizations, provincial, and federal systems and services were mentioned by SIY during their interviews. SIY received healthcare and harm reduction services from General Practitioners (GPs), Medical Doctors (MDs), nurses, and other healthcare specialists at provincially funded and operated healthcare facilities (emergency room, family doctors office, walk-in clinics). SIY also accessed healthcare and harm reduction services at the local non-profit clinic for youth, one detoxification program, one methadone maintenance treatment program, and the fixed-site needle exchange, before its closure in May 2008. A number of SIY also visited counsellors and psychiatrists from both the local non-profit clinic for youth and another local service aimed at promoting the health and wellbeing of youth.

In regards to harm reduction services, Stephen mentioned attending a substance use detoxification and treatment program as a condition of his probation. Stephen had participated in the program once before and noted that it was “rough being there for a second time”. Stephen cited that he was “grumpy all the time”, moody, and “wanting to sleep all the time”. Eventually, near the end of the treatment program, Stephen said he was feeling “alright”.

SIY cited that a mobile outreach van was a convenient service for picking up food and harm reduction supplies, mainly condoms and clean needles. The operation of the outreach van was discontinued in early 2011 (Cardone, 2011). One youth noted that if free healthcare and

harm reduction supplies (condoms, birth control, clean crack pipes, clean needles, etc.) were not available for SIY at local healthcare and harm reduction services, they were forced to purchase their own or go without. The youth claimed that provincially funded and operated healthcare services did not understand that SIY might be unable to pay for expensive prescriptions and personal healthcare products, including antibiotics, anti-depressants, topical creams, and various harm reduction supplies. The same youth's substance use relapse coincided with learning that they were HIV and Hep C positive. The lack of available harm reduction supplies and support services (condoms, needles, pipes, blood testing, counselling, outreach services, etc.) could have helped protect this youth from contracting HIV and Hep C during their relapse.

SIY also accessed the local youth drop-in service, local food banks, alternative schooling programs, local cultural services, local youth shelter programs, and other non-profit organizations and agencies. Almost all SIY mentioned using the local drop-in service to obtain free food, showers, clothing, internet access, and temporary shelter from rain and/or cold weather. A small number of SIY also utilized the local youth shelter and housing programs for temporary and/or more permanent housing solutions.

After falling asleep in an emergency overnight shelter, one youth was awoken by a man touching them inappropriately. They described their frustration with the quality of care and service provided by the youth workers at the overnight shelter:

> "Actually, what bothered me - there's always supposed to be someone monitoring the room while people are sleeping. They were outside having cigarettes so anything could have happened - somebody could have jacked someone else's stuff - like some dumb crack bitch that doesn't sleep could have gone in there and jacked everyone's stuff and then left."

The polices and practices of this local youth shelter actually exacerbated the physical and policy risk environments of SIY by increasing their perceived levels of insecurity and decreasing their lack of trust with shelter workers.

Youth stated that the local independent living housing program was an essential program for youth who needed transitional housing. The program has eight bachelor suites intended for eight individual youth. Rent is $375 a month, with a mandatory $20 cable and internet fee and a damage deposit of $250. Youth in the program are expected to attend life skills courses and either attend school (mainstream or alternative) or work regularly. The program has a strict "no drugs" policy that does not allow any substances onto the property. Youth are allowed to use substances outside and away from the building and return later on. However, no substances are allowed on the premises at any time. One youth was struggling to find their own apartment. Therefore, they "crashed" almost every night at their partner's apartment. Because youth in the program are only permitted to have overnight guests on the weekends, the youth admitted to jumping in and out of the apartment window during the weekdays. They expressed their desire for the availability of more youth housing that is permanent, sustainable, affordable, and more readily available. The policies of the transitional housing program resulted in increased risks in the policy risk environments of SIY, but also exacerbated their physical risk environments by forbidding them to use substances on property.

The majority of participants also noted how the amount of arrests made by law enforcement regarding marijuana use and possession seemed to far outnumber arrests made regarding "hard" drugs such as crystal methamphetamine, crack, and heroin. One youth expressed her perspective regarding local police force policies and practices:

> "One bad thing though is if you sit in a cop car [and listen to the] radio, you'll hear a whole bunch of cop cars or, you know, calls about crack heads and junkies and stuff and break - B and E's [breaking and entering], but they'll jump on people smoking pot because when people smoke pot and they get caught by the cops, all they do is hand all their stuff over and just go complacently. So it's kind of like getting the easy job."

Another youth echoed this: "There's heroin dealers and crack dealers and meth dealers everywhere and it's the same dealers that have been walking around for 6 years". These manifestations of policing policies significantly contributed to the policy risk environments of SIY by increasing their levels of danger and lack of safety.

Overall, the inconsistent harm reduction policies and practices of non-profit organizations, the lack of available and adequate social housing policies and programs, and the paradoxical local policing policies and practices exacerbated the policy risk environments that SIY interacted with. Over time, these risks increased the likelihood of substance use and substance use-related harms for some SIY, but for others, positive changes in their risk environments such as having access to healthcare, harm reduction supplies, and substance use treatment resulted in improved health outcomes, reduced substance use, and decreased substance use-related harms.

Section 6.5 - Summary

In this chapter, I addressed my first research question (What changes can be observed in the interactions of street-involved youth with their risk environments that parallel an overall decrease in substance use-related harms and substance use over time?) and supported my hypothesis with the interviews of SIY across all five waves. The economic, physical, social, and policy risk environments of SIY changed over time in regards to housing stability, employment status, social risk norms and relationships with peers, and the manifestations of various policies and practices (harm reduction services and supplies, policing, social housing, etc.). Over time, the intense risk environments of some SIY exacerbated their likelihood of substance use and substance use-related harms. However, others encountered positive changes within their risk environments as they integrated into local, provincial, and federal systems and services, and ultimately, experienced improved health outcomes, reduced substance use, and decreased substance use-related harms.

In Chapter 7, I will address my third research question by analyzing the encounters of SIY with local, provincial, and federal systems and services and investigating how their varied experiences resulted in diverse opinions regarding the effectiveness of healthcare, harm reduction, and outreach services.

Chapter 7: Qualitative Findings
Experiences and Interactions with Local, Provincial, and Federal Systems and Services

Section 7.0 - Introduction

In Chapter 5, I answered my second research question and found that intersecting and structural factors resulted in higher substance use for some SIY. In Chapter 6, I addressed my first research question and found that the comparatively high substance use and harms of substance use among SIY decreased as their interactions with their risk environments changed over time and as they became integrated into local, provincial, and federal systems and services. In this chapter, I address my third research question: "How do healthcare, harm reduction, and outreach services impact and influence the lives, health, and substance use of street-involved youth?" The voices of youth in this chapter highlight their diverse opinions and views on the effectiveness of healthcare, harm reduction, and outreach services.

I analyze the encounters of SIY with local, provincial, and federal systems and services and investigate their diverse opinions and views regarding the effectiveness of the services they accessed. These systems and services are separated into three categories: 1) healthcare, harm reduction, and outreach, 2) social welfare system, and 3) law enforcement and justice. Social welfare systems and services encompass various forms of financial support provided by the provincial government and its associated ministries, mainly the Ministry of Children and Family Development (MCFD) and the Ministry of Social Development and Social Innovation (MSDSI). Law enforcement and justice include the local police force and the provincial Ministry of Justice, which facilitates the court appearances, custody, and probation conditions of young offenders. Healthcare systems and services include both provincially operated healthcare facilities

(emergency room, family doctors office, walk-in clinics) that employ GPs, MDs, nurses, and other health specialists and local, non-profit clinics that employ MDs, nurses, counsellors, and psychiatrists. Harm reduction programs (substance use-related) include methadone maintenance programs and detoxification facilities, and outreach systems and services refer to food, housing, education, employment, and multi-faceted outreach programs.

In this chapter, I begin by providing an overview of the qualitative findings regarding the interactions of SIY with local, provincial, and federal systems and services (Section 7.1). In Section 7.2, I analyze the experiences of SIY when accessing these systems and services and explore the barriers and gaps they encountered as a way of addressing my third research question. In Section 7.3, I highlight the ideal qualities of youth service providers, as suggested by SIY. In Section 7.4, I offer a summary of the qualitative findings presented in Chapter 7, respond to my third research question, and introduce Chapter 8.

Section 7.1 - Overview of Qualitative Findings

In general, SIY experienced and interacted with an assortment of local, provincial, and federal systems and services at least two or three times weekly. For the most part, SIY noted that the processes associated with applying for social welfare and various grants, bursaries, and scholarships through the MCFD were tedious and convoluted. Most youth had fulfilling experiences when accessing outreach services, especially at the local youth drop-in service. SIY expressed a diversity of opinions and experiences in regards to police officers and custody. Some youth claimed to "hate" police "with a passion", while others felt that they had been treated fairly. The local non-profit clinic for youth, the local youth drop-in service, alternative schooling programs for youth, and the MCFD were the most commonly used services and systems. Overall, SIY had negative encounters with GPs, MDs, and their staff and suggested that the local non-profit clinic for youth provided the best healthcare and harm reduction services. Most youth had fulfilling experiences when accessing outreach services, especially at the local youth drop-in service. SIY identified many system and service gaps and barriers, including the lack of youth-specific and youth-friendly spaces, the lack of weekend and late-evening outreach services, the lack of funding and support available to community services, and the need for police officers to acquire sensitivity and anti-oppression training. Non-judgmental approaches, open-minded attitudes, and compassionate personalities were listed by SIY as ideal qualities for youth service providers.

Section 7.2 - Experiences and Interactions with Local, Provincial, and Federal Systems and Services

Section 7.2a - Social Welfare Systems and Services

Social welfare systems and services include the MCFD and the MSDSI. As I discussed in Chapter 6 (Section 6.1), three SIY applied for Youth Agreements and one was successful. The youth who was successful said they only received $500.00 a month and found it very difficult to pay rent, buy groceries, and cover the cost of other basic necessities. The same youth was also successful at securing social welfare from the MSDSI in their fifth interview. However, they noted how difficult the process of applying was: “If you live on the street and don’t have a phone or don’t have an address or don’t have like a prior work statement or like bank statements or anything like that, it’s basically impossible for you to get on welfare...”. Ultimately, their lack of resources created significant obstacles during their application process.

The two SIY who applied for Youth Agreements, but were unsuccessful, expressed deep frustration:

> “I just think the Ministry needs better processes, the Ministry of Child and Family Development have terrible processes for getting kids into programs and it’s a lot easier just to be homeless and using food programs than it is to try an actual - like actually get life help from the Ministry because they won’t give it to anyone unless their parents are like cracked out and beating them every day.”

They recommended that the processes associated with applying for social welfare services should be less time consuming, streamlined, and more readily available.

Although only three youth encountered social welfare systems and services, their experiences and opinions regarding the effectiveness of these services differed from one another. In general, these youth collectively expressed more negative experiences and barriers to accessing social welfare systems and services.

Section 7.2b - Law Enforcement and Justice Systems and Services

Law enforcement and justice systems and services include the local police force and the provincial Ministry of Justice. Only one youth reported using the services of the Police. The youth stated that they had escorted a fifteen year old girl who had been raped to the police station so she could make a statement. Three youth self-identified as having been in prison at least once during their adolescence. Youth reported being sent to jail for minor marijuana possession offences, outstanding warrants, breeching probation, and minor physical assault charges. One youth stated that he felt "bored and tired" during his time in prison and did not encounter any "major conflicts" while there.

Youth were asked to describe their experiences with and feelings towards the local police force and were also asked whether or not they would use Police services in an emergency. Sometimes the experiences and feelings of SIY toward the Police matched their answers regarding contacting the police in an emergency, while others did not. Only one youth said he had positive interactions with police officers, while several youth mentioned their negative experiences with police officers. Nevertheless, the majority of youth said that they would use Police services in "life or death" situations, even though they had "mixed feelings" regarding police officers. A significant minority of youth described many negative encounters and feelings towards the Police and insisted that they would "never" go to the Police in any emergency, no matter what the circumstances.

Although Bailey said she would contact the Police in a life or death situation, she also stated that she would not tell them "everything" for fear of being arrested: "They jump to

conclusions. They think something's not what it is sometimes. Or they don't think something is what it is and....". Cara reiterated Bailey's feelings:

> "Um, I wouldn't go to the police in an emergency in case I got caught for something, you know what I mean? Like if they were to drag me in, question me, whatever, just for stupid things, like that's the only reason I wouldn't go to them. But like, I don't know. I would only go if it was a *complete* necessity."

Caleb stated that it is important for SIY to know their rights, especially for those who are indigenous. He recalled being in the "drunk tank" and having to defend himself against threats from a police officer:

> "It's like 'oh this', you know, 'this Indian doesn't know anything, maybe we can try and pull something'...I guess I was screamin' or something, they were trying to threaten me with the taser. And I phoned up my lawyer, and my lawyer talked to the arresting officer and then he was just like, like the arresting officer like immediately opened the door and like, he was like - 'you know, you can sit in this room, this room's unlocked..."

Daniel also highlighted the positives and negatives of the Police by claiming that most of his friends were treated "reasonably" by officers, but that he believed there were a lot of "dirty, corrupt cops". Sonya stated that she had never "been on the wrong side of the police force" and that the "only reason that they're dicks to some people is because of what they have to put up with in a day from those people". One youth stated that the Police were doing their jobs properly: "It would seem to me that, um, they're pretty easy going as long as you're honest with them, as long as you're upfront with them".

Even though one female youth reported a number of troubling incidents with police officers, she stated that she would still use the Police services in a life or death situation. On one occasion when she was accused of shoplifting, she was strip-searched and forced to remove her bra, shake out her shirt, and take off her underwear: "It was probably, like, the most violated that

I've ever felt...". On another occasion, she was forced to perform for the police while busking on a street corner without a license in order to avoid being arrested:

> "And I was like really, really nervous because cops scare me. They do it to a lot of people. I was like shaking - and they were like, 'if you can play this song, we won't arrest you. Everybody was staring at me. A lot of them like to make people feel uncomfortable. Power tripping. So yeah, I ended up playing them the song, even though I felt like I was going to throw up and that's another negative experience I've had with the cops..."

She also recalled being harassed and threatened by one specific male police officer on multiple occasions: "He said, 'Get a job and stop drinking and polluting our streets' and...And I was just like, 'Dude, I have a job'. He was like, 'Where's that? Do you sell weed?'. And I was like, 'Oh, dude, whatever, back off'".

A number of youth noted that officers in the police force were power hungry, intimidating, and/or extremely rude. Harassment, social profiling, and the use of excessive physical force were reported by a number of youth. For example, Michelle witnessed police officers using excessive force against many of her friends:

> "Um, I honestly think they use unnecessary force. I think that, I've seen them tackle my friends unnecessarily to the ground, and like, hurt them, too many times, for me to feel like they are helping at all."

Marissa expressed her opinion regarding the social profiling and harassment practices of the Police: "Um, I feel like a lot of them don't do their job as well as they could, especially the downtown is extremely - they do a lot of profiling and sometimes, it doesn't really work for the people they want to...".

Security from the justice system was also a problem at shelters. Of the small amount of youth that stated they had used the local non-profit youth shelter, one youth reported having seen police officers in the shelter: "I know police who come to shelters looking for specific people,

and they'll hassle everybody." The same youth was highly critical of the local police force, claiming that it was the "worst police force in the country". They also claimed that police officers in Victoria were known to destroy improvised shelters made by street-involved people, kick them out, and "beat the crap out of them". They also mentioned that they had a lot of suspicion around police officers generally and that police were involved with beating, raping, and leaving indigenous women far "up Island". The discretionary nature of law enforcement (Brown, Novak & Frank, 2009;Finckenauer, 1976;Mastrofski, 2004;Ti, Wood, Shannon, Feng & Kerr, 2013) is related to a perceived lack of predictability about the behaviour of police officers noted by several youth:

> "I find that the police...have like a huge power dynamic, where like someone will be busking or panhandling or whatever, and they'll come up and be like 'I could arrest you, but I'm going to be nice to you' and pull a power card just to intimidate people. And I think that's really fucked up."

Overall, the unpredictability and discretionary nature of the local police force contributed to feelings of insecurity, danger, and suspicion among the majority of SIY. Consequently, many SIY expressed negative opinions and views regarding the effectiveness of the services provided by the local police force.

Section 7.2c - Healthcare, Harm Reduction, and Outreach Systems and Services

Healthcare systems and services include both provincially operated healthcare facilities that employ GPs, MDs, nurses, and other health specialists and local, non-profit clinics that employ MDs, nurses, counsellors, and psychiatrists. Harm reduction programs (substance use-related) include methadone maintenance programs and detoxification facilities, and outreach systems and services refer to food, housing, education, employment, and multi-faceted outreach programs.

SIY reported a variety of experiences with and opinions about GPs, MDs, nurses, counsellors, and psychiatrists from provincially funded and operated healthcare facilities. Although a small number of SIY really liked their GPs because of their history together, most preferred to access healthcare services at the local non-profit clinic for youth either because they did not feel rushed or disrespected by their GP or because they did not have one. For example, Marissa recounted her experience of feeling rushed at an unnamed walk-in clinic:

> "I felt very rushed out of the office, like they only had like 5 minutes or whatever to look at me in their day and then I didn't actually get anything done because there is such...so much of a rush and like yeah, it was kind of unfulfilling..."

Kelsey also noted her dislike of GPs and MDs who did not work in the non-profit sector: "They're stuck up, concerned about their money, always rush me and don't care, period. I really don't like them".

When SIY tried to access healthcare through emergency services, they noticed the long wait times: "Uh, well they're not that helpful, they make you wait forever and...I waited for like six, seven hours just to get like two stitches in my lip there." These long wait times in the emergency room may have resulted in feelings of disrespect and/or frustration among SIY.

One youth expressed his concern for his GP finding out his sexual orientation and the way it might impact the quality of the healthcare he received: "I don't know if he knows I'm gay, so like for now, he does respect me, but I feel like because he's so much older than I am that once he finds out that I'm gay, his perspectives on me could change, so I don't...I don't know...". For this youth, his sexual orientation was an important factor that contributed to his low level of comfort with his GP.

Many SIY self-identified as clients of the local non-profit clinic for youth, and of these self-identified youth, all cited that the MDs, nurses, counsellors, and psychiatrists there were open, honest, non-judgmental, caring, laid-back, welcoming, and/or very helpful. Julie referred to the doctors and nurses at the clinic as "kick ass", while Michelle said that everyone at the clinic was "amazing". Sonya recalled her experiences at the clinic: "It's always really pleasant actually to go to the [clinic]. They're really nice there, and like, they tell you things straight forward so you understand them". One youth expressed his appreciation for the non-judgmental, open, and respectful personality of one particular MD at the clinic:

> "[They] communicate more and it's not like [they're] there to just help you and send you on your way. [They're] there to listen. Almost kind of like, listen to you and not like judge you about what you've been doing or what you have done like other doctors I have known..."

Another youth noted that the MDs, nurses, counsellors, and psychiatrists at the clinic understand that most SIY do not have the money to pay for prescriptions and other healthcare products such as antibiotics, anti-depressants, topical creams, and personal lubricant:

> "They understand that, you know, a lot of us are either low income or homeless, whereas, if you just go to any other walk-in clinic, they're just gonna slap you a pad for a prescription for whatever you got and they have no idea...your medical history or whether you have coverage or not..."

A number of female SIY also identified using the clinic to obtain free condoms and/or at-cost birth control including oral contraception, the "Nuva Ring", and Intra-Uterine Devices. When asked what advice she would give a younger person who was considering becoming sexually active, Meghan replied: "I would say, like honestly, just like, start going to the [clinic] - they'll tell you what to do."

Although the local non-profit clinic frequented by SIY was able to provide healthcare for free and without a BC Care Card, it was still unable to cover the cost of most prescriptions and other essential healthcare services. Healthcare in Victoria and British Columbia are very costly and although most SIY do not need to pay Medical Service Plan (MSP) premiums, MSP does not cover the costs of all healthcare services and products needed to maintain an adequate quality of life (Ministry of Health, 2014a, 2014b, 2014c).

In regards to harm reduction services, Stephen noted that although his experience in the local detoxification program was challenging, he eventually started liking the program because of the supportive staff and peers: "Everyone was connected, they worried about each other. Like here, people don't care". Stephen felt as though the staff and peers he engaged with at the treatment centre were not only part of his treatment, but were also part of his support network. However, his comment "like here, people don't care" implied that he did not have the same kind of support network after he returned from treatment, or at the very least, one of the same strength.

In relation to outreach services (housing, education, employment, food, multifaceted support services), housing options, whether temporary or more permanent, were limited. Many SIY stated that they had used a local temporary, seasonal shelter for youth and a local drop-in centre for youth. Only one youth utilized the local temporary housing program discussed in Chapter 6 (Section 6.4). Additionally, multiple SIY were concerned that the seasonal youth shelter only operates from mid-October until mid-April each year:

> "They only run up until April, so I think what we need is a more permanent, you know, all year round shelter that doesn't close in the summer months because, you know, they're....there are a lot more bodies just down on the street in the summertime than the

> winter, but even still, you know, it's you know, or at least they should allow a tent city in the summertime or something..."

Marissa suggested that shelters should be willing to accommodate youth who are sick and/or who have pets. In addition to this, Joey stated that drop-in centres were not open late into the evenings, on weekends, or on holidays. The lack of adequate social housing policies from local, provincial, and federal levels of government have also exacerbated the housing instability of SIY. For example, as of March 31st, 2012, there were 1,681 people in Victoria on the BC Housing Registry wait list (Victoria Foundation, 2012, p.22). There are only eight apartments meant for eight youth available through a local non-profit housing program for youth, making it extremely difficult for SIY between the ages of fifteen and nineteen to secure transitional housing. Additionally, to enrol in a local supported independent living program, youth need to be under the care of the MCFD, and consequently, need to obtain a referral through the MCFD, which can take months to complete. Overall, accessible, youth-friendly housing options for youth, whether temporary or permanent, were limited, which in turn, contributed to their physical and policy risk environments.

As discussed in Chapter 6 (Section 6.1), most SIY chose not to participate in the mainstream educational system for a variety of reasons, including difficulty with peers, its perceived sterility, lack of stimulation and engagement, and lack of one-on-one interactions with teachers. SIY cited a variety of alternative education programs. Daniel noted that one program had very welcoming and supportive teachers: "[They've] been like really trying to like help me out and like pay a lot of attention to me, trying to get me to like, get motivated to go to school and stuff...". Meghan also had a positive experience while completing her high school diploma at an alternative schooling program:

> "[They] were just like - [they'd] actually like try and help you. Like, [they] would like help each student like individually and like sit with them and talk to them and like, even if they needed like - [they] were one of the teachers that if you needed someone to help you with a social worker or something, [they] would like call and stick up for you, that kind of thing. [They] were really good."

At another alternative schooling program, SIY reported a spectrum of experiences, from highly positive to very negative. Cara "really enjoyed" working with her teacher there, while Julie absolutely detested her teacher. Julie said that her teacher had suspended her friends for three days for smoking marijuana during school hours. Therefore, Julie decided to not attend school for three days in protest. Julie claimed that the same teacher complained about their own "personal problems" a lot while working, which Julie found to be irritating and distracting.

During her fourth interview, Meghan referred to the Youth Education Assistance Fund (YEAF) operated and funded by the MCFD, the Ministry of Advanced Education (MAE), and the Victoria Foundation. The YEAF provides up to $5,500 to youth between the ages of nineteen and twenty-four years old who were formerly in the foster care system and are "attending university, college, a university-college, an institute, or designated private school" (MCFD, 2014). After expressing her interest in attending post-secondary education, Meghan mentioned that she had heard rumours in the community about the YEAF losing its funding:

> "Well, they used to have a program that you could go into after you have a youth agreement that helps you pay for college and stuff by - and it's like the program for everyone coming out of like foster care, youth agreements and stuff. It helps you out with college. But that program lost funding, so now it doesn't exist. So now anyone who doesn't have parents has to do all of college on their own, which is kind of sucky. And I don't think anyone really knows about it. No one's really talking about it..."

Meghan attempted to connect with her social worker and secure answers regarding the funding status of the YEAF. However, her social worker never provided her with any follow up information. There are a number of grants, bursaries, and scholarships for secondary and post-

secondary education available through the MCFD. However, only a small number of youth mentioned the Youth Agreements and YEAF Program, which may indicate that not all youth were aware of the programs and/or that accurate information about the programs was not being disseminated properly.

Only one employment service was mentioned by SIY. This program provided much needed employment counselling, job catalogues, computer and internet access, resume preparation, and training programs and seminars. However, the program was shut down in March 2012. Sonya stated that although she had used the employment service to create, print, and make copies of her resume, the service providers she encountered there were very rude and impatient: "You definitely need to be patient to work with youth. And you need to be understanding...be chill". Additionally, after Dave was released from prison, he was not able to reclaim his identification and other personal belongings from the police. Dave suggested that SIY (formerly incarcerated or otherwise) need programs that help youth attain their identification cards, social insurance number, and other related information required for "job hunting". He also identified a need for programs that are designed to assist SIY with creating and handing out resumes, conducting "practice" interviews, connecting youth with job leads, and providing various forms of employment training. Essentially, both youth suggested that more one-on-one, self-paced, independent, alternative education and employment programs are necessary to boost the employment opportunities of SIY.

Many SIY mentioned that free food was fairly accessible in Victoria. However, they were not always able to access very nutritious meals. The local youth drop-in, the local non-profit clinic for youth, the mobile outreach van, and various food banks were cited as vital resources

for fulfilling their bare nutritional requirements. Sandwiches, pizza, pasta, soup, and casserole were among the most common items provided by free food services.

One youth described their discomfort with using food services frequented by street-involved adults:

> "There's breakfast and there's lunch services, but they're mainly at places - like [local non-profit organization] and that kind of thing and like, different churches that are serving like strung-out junkies and crackheads that youth don't want to be around and they're not - they don't go to those breakfasts and lunches because it's really weird. It makes you feel uncomfortable and unsafe."

Another youth echoed these observations:

> "I think they should have better, like, food banks and stuff. Like, they have places where, like, you can go to the [local non-profit organization] and get, like, a sandwich, but then like, the rest of the night, that's not going to help you. Like, I guess there's the [local non-profit organization], but they should have, like, something for kids."

Both youth cited the need for more youth-specific and youth-friendly food services within and around the community.

The services provided by the local youth drop-in centre are an example of multifaceted outreach and support services. All youth had positive feedback regarding the services (food, showers, laundry, clothing, toiletries, outreach services, etc.) provided by the drop-in service. Caleb described the "rules of respect" at the drop-in: "Cause that's what the [drop-in] is. It's like your house and you respect it the way that you want your place to be respected". This comment implied that some SIY felt a sense of ownership and autonomy over the drop-in service and believed in caring for it mutually.

The services provided by another local non-profit organization aiming to support and advocate for youth can also be considered multifaceted. The counselling, housing, fitness, and outreach services offered by the organization were widely cited by SIY. Kelsey noted that the

overturn of counselling and outreach staff working at one local non-profit was problematic because she was unable to connect with the same people over a long-term period of time, which in turn, prevented her from establishing deeper relationships. Sara suggested that more drop-in centres and hangout spaces are needed for young people who spend time on the streets: "Basically more stuff for street kids, 'cause there's a lot more younger street kids on the street right now..." Joey mentioned that the local drop-in service for youth was not open on weekends, making it difficult for him to find food and temporary shelter. Julie also noted this, but emphasized how difficult it made it for her to "look presentable" for work without having access to shower and laundry facilities:

> "Um, a shower and laundry facilities on the weekends 'cause some people are homeless and do have jobs and do need to look presentable for their jobs. I find that it was a really big thing for me. Especially when I was working at the Pita Pit because, I was working around food, I couldn't come in and look dirty."

Moreover, the restrictive age limits and definitions of "youth" set by local services varied across the community, resulting in confusion and frustration among SIY as to why they could access some services, but not others. Sonya suggested that local youth services should extend the definition of "youth" to include people between the ages of nineteen and twenty-four years old:

> "You have a lot of places to hang out - you can go to [local non-profit drop-in for youth], you can go into [another local non-profit drop-in for youth], you can do all that stuff, but like people between 24, it's like there's no where to hang out for them. They all just kind of have to sit on the street or go to [another local non-profit drop-in open to entire community] which I've been to at one point in time for the veterinary clinic up there, and I wouldn't want to hang around there if my life depended on it."

Sonya implied that the policies and practices of local non-profit youth services need to change in order to serve the needs of more SIY, as opposed to forcing youth to use services that are frequented by street-involved adults.

Overall, SIY expressed a diversity of views and opinions regarding their experiences and interactions with healthcare, harm reduction, and outreach systems and services. The majority of SIY reported positive experiences with local non-profit services and negative encounters with provincially funded and operated healthcare systems and services. The effectiveness of both local and provincial systems and services were called into question by many SIY, along with numerous suggestions and recommendations for how to improve healthcare, harm reduction, and outreach systems and services.

Section 7.3 - Ideal Qualities of Youth Service Providers

When asked what qualities people who work with youth should possess, SIY listed a number of important traits including caring, open minded, non-judgmental, compassionate, helpful, patient, and supportive. Having lived experience and/or "relate-able" life experience was noted as an extremely important quality for people who work with youth. Marissa outlined what she meant by "relate-ability":

> "Well, they have to be able to relate with the youth, like relate with the experiences as opposed to just be there, I guess, like some of the staff upstairs...seem really out of it or something, like, they just kinda do their own thing and make their food...but they can't actually like help the kids at all with like...actual counselling issues or anything like that, just because they haven't had any of those experiences..."

Ultimately, Marissa suggested that youth workers with lived experience of poverty, homelessness, addiction, and mental health struggles were better able to connect and relate to SIY. Daniel also echoed this desire, suggesting that youth workers should be able to "relate" to their clients.

Kelsey appreciated that her youth workers treated her "like a person instead of a case file". She liked that they talked to her one-on-one and did not push changes that were unrealistic and/or undesirable for her at the time. Dave was grateful for youth workers that were "actually willing to help" instead of just ignoring youth while at work. Sonya expanded on this by explaining what she liked about her youth worker: "She will sit there and make sure that you're okay with it, you know what it means, and that, you know, looking through solutions - it's not just the solution that they feel is right".

Some youth also noted how the influence of one spectacular teacher could truly make a difference in their level of interest, motivation, and self-confidence at school. Cara expressed her

gratitude and appreciation towards her teacher from an alternative education program: “[They] just taught me. I don’t know how. But [they] just told me that [they] thought I could do it and it made me believe that I could do it. Like I could actually go through school and I could do this.”

Michelle described the necessity for youth workers to approach SIY, especially those who engage in substance use, with a non-judgmental attitude: “Don’t make me feel shameful, that’s all, it’s just, pretend to be understanding, I don’t expect you not to judge me ‘cause I use some crazy shit, but like, just pretend not to judge me...[laughter]”. In addition to this, Meghan suggested that youth workers who respected youth and acted as their “equals” were more successful at connecting with SIY than workers who appeared unaware of their fortune and privilege:

> “Well, everyone tends to like the ones who are like really laid-back and stuff, the ones who are like uptight and stuff, everyone’s just like ‘Oh, she thinks she’s better than us’ kind of thing, so I dunno, most people like the calm, nice ones, the ones that aren’t all like uppity and think they’re great because they have an education.”

One source for the varying behaviour of police officers was explained by one youth who noticed differences between officers with short-term and long-term experience with the police force:

> “I think half of ‘em [police] don’t understand anyone. All they care about is their badge, that they’re the one [indiscernible] power because of that badge. They don’t understand people on the streets. Not all of them are bad, some of them like, bad, meaning they don’t listen, they just - they’re pushy, they have the power. Some of them, the older ones that actually have had life experience, they’re the ones that are a little more understanding, a little more lenient to how - how they come up into a situation, the newbies are the ones that are power-hungry in a sense.”

Ultimately, youth implied that if police officers were more “lenient”, less “power-hungry”, and less “pushy”, it would greatly improve their interactions with law enforcement.

Overall, SIY expressed a variety of opinions and views in regards to the ideal qualities of youth service providers. For some SIY, these service providers made huge differences in their lives (education, employment, health, etc.), whereas for other SIY, their negative experiences inhibited them from improving their lives.

Section 7.4 - Summary

In this chapter, I analyzed the views and opinions of youth in regards to their experiences and interactions with local, provincial, and federal systems and services as a way of addressing my third research question (How do healthcare, harm reduction, and outreach services impact and influence the lives, health, and substance use of street-involved youth?). SIY expressed diverse opinions and views on the effectiveness of healthcare, harm reduction, and outreach services. According to the voices of SIY, they experienced and interacted with a variety of local, provincial, and federal systems and services, and ultimately, expressed a wide spectrum of experiences and opinions in regards to services and service providers. The effectiveness of healthcare, harm reduction, and outreach systems and services were called into question by many SIY, along with numerous suggestions and recommendations for how to improve the systems and services they accessed.

In Chapter 8, I will discuss the findings presented in Chapters 5, 6, and 7 and connect my qualitative and quantitative findings to existing research and literature.

Chapter 8: Discussion

Section 8.0 - Introduction

In this chapter, I highlight the key findings presented in Chapters 5, 6 and 7 and relate them to the existing literature and research. In Section 8.1, I reiterate my three research questions and their associated hypotheses and discuss my key findings in relation to the existing research. In Section 8.2, I offer a summary of Chapter 8 and introduce Chapter 9.

Section 8.1 - Relation of Findings to Existing Literature

Section 8.1a - Substance Use and Substance Use-Related Harms Among Street-Involved Youth

My findings from Chapters 5 and 6 were used to respond to my first research question: What changes can be observed in the interactions of street-involved youth with their risk environments that parallel an overall decrease in substance use-related harms and substance use over time? I hypothesized that the comparatively high substance use and harms of substance use among SIY would decrease over time as they become integrated into local, provincial, and federal systems and services. Overall, my descriptive findings highlighted the demographics, outcomes, health, substance use, and knowledge and access to free condoms/barriers of SIY across the five waves of RB data. Changes in the risk environments of SIY including increased housing stability and employment status, improved overall self-rated health, and decreased substance use occurred as they grew older. However, my first research question could only be partially answered with those findings because there was a lack of quantitative data on the integration of SIY into local, provincial, and federal systems and services.

In Chapter 6, I analyzed how the economic, physical, social, and policy risk environments of SIY changed over time in regards to housing stability, employment status, social risk norms and relationships with peers, and the manifestations of various policies and practices (harm reduction services and supplies, policing, social housing, etc.). Overall, findings demonstrated that the comparatively high substance use and harms of substance use among SIY decreased over time as their risk environments changed and they became integrated into a variety of local, provincial, and federal systems and services.

These findings are related to existing literature and research that has highlighted the factors associated with decreases in substance use and substance use-related harms among SIY (Barnaby et al., 2010;Busen & Engebretson, 2008;Cheng, Wood, Nguyen, Kerr & DeBeck, 2014;Pauly et al., 2013;Phillips et al., 2014;Werb et al., 2010). For example, Cheng et al. (2014) found that increases in housing stability were directly related to decreases in substance use among SIY. Increases in substance use were associated with living on the streets, engaging in the sex trade, and drug dealing (Cheng et al., 2014). In 2010, Werb and his colleagues demonstrated that the initiation of heroin injection among SIY was positively associated with living in the Downtown Eastside (DTES) of Vancouver. Their research illustrated the importance of not only housing stability for SIY, but the location of housing as well. Phillips et al. (2014) discovered that rates of inability to access substance use treatment were high among SIY who were absolutely homeless, indigenous, and/or a recent victim of violence. Their research suggested that housing stability was a principle barrier for SIY when attempting to access substance use treatment, and consequently, they experienced increased rates of substance use and substance use-related harms (Phillips et al., 2014).

In an evaluation of their mobile health and social outreach program, Busen and Engebretson (2008) found that SIY who engaged in counselling, decreased their substance use, received regular birth control and immunizations, and accepted referrals to other services experienced improved health outcomes. In contrast, SIY whose health did not improve or worsened "failed to follow-up with arranged medical referrals, experienced escalating substance abuse, were noncompliant with...medications, and experienced disturbed relationships, unemployment, and/or altercations with legal authorities" (Busen et al., 2008). Therefore, SIY

who did not access services engaged in increased substance use and risky substance use behaviours, and consequently, experienced poor health outcomes. In their survey with SIY, Barnaby and her colleagues outlined the substance use and substance use-related harms of SIY and the barriers they encountered when attempting to access healthcare and harm reduction services (Barnaby et al., 2010). Overall, SIY stated that the instability of their living situations, social stigma, and conflicts with the law hindered their abilities to access services, and ultimately, to practice safer substance use.

Ultimately, the findings of my thesis research and the existing literature suggest that structural factors such as housing, economic opportunities, and drug and policing policies are crucial intervention points for reducing substance use and substance use-related harms among SIY. Overall, SIY who encountered positive changes in their economic, physical, social, and policy risk environments became closely integrated with local, provincial, and federal systems and services, and in turn, experienced decreases in their substance use and substance use-related harms.

Section 8.1b - Intersecting Identities and Structural Factors

In Chapter 5, I was able to respond to my second research question: What risk environment factors contribute to higher substance use-related harms and substance use among some street-involved youth in comparison to others? I hypothesized that intersecting demographic and structural factors would result in higher substance use for some SIY. Bivariate comparisons demonstrated significant differences between SIY at Wave 5 in regards to their reported substance use. Intersecting demographic and structural factors resulted in higher substance use for some SIY by Wave 5, including male youth, youth working for a salary/wage,

and youth who had been involved in the foster care system at least once in their lives. The significant bivariate comparison in Wave 5 between SIY who were employed and unemployed tells us that those who were employed also consumed alcohol more frequently. This is not surprising considering that 64.0% of SIY were working by Wave 5, and therefore had more expendable income and were able to purchase alcohol more frequently than they had been able to before.

The majority of previous research supports the significant bivariate comparison found between male SIY and their frequency of marijuana use (Benoit et al., 2008;Goldstein, Amiri & Vilhena, 2011;Greene, Ennett, Ringwalt, 1997). In their comparative research between street youth and youth living in shelters, Greene et al., (1997) discovered that 78.1% of male street youth used marijuana in the previous month whereas 72.6% of female street youth used marijuana in the previous month, on average. Over half (55.1%) of all male youth living in shelters used marijuana in the previous month in comparison to 35.3% of female youth living in shelters (Greene et al., 1997). More recently, Goldstein and her colleagues found that male SIY "were 2.46 times more likely to report using marijuana in the past year and 3.38 times more likely to report poly-substance use", in comparison to female SIY (Goldstein et al., 2011, p.16). Benoit et al. (2008) found that 100.0% of male SIY and 96.0% of female SIY between the ages of fourteen and fifteen reported that they had used marijuana within the last six months. However, 94.0% of female SIY between the ages of eighteen and nineteen reported that they had used marijuana within the last six months, in comparison to 91.0% of male SIY. Although my findings are supported by the self-report data from younger SIY, the findings of Benoit et al., (2008) suggest that these findings may not stay consistent as youth age.

Existing research partially supports the significant bivariate comparison discovered between youth who had ever been involved in the foster care system and their frequency of hard drug use (Courtney, Piliavin, Grogan-Kaylor & Nesmith, 2001;Goldstein et al., 2011;Stott, 2011). Goldstein et al. (2011) found that SIY with no involvement in the foster care system were more likely to report past year use of all substances they examined including alcohol (2.91 times more likely), marijuana (4.02 times more likely), illicit drugs (6.11 times more likely), and poly-substance use (9.21 times more likely). However, youth who were currently homeless, but also had a history of involvement with the foster care system (ie: not currently involved) were more likely to report past year use including marijuana (6.03 times more likely), illicit drugs (8.52 times more likely), and poly-substance use (8.88 times more likely), compared to youth who were currently involved in the foster care system. Stott's (2011) research added to these findings when she discovered that youth with a history of foster care placement instability increased the likelihood of youth who have aged out of foster care to use substances. The only quantitative indicator used to analyze foster care was based on lifetime involvement in the system as opposed to current involvement. Therefore, my findings were unable to assess whether or not the SIY who identified as being involved with the foster care system were still involved with the system when they reported their hard drug use.

Section 8.1c - Diverse Opinions and Perspectives

In Chapter 7, I addressed my third research question: How do healthcare, harm reduction, and outreach services impact and influence the lives, health, and substance use of street-involved youth? SIY expressed diverse opinions on the effectiveness of healthcare, harm reduction, and outreach services. According to their stories in Chapter 7, they experienced and interacted with a

variety of local, provincial, and federal systems and services, and ultimately, expressed a wide spectrum of experiences and opinions in regards to services and their service providers. The effectiveness of these systems and services were called into question by many SIY, along with numerous suggestions and recommendations for how to improve healthcare, harm reduction, and outreach systems and services. SIY also expressed a diverse collection of ideal qualities they would like youth service providers to emulate.

These findings are supported by previously existing research that has documented the varied opinions of SIY in regards to the effectiveness of social and health systems and services and their experiences with youth service providers (Garrett et al., 2008;Hudson et al., 2010;Karabanow, 2004;Stewart, Reutter, Letourneau, Makwarimba & Hungler, 2010;Thompson, McManus, Lantry, Windsor & Flynn, 2006). For example, in their qualitative focus groups, Hudson et al. (2010) found that a variety of barriers and facilitators impacted homeless young adults in their attempts to seek effective social and health care. Homeless young adults identified both structural barriers (limited clinic sites, limited hours of operation, long wait times, and priority health conditions) and social barriers (perceptions of discrimination by uncaring healthcare providers, law enforcement, and society in general) that limited them from accessing effective services (Hudson et al., 2010). Through individual and group interviews, Stewart et al. (2010) found that SIY expressed a diversity of perspectives in regards to the effectiveness of services and service providers. SIY noted that although some services were available in their community, they did not meet the existing needs of SIY (Stewart et al., 2010). They expressed their desires for improved "instrumental support" (housing, financial aid, education, etc.), increased "affirmational support" (development of self-esteem), and enhanced "emotional

support" (support network). Ultimately, SIY recommended that services would be more effective if they offered "face-to-face support that was accessible, flexible, participatory, long-term", and option-based, as opposed to advice-based (Stewart et al., 2010, p.145).

In relation to the ideal qualities of youth service providers, Thompson and her colleagues found in their qualitative research that SIY responded favourably to "respectful, empathic, and pet friendly providers who were supportive and encouraging without disregarding their autonomy" (Thompson et al., 2006, p.34). Additionally, barriers to service access for SIY included unsuitable and unsafe environments, and providers who were disrespectful, strict or had unrealistic expectations (Thompson et al., 2006). Likewise, Garrett and her colleagues discovered that caring staff, non-judgmental approaches, and flexible policies were perceived by SIY as important factors for accessing services. SIY also voiced the importance of autonomy, agency, and independence, particularly in the realm of decision-making, when accessing services and communicating with service providers.

Section 8.2 - Summary

The majority of my thesis findings are supported by previously existing literature and research. My quantitative findings were only able to partially address my first research question due to a lack of quantitative data regarding the integration of SIY into local, provincial, and federal systems and services. However, my qualitative findings from Chapter 6 were able to demonstrate that the comparatively high substance use and harms of substance use among SIY decreased over time as they became integrated into a variety of local, provincial, and federal systems and services.

In Chapter 5, my quantitative findings addressed my second research question and hypothesis. Bivariate comparisons illustrated significant differences between SIY at Wave 5 in regards to their reported substance use and indicated that intersecting demographic and structural factors did in fact result in higher substance use for some SIY, particularly male youth, youth working for a salary/wage, and youth who had been involved in the foster care system at least once in their lives. The significant bivariate comparison in Wave 5 between SIY who were employed and their higher alcohol use was not surprising considering that 64.0% of SIY were working by Wave 5, and therefore, had more expendable income. The majority of previous research supported the significant bivariate comparison in Wave 5 between male youth and their higher levels of marijuana use. In regards to involvement in the foster care system, although this finding was partially supported by existing literature, the only quantitative indicator used to analyze foster care was based on lifetime involvement in the system as opposed to current involvement. Therefore, my findings were unable to assess whether or not the SIY who identified as being involved with the foster care system were currently involved with the system when they reported their hard drug use, which limited my ability to interpret the data.

My qualitative findings from Chapter 7 addressed my third research question. Due to the diversity of backgrounds and risk environment experiences of SIY analyzed in Chapters 5 and 6, they ultimately expressed diverse opinions and views regarding the effectiveness of harm reduction, healthcare, and outreach services, and also youth service providers.

Ultimately, these findings shed light on the interactions of SIY who use substances with their risk environments and how their interactions change over time in regards to integrating into local, provincial, and federal systems and services. These findings also illustrate the diversity of their experiences and how SIY perceive the effectiveness of healthcare, harm reduction, and outreach services. The goal of the risk environment framework is to help envision and create safer environments and environment interventions for people who engage in substance use. The policy recommendations I present in Chapter 9 attempt to address the social, political, and economic changes needed to create safer environments and interventions for SIY, particularly for those who are already using substances.

In Chapter 9, I will present policy recommendations, review the strengths and limitations of my thesis analysis, suggest future research directions, and offer concluding remarks.

Chapter 9: Conclusions

Section 9.0 - Introduction

My research makes several important contributions to the literature concerning substance use, substance use-related harms, and harm reduction among SIY populations. Firstly, it sheds light on the changes in the interactions of SIY with their risk environments and highlights how their integration into systems and services impacts their lives, health, and substance use. Secondly, it helps us understand how we can develop safer environments and environment interventions for SIY that aim to decrease substance use and substance use-related harms.

In Section 9.1, I provide a list of policy recommendations that have emerged from my thesis findings. In Section 9.2, I review the strengths and limitations of my project, followed by a discussion of the implications that my research has in regards to future research (Section 9.3). In Section 9.4, I present final thoughts and concluding remarks.

Section 9.1 - Policy Recommendations

The following policy recommendations emerged from the findings presented in Chapters 5, 6, and 7, and are divided into three recommendation categories: a) Community Health and Social Service Organizations, b) Healthcare and Social Welfare Systems and Services, and c) Justice and Law Enforcement Systems and Services.

Section 9.1a - Community Health and Social Service Organizations

- Establish, maintain, and enforce consistent and effective harm reduction policies and practices.
- Establish more accommodating, physically accessible, and youth-friendly shelters, drop-in centres, and food services within Victoria that are open year-round, on weekends, and holidays.
- Shelters, drop-in centres, and other outreach services should offer shower, laundry, and bathroom facilities for youth to utilize free of charge.
- Service providers who work in locally funded health and social service organizations (doctors, nurses, nurse practitioners, counsellors, outreach workers, frontline workers, etc.) should follow compassionate, non-judgmental, harm reduction-based policies and practices that meet SIY “where they are at”.
- Ease age restrictions on youth services in Victoria (ex. provide services to youth between the ages of twelve and twenty-five years old as opposed to youth between the ages of thirteen and nineteen years old).
- Create more one-on-one, self-paced, independent, alternative education programs for youth not involved in the formal/mainstream education system.

- Provide more employment training and apprenticeship opportunities to help youth engage in the formal labour market (ex. help write resumes and cover letters, practice interviews, paid learning opportunities, etc.).
- Initiate programs that target the needs of specific youth sub-populations, including gender-specific programs for male and female identified youth, youth who identify as indigenous, youth who identify as a visible minority, youth who identify as queer, youth with disabilities, and youth involved in the foster care system.
- Continuously seek financial support from local, provincial, and federal funding options.

Section 9.1b - Healthcare and Social Welfare Systems and Services

- Provincial and federal governments should revise their harm reduction principles, policies and practices and strive to implement consistent harm reduction polices and practices throughout British Columbia and Canada.
- Government funded and operated healthcare programs should cover the cost of prescription medications, dental care, and complementary and alternative medicine (CAM).
- Provincially funded service providers (doctors, nurses, nurse practitioners, counsellors, social workers, etc.) should follow compassionate, non-judgmental, harm reduction based policies and practices that meet SIY “where they are at”.
- Provincially funded health ministries and organizations should implement harm reduction education programs for youth in schools at an early age.
- Implement adequate provincial and federal social housing policies and programs that result in more permanent, sustainable, and affordable housing options for youth and young adults.

- Increase the availability of social welfare programs for youth and young adults such as the Youth Agreement (YA), the Youth Education Assistance Fund (YEAF), the British Columbia Employment and Assistance (BCEA) program, and Income Assistance (IA).
- Provide more tangible certification programs free of charge (ex. FoodSafe, WHIMIS, Serving It Right, First Aid and CPR, etc.).
- Increase the availability and enhance the promotion and awareness of government bursaries, scholarships, and grants for secondary and post-secondary education (ex. YEAF). Government bursaries, scholarships, and grants should also cover the cost of computer usage, internet access, and other vital materials and supplies necessary for students to succeed.
- Free bus passes and other transportation subsidies should be made available to street-involved and marginalized youth.
- Provincial and federal governments should provide significant financial support to local and community-based organizations working to serve the needs of SIY.

Section 9.1c - Justice and Law Enforcement Systems and Services

- Initiate a variety of annual or semi-annual sensitivity, conduct, anti-discrimination, and anti-oppression trainings, mandatory for all employees of the local police force.
- Limit the amount of attention law enforcement devote to marijuana users and insignificant drug dealers.
- Provide specific transitional programs and plans for youth in custody.
- Implement alternative forms of justice such as restorative justice and victim-offender mediation programs as opposed to incarcerating youth and young adults.

Section 9.2 - Strengths and Limitations

This thesis research has multiple strengths. Firstly, the longitudinal, mixed methods nature of my research enabled me to observe change and trends over time among the participants and also triangulate and build upon data through multiple forms of analysis. Secondly, the risk environment framework allowed me to highlight the intersecting multi-level and multi-dimensional experiences of SIY. Thirdly, the RB data set is unique in the sense that it did not require participants to be currently (or recently) using substances to enter the study and the limited age range (14 to 18 years old in Wave 1) allowed me to follow a specific group of SIY throughout their adolescence and into early adulthood. In contrast, the recruitment criteria of Barker et al. (2014) included SIY between the ages of 14 and 26 at the time of enrolment and who had used illicit substances (crack, cocaine, heroin, crystal methamphetamine) in the past 30 days. Barker et al. (2014) recruited SIY based on their substance use behaviours, as opposed to more nuanced criteria regarding street-involvement (e.g. low attachment to family and school and involvement in informal [street] economy). Ultimately, recruitment criteria can significantly impact the outcomes and results of studies, particularly when analyzing the impacts of systems and services on the lives, health, and substance use of participants. Finally, and most importantly, this thesis research has produced relevant and up-to-date information regarding the experiences, struggles, and resiliences of SIY living in Victoria, BC. This research could be utilized by researchers, local social and health services, policy-makers, and activists, with the aims of creating safer environments and environment interventions for SIY.

Of course, this thesis research is not without its limitations and shortcomings. Firstly, the RB study is comprised of a purposeful sample of SIY, and therefore, these findings are not

necessarily generalizable to the wider population of SIY living in Victoria, BC. Secondly, the self-report nature of certain portions of the quantitative questionnaires could result in self-report bias. For example, Atkinson and his colleagues have argued that self-report data should be heavily questioned, especially when used with "affectively disturbed populations" because data may be affected by "bias, poor insight, and recent life events" (Atkinson, Zibin & Chuang, 1997, p.99). Thirdly, after accounting for all missing values and inconsistencies in the quantitative data set, the sample size was limited to fifty (n = 50) participants. This limited the possibility of producing either computable and/or statistically significant results when examining certain variables. Fourthly, the lack of specific and consistent harm reduction variables within my quantitative data set impeded my ability to analyze the impact of harm reduction services on the substance use and substance use-related harms of SIY in the RB sample. Finally, during my qualitative analysis, a number of small discrepancies presented themselves. Notably, for one participant, Wave 1B was partially missing because the words on the tape recorder were highly indiscernible and the interview ended rather abruptly. In addition to this, the Wave 5 interview was completely missing for one participant because the tape recording was lost. A small number of other interviews were slightly hard to understand and/or comprehend due to background noise and/or muffled talking, making it difficult to take notes on certain topics.

Section 9.3 - Implications of Findings for Future Research

This thesis research has a number of implications for future research conducted within a variety of disciplines. The RB data set has a wealth of data regarding the life course trajectories of SIY across five waves of data. Therefore, analyzing the RB data using a life course perspective could produce a trove of new information regarding the life experiences of SIY in childhood, early adolescence, and emerging adulthood. With the initiation of new research, it is important to consider all ethical implications of conducting research with vulnerable populations (ex. sensitive topics, issues of confidentiality and/or anonymity, etc.) before conducting research projects. Likewise, future researchers should strive for a robust sample size of SIY (larger than n = 60) that increases the computability and relevance of statistical data. The collection of more longitudinal data and information regarding the experiences of SIY, both quantitative and qualitative, is highly recommended. Moreover, it is vital to develop and utilize more specific and consistent harm reduction indicators and variables to increase the validity and effectiveness of future research focusing on harm reduction services. Questionnaires and variables regarding harm reduction services should consider and reflect the current harm reduction programs that operate within the area of study.

Section 9.4 - Concluding Remarks

The policy recommendations I presented in Section 9.1 are small stepping stones to creating positive change in the lives of SIY. Ultimately, we need to push for social and structural changes that will create safer environments and environment interventions for SIY and help them transition out of street-entrenched life. Multiple approaches from a diversity of people is required. Researchers are needed to help facilitate community-based research projects and program evaluations, while policy-makers are needed to develop policies that reflect the most current evidence-based research emerging from the fields of sociology, epidemiology, health sciences, anthropology, social work, psychology, and political science. Frontline workers, those who work with marginalized and disenfranchised people, are essential to this process, as their "on-the-ground" experience helps inform the research and policies being established. The endless time and energy of lobbyists and activists is also needed to inform citizens, rouse community support, and advocate on the behalf of those who are often ignored and left voiceless. Together, we can implement the societal and structural changes needed in order to empower SIY living in our community.

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