

UC Irvine

UC Irvine Previously Published Works

Title

Perceived Factors Influencing the Initiation of Drug and Alcohol Use Among Homeless Women and Reported Consequences of Use

Permalink

<https://escholarship.org/uc/item/333797wn>

Journal

Women & Health, 29(2)

ISSN

0363-0242

Authors

Nyamathi, A
Bayley, L
Anderson, N
et al.

Publication Date

1999-06-29

DOI

10.1300/j013v29n02_07

Peer reviewed



Perceived Factors Influencing the Initiation of Drug and Alcohol Use Among Homeless Women and Reported Consequences of Use

Adeline Nyamathi RN and PhD and FAAN , Linda Bayley PhD and RN , Nancy Anderson RN and PhD , Colleen Keenan RN and PhD & Barbara Leake PhD

To cite this article: Adeline Nyamathi RN and PhD and FAAN , Linda Bayley PhD and RN , Nancy Anderson RN and PhD , Colleen Keenan RN and PhD & Barbara Leake PhD (1999) Perceived Factors Influencing the Initiation of Drug and Alcohol Use Among Homeless Women and Reported Consequences of Use, *Women & Health*, 29:2, 99-114, DOI: [10.1300/J013v29n02_07](https://doi.org/10.1300/J013v29n02_07)

To link to this article: http://dx.doi.org/10.1300/J013v29n02_07



Published online: 21 Oct 2008.



Submit your article to this journal [↗](#)



Article views: 187



View related articles [↗](#)



Citing articles: 19 View citing articles [↗](#)

Perceived Factors Influencing the Initiation of Drug and Alcohol Use Among Homeless Women and Reported Consequences of Use

Adeline Nyamathi, RN, PhD, FAAN

Linda Bayley, PhD, RN

Nancy Anderson, RN, PhD

Colleen Keenan, RN, PhD

Barbara Leake, PhD

ABSTRACT. A qualitative research approach was used to explore the factors that influence the initiation of drug and alcohol use among homeless women and the health and social consequences of drug and alcohol use. The sample consisted of 238 women; of whom 209 women reported drug and/or alcohol use in the past month and 29 women reported no history of drug or alcohol use. Findings of the study revealed homeless women who currently used drugs and alcohol, homeless women who currently used drugs only, and to a lesser extent current alcohol users only, had suffered traumatic childhood events and family dysfunction and had to cope with low self-esteem, emotional distress, and poor physical health. The initiation of drug and/or alcohol use was strongly affected by the social influence of other users. In comparison, homeless women who did not use drugs or alcohol reported a positive self-image, few traumatic events, and chose partners who did not use drugs or alcohol. Common among current drug and/or alcohol users were the reported social benefits of drug use. Quantitative analyses revealed homeless women who were current drug users were significantly more likely to have experienced childhood and adult victimization as compared

This study is funded by the National Institute on Drug Abuse, DA09122.

Address correspondence to: Adeline M. Nyamathi, Professor, University of California at Los Angeles, Room 2-250, Factor Building, Box 951702, Los Angeles, CA 90095-1702.

Women & Health, Vol. 29(2) 1999

© 1999 by The Haworth Press, Inc. All rights reserved.

99

with women in the other groups. Thus, the need for social interventions and positive social support early in the lives of these women are strongly implicated in these findings. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com]

KEYWORDS. Drug use among homeless women

INTRODUCTION

Drug dependency has a devastating effect on the individual and society at large and has been strongly linked to homelessness and criminal activity (Hser & Anglin, 1991; Wellisch, Anglin & Prendergast, 1991). Furthermore, research over the past several decades has documented the impact of family dysfunction, parental drug addiction and minority status on drug addiction (Fendrich, Mackesy-Amiti, Wislar & Goldstein, 1997; Miller, Downs & Gondoli, 1989). Yet, despite the fact that many women have joined the drug dependent and homeless ranks over the last decade, little systematic research has been conducted to ascertain the reasons why homeless women initiate drug or alcohol use. Similarly, little is known about homeless women who report never using drugs.

Background

Early research has revealed that motivators of initial drug use among impoverished women included self-medication, curiosity, peer acceptance, pain relief, and pleasure and thrill-seeking (Sutker, Archer & Allain, 1978; Zahn & Ball, 1974). While little is known about the factors which result in homeless women's initiation of drugs and alcohol combined or separately, it is clear that policy implications differ in regards to criminal and legal sanctions and the outcome of women who use illegal drugs as opposed to alcohol only (Boyle, 1991). Moreover, evidence points to the fact that negative childhood and family life events contribute to drug-using experiences as recent studies report that anywhere from 30% to 75% of substance-abusing women are previous victims of physical and sexual abuse (Miller et al., 1989; Shuler, 1991).

Significant others have also been implicated in women's initiation of substance use. Nearly one-fourth of Anglo women and over half of the Chicana women in a methadone maintenance program stated that their initiation into drug use was due to a spouse or common-law partner using drugs daily (Hser, Anglin & McGlothlin, 1987a). Drug use has also been seen as a

coping mechanism, particularly for women, to counteract life strains and stresses, and has been associated with perceived lack of control, low self-esteem, dependency, social isolation and poor socialization of women in society (Anglin, Hser, & Booth, 1987; Hser, Anglin, & Booth, 1987b; Miller et al., 1989). However, many studies are limited by the absence of control groups, small sample sizes, and focus on male addicts, or relatively limited samples, such as women addicted to heroin and arrestees (Hser et al., 1987a, b). The purpose of this study is to elucidate such factors as environmental and psychosocial agents, which may be associated with initiation of drug and/or alcohol use among a large sample of drug-using homeless women and a control group of non-users residing in shelters in Los Angeles. This study also examines their reported health and social consequences of drug and alcohol use.

The Comprehensive Health Seeking and Coping Paradigm (CHSCP) (Nyamathi, 1989) delineates several components conceptualized as having an impact on drug use and health outcome. It is adapted from the Lazarus and Folkman (1984) Stress and Coping Paradigm and the Schlotfeldt (1981) Health Seeking Paradigm and serves as the framework for this study. These components, which include situational factors, personal and social resources, and health seeking and coping behaviors, have been fully described elsewhere (Nyamathi, Stein & Brecht, 1995). Situational factors, defined as negative environmental exposures, reflect the life stresses homeless women experience (Davis, 1992). Personal and social resources, such as self-esteem and social support, are associated with fewer risk behaviors such as drug use (Nyamathi et al., 1995), and more adaptive coping (Gutierrez & Reich, 1988). Coping responses likewise are associated with lower levels of risky behavior (Nyamathi et al., 1995) and emotional distress (Fawzy et al., 1990).

To understand differences among women who used either drugs and/or alcohol, or did not use alcohol or drugs, the respondents were grouped and analyzed according to their drug use status: current drug and alcohol use (N = 114), current alcohol use only (N = 33), current drug use only (N = 62), and no lifetime drug or alcohol use (N = 29). Current use was defined as use within the past month. Women who reported never using drugs or drinking alcohol were classified as never-users of drugs or alcohol. Former users (greater than 30-day use of drugs or alcohol) were excluded from this study.

METHOD

Between 1994 and 1996, a qualitative study was carried out including content analyses and chi-square analyses of select quantifiable data. The purposive sample for this study was composed of homeless women residing in 32 shelters in the Los Angeles basin who reported recent drug use within

the past month ($N = 211$), or non-drug-using women with no history of drug or alcohol use ($N = 29$). A homeless woman was defined as one who spent the previous night in a shelter, was uncertain of residence in the next 60 days, or stated she was without a house or home in which to reside (Gelberg & Linn, 1989). Homeless shelter cooperation was elicited through letters that were sent to their directors. All interested subjects met with African-American, Latina or White nurses and outreach workers who described the study and nature of participation.

Self-report of drug-free status was verified by hair analysis by Radioimmunoassay (RIAH), a reliable and valid measure of drug use (Baumgartner, Hill & Bland, 1989). As hair grows an average of 1 cm. per month, a 3 cm. sample is sufficient to test for three-month use of drugs or alcohol. The participants in this study provided a mean hair sample size of 3.5 cm. In this study, RIAH was limited to testing the presence of cocaine/crack, heroin/opiates, amphetamines, and marijuana. Ten of the 39 self-identified non-drug users reported their drug status inaccurately. Nine women who had claimed to be non-drug users, 7 African-American and 2 Latinas, tested positive for cocaine or opiates. One White female tested positive for marijuana. These women were excluded from the analysis of the "never used drugs" category. The majority (95%) of women consented to hair analysis. All women who self-reported as non-users consented to the hair analysis. Thus no persons were excluded due to refusal of hair analysis.

The homeless women ranged in age from 18 to 50 years. The sample was 47% African-American, 21% White, 31% Latina, and 1% other. Table 1 shows the women grouped by drug category and race. Significantly more African-Americans (60%) reported current use of alcohol and drugs, while Latinas reported no use of drugs or alcohol (55%) and nearly equal numbers of whites reported either current alcohol use (36%) or drug use (32%) [$\chi^2 (9) = 31.38, p < .001$]. Of the 114 women reporting current alcohol and drug use,

TABLE 1. Race by Drug Groupings

	Total	CADU		CDU		CAU		No	
		n	(%)	n	(%)	n	(%)	n	(%)
African-American	(47%)	68	(60%)	27	(44%)	15	(46%)	6	(21%)
Latina	(31%)	25	(22%)	15	(24%)	6	(18%)	16	(55%)
White	(21%)	21	(18%)	20	(32%)	12	(36%)	6	(21%)
Other	(1%)	-	-	-	-	-	-	1	(3%)
Total		114		62		33		29	

cocaine was the drug of choice for 32 (28%), followed by crack and marijuana for 49 (43%) and marijuana alone for 8 (7%). The primary drug used by 62 women who reported use of drugs only was crack cocaine for 13 (21%), followed by crack and marijuana for 27 (44%), and marijuana only for 9 (15%). Heroin was reported by 5 (8%) of the women and speed by 8 (13%) of the women. The small sample of heroin users compared to crack cocaine users precluded specific analysis by type of drug. Sixty to 70% of the women across all groups reported having borne children.

After the study was described and informed consent obtained, open-ended and structured one-on-one interviews were conducted by the research staff. A sample of open-ended and closed questions utilized is:

1. What are some of the reasons you first began drinking (using drugs)?
2. Who was the most influential person in your decision to drink alcohol (take drugs)?
3. How does alcohol (drug) use affect you emotionally?
4. How does alcohol (drug) use affect you physically?
5. What are some of the losses that women who drink alcohol (take drugs) experience?
6. What do you like about drinking?
7. What memories do you have of your childhood?
8. What was your relationship like with your parent/guardian?
9. Have you been a victim of a violent crime?
10. How do you feel about yourself?

An interview guide was developed by Davis (1992) based on an extensive review of the literature. The aim of the semi-structured interview guide was to understand the factors which influence initiation into drug and/or alcohol use or abstinence from such use.

Content validity was established by consultation with an expert panel of 10 multicultural academicians, practitioners and service providers in the community who were familiar with homeless women and drug addiction. The interview with the participants lasted from 20 minutes to 1 hour. Many questions used in this study were previously tested and modified for homeless and drug-addicted women, particularly for African-American and Latina subjects (Nyamathi & Flaskerud, 1992; Nyamathi & Lewis, 1991; Nyamathi & Vasquez, 1989). All questions were translated into the Spanish language by a bilingual researcher of Latina ethnicity. Back translation was performed by an independent bilingual nurse; semantic validity between the two translations was established at 96% agreement.

All interviews were tape-recorded and transcribed verbatim. Accuracy of transcripts was assessed by comparing them to the audiotapes. Trustworthiness of the data (Lincoln & Guba, 1985) and control for naturalistic inquiry

were ensured by credibility, transferability, dependability, and confirmability. Credibility, or having confidence in the truth of the findings as experienced by the subjects, was obtained by regular interaction with subjects to validate and clarify data collected and by discussion of data with knowledgeable peers. Transferability, which ensures data is not context bound, was enhanced by collecting data over a range of adult age groups and ethnicities and a range of drug types. Dependability, the stability of the data, was ensured by a careful process recording and analytic memos in which decisions were followed regarding clarification of patterns identified in the data. Finally, confirmability, or interpretational objectivity of the data, was maintained by exploring alternative explanations for data generated with both peers and subjects.

Content analysis was performed using the template analytical technique described by Crabtree and Miller (1992). This method involves a line-by-line analysis of the transcribed interviews and was conducted by coding data into relevant sentences and phrases.

RESULTS

Findings revealed several central themes, the majority of which were consistent across the three groups which currently used drugs and/or alcohol. Consistent themes included the following for the three drug and/or alcohol user groups: Persons Influencing Substance Use; Parental/Sibling Use of Substances; Coping with Problems; Void in Childhood Memories; Sexual/Physical Abuse; Escape; and Consequences of Drug/Alcohol Use. On the other hand, themes observed for non-users included: Persons Influencing Non-Use; Drug-Free Environment; Positive Self-Comparison and Non-Drug Using Support Systems. These themes as they appear for each participant group are discussed below. Moreover, data revealed women who reported current drug use were significantly more likely to have experienced childhood victimization (53%) as compared with current alcohol only users (3%) or never users (3%) [$\chi^2(3) = 40.23, p < .001$]. Further, significantly more women who reported current drug use experienced adult victimization (40.3%), compared with current alcohol and drug users or never users (21% respectively) [$\chi^2(3) = 15.62, p < .001$]. Tables 2 and 3 reflect the women's experience with childhood and adult victimization involvement by drug grouping.

Current Alcohol and Drug Users

The ethnic composition of this group included 60% African-Americans, 22% Latinas and 18% Whites. Many (59%) current alcohol and drug users

TABLE 2. Childhood Victimization by Drug Grouping

Childhood Victimization:	CADU		CDU		CAU		No	
	n	(%)	n	(%)	n	(%)	n	(%)
Yes	(28)	(25%)	33	(53%)	1	(3%)	1	(4%)
No	(86)	(75%)	29	(47%)	32	(97%)	28	(96%)

TABLE 3. Adult Victimization by Drug Grouping

Adult Victimization:	CADU		CDU		CAU		No	
	n	(%)	n	(%)	n	(%)	n	(%)
Yes	24	(21%)	25	(40%)	2	(6%)	6	(27%)
No	90	(79%)	37	(60%)	31	(94%)	23	(73%)

were likely to identify their friends as people who most influenced their drug use. Their friends used drugs and they wanted to “fit in.” Nearly 60% of current drug and alcohol users reported that they used these substances with friends or in social gatherings such as parties.

Current alcohol and drug users reported that their relationships with parents or guardians were problematic. A majority of respondents (64%) reported not getting along with their parents. A fair number (20%) of current drug and alcohol users said either their father or mother influenced them to use drugs and/or alcohol. One woman stated: “The most influential person in starting to drink was my father. When he got drunk, he looked as if he had no problems and that is how I wanted to feel.”

Further, there was marked parental drug abuse: a quarter said their mother drank, 10% said both parents drank, and 18% said their father drank. Only 5% said that their parents did not drink. Respondents also felt their relationships with parents were also often affected by parents’ use of drugs. One woman stated: “I took care of my mother as a child. My mother had me help her with these rigs–needles . . . and even with her death . . . I drink because I believe I killed her.” Others reported their sister or brother drank and they “wanted to feel how they felt.” A few (8%) reported they “learned” that alcohol provided an accessible escape route from life’s difficulties. “My

father beat my mother and us children when he got drunk, so I drank to escape—then I didn't have to feel."

Findings also revealed current users of alcohol and drugs commonly "used" as a means to escape their problems. A full third of the women recognized that their lives had been deeply altered by their inability to deal effectively with the pressures of their lives. "I don't feel good about myself . . . embarrassed about how I look and that I haven't done anything in life."

Not surprisingly, 25% of the women in this group said they have no memories of their childhoods. Voids in childhood memories are recognized symptoms of sexual, physical, or severe emotional abuse (Bremner, Krystal, Charney, & Southwick, 1996). Ten percent of the women reported being molested as children by their father or stepfather. Another 10% said that their parents were abusive and beat them. In all these women with memories of abuse, the initial period of using alcohol and drugs "made the feeling go away, and (with it) the pain and problems, too."

When discussing their memories of childhood, half reported being a victim of violent crime, and a quarter reported rape. Ten percent were able to articulate their anger about their position in the social structure and said they felt powerless to affect the social arrangement. Sixty-four percent of the current alcohol and drug users were arrested, 48% for drug-taking.

When asked about the effect drugs and alcohol had on their lives, women reported the effects to be both negative and positive. Anger, violence, and fighting were symptomatic, but happy, carefree feelings were also mentioned. At least 20% recognized that their drinking made them irresponsible, unreliable people. The women reported that as drug and alcohol use progressed, it became more difficult to handle feelings, and depression and paranoia surfaced. The women complained of wide mood swings. Despair and suicidal thoughts increased with increased use.

More than half (52%) reported a range of physical symptoms related to excessive alcohol use, such as loss of appetite, blurred vision, eye irritation, and hangovers. A few reported alcohol-related illnesses, such as an enlarged liver or heart problems. Other reported physical effects included lack of sleep, speech disturbance, coordination problems, and the "shakes."

In relation to drug use, the women reported weakness, exhaustion, and a sluggish, tired feeling. One woman said, "I get lazy and then feel burnt out." While still pursuing the escape and high, they detested the price: the hangover and emotional roller coaster. Many women reported escalation of their problems as alcohol and drug consumption increased. For example, they were least likely to be employed (3%) and most likely to have children (82%) of all women in this study.

In summary, this group was characterized by peer influence in initiating drug and alcohol use, family dysfunction and sexual abuse, all of which may

have triggered alcohol and drug use. For many of these women, drugs represented one way of coping with problems.

Current Alcohol Users Only

The ethnic composition among current alcohol users differed from the former group and included 46% African-American, 18% Latina and 36% White women. A greater proportion of Whites (36%) appeared in this group than in the total sample (21%).

As with current alcohol and drug users, reasons for beginning drinking centered around social gatherings and peer pressure. Women in this category reported how readily available alcohol was in their environment. When asked about the most influential person in their decision to drink, the majority (61%) reported their friends had the most leverage. They said their friends drank and they looked forward to having fun and celebrating with them.

Half of current alcohol users did not grow up in alcoholic homes. About 40% said neither their father nor mother drank and 10% said they saw “normal use” at home. About a tenth remember that their father was an alcoholic. A quarter said that their father drank and some said their fathers were often ill, while less than 10% said their mothers drank. While family influences also played a role in these women’s decision to use, partners were more likely to be mentioned as key factors than was the case among current alcohol and drug users. However, a third took responsibility for the decision themselves.

The women also reported they liked the effect, the taste, and the relief alcohol provided. Women in this category responded to problems in their lives by drinking more. As their bodies became accustomed to alcohol, they increased the amount or changed to higher proof. With increased amounts, associated health problems surfaced, such as blackouts and physical illnesses.

Unlike current alcohol and drug users, very few current alcohol users reported sexual abuse. Only one woman reported being raped. Another woman said she had been battered by her husband. However, similar to current alcohol and drug users, memories of childhood were non-existent for about a third of these women. Relationships with parents or guardians were either absent altogether (their parents “were not around”) or poor (they “didn’t get along”).

Like current alcohol and drug users, more than a third (35%) of current alcohol users reported they lost control of their lives as a result of alcohol use. Even though 46% had 12 or more years of schooling, many were unable to hold a job, others lost interest in school, and many lost their material possessions. Twenty-five percent were arrested; 19% of the arrests were alcohol related. About 15% reported promiscuous behavior or prostitution.

About a quarter of the women in this category said alcohol had no effect on their lives. Nevertheless, the women reported emotional effects of alcohol

centered around depression and paranoia. Some said they became aggressive, stubborn, or argumentative. A few said they felt happy and carefree. Others reported physical effects of tiredness, loss of coordination, headaches, and abdominal pain.

In summary, although current alcohol users were less likely to have experienced childhood sexual abuse, they did report lapses in childhood memories indicative of childhood trauma and a powerful influence by their friends to drink alcohol.

Current Drug Users Only

The ethnic composition of current drug users was 44% African-American, 32% White, and 24% Latina. The current drug-using Latinas more often reported acculturation to the Anglo culture than the Latina component in the current alcohol user group.

Peer pressure was the most influential factor in initiation. Current drug users more often reported having a partner who used drugs as compared to the sample of current alcohol users. In fact, many women mentioned that their boyfriend, sister, brother, or other close relative was most influential in their drug use. Ten percent said they “feared their husbands” who were also users. Another influential factor was the “search for the original high.” Women who were currently using drugs also reported they started using cocaine because they were curious. “I just wanted to see how it felt.” Changes in drug use patterns were associated with feelings of loneliness and depression eased by using with friends and partners.

Like current drug and alcohol users, but unlike current alcohol only users, more than half of these women reported being victims of sexual abuse. These women were also the most educated (62% had 14 or more years of schooling), and the most likely to be aware of the factors that have affected their lives.

Sexual abuse, physical abuse, and incest also marred the childhood memories of many of the current drug users and reportedly led to their drug use. Unlike the other two user groups, this group was likely to remember unhappy childhoods and at the same time wanted desperately to forget. “Drugs make me feel safe because I don’t have to deal with the pain.”

Ten percent came from homes where the father abused the mother. Fifteen percent said their mothers died. Nearly 10% said their parents were not around. Women whose parents were around (20%) had poor or no relationships with them. About 8% said their family members drank, 16% said their fathers gave them beer when they were young, and 10% said their mothers gave them alcohol.

Twenty-eight percent reported that the effect on their lives of using drugs was that they “lost everything.” Another 10% were violent toward loved

ones, 8% were unable to hold a job, and 5% lost their children. Sixty-one percent were arrested, 45% for drug-taking. Emotional effects of drug use were far more likely to be reported by negative feelings (sad, angry, moody) than positive ones (relaxed, happy). "My personality changes and I have huge mood swings. I push people away who want to help me." Physical effects included frequent colds, heart palpitations, headaches, and nausea.

In summary, current drug users reported that friends and family were most likely to have initiated them into drug use. The curiosity factor also influenced initial drug use. Sexual and physical abuse were familiar events in the lives of these women, who were proportionately more likely to be White and Latina.

Homeless Women Who Never Used Drugs

The racial ethnic composition of this subgroup was 21% African-American, 21% White, 55% Latina, and 3% other. These women were proportionately less African-American, more Latina, and Whites in the same proportion as the overall sample. The Latinas less often reported acculturation to American mores than user groups. However, unlike the Latina current alcohol users, who all profess their religion as Catholic, only half of non-using Latinas profess being Catholic.

A majority (44%) of the women said the most influential person in their decision not to use drugs and/or alcohol was their mother. Another 20% said both parents were influential. A few mentioned that they lost important friendships due to some defining event related to drug use, such as theft, anti-social acting out, or even death. These losses made a lasting impression. As adults, less than a third of the women chose husbands or friends who used or would encourage them to use. More than half moved in drug-free circles. All but one said that they would definitely be able to avoid using drugs in the future.

Over half of the homeless women who never used drugs or alcohol reported growing up in drug-free home environments. Some women reported their parents were quite strict and were clearly against drug use, or that their parents were well-educated and their household was drug free. Six percent found support for non-use from other sources, such as their Christian upbringing or moral values. "My parents didn't drink. I was raised in a Christian home, studied Bible, attended church Mon-Thurs."

Others (6%) stated that their health was important and that the number of problems encountered with drug use acted as a deterrent. Further, several cited school as a major factor in their decision. They found school a "safe" place and reported seeing films on how drugs affected people. Seventy-five percent of the women reported that they felt "good" about themselves and the majority (82%) said they had no emotional problems. Most (96%) said

they had never been a victim of childhood violence or abuse. Most (86%) had parents who did not use. They more often reported coping with their problems by praying and were more concerned with their health and the loss of their children than users were.

For the most part, the women in this group perceived support available from their family and friends even though they remained homeless. A number were religious and judgmental about their homeless peers: "I'm not like those other women who use." A singular feature of the women's networks was that their supporters, both friends and family, did not use drugs. Moreover, their supporters encouraged them not to use drugs or alcohol. Despite the serious circumstances in which they found themselves, none felt that drug use could help them cope with their homelessness.

In summary, many women who never used felt good about themselves, were not victims of crime or abuse, and did not choose partners and friends who used.

DISCUSSION

Exploration of reasons why homeless women initiate substance use revealed a differential pattern of situational factors between homeless women who never used drugs and/or alcohol and those who were currently using. The users were more likely to report drug use in their immediate family members. Women who never used reported stricter upbringing, drug-free homes, and well-educated parents more than women in the other groups. As teens and adults, they were significantly less likely to have experienced childhood victimization and they were more likely to matriculate into social structures supporting non-use, such as schools or places of worship. Conversely, users built their social networks around people and places where "using" facilitated social bonding. Tucker (1982) found that when positive social support is lacking, women more often than men tended to use dysfunctional coping to handle anger and depression. Such strategies included use of withdrawal, avoidance and substance use.

In households where drug and/or alcohol use is common, sexual abuse, molestation and incest may also be prevalent. Current drug users in particular reported experiencing childhood and adult victimization in numbers greater than the other groups. While the explanation for these findings is uncertain, significant correlation between history of child abuse and substance use among adolescents (Newcomb, Maddahian, & Bentler, 1986) and adults (Fendrich et al., 1997) has also been reported in the literature. Among current alcohol users, and never users, sexual abuse was less common than in other user groups. The scars of abuse may well produce lower self-esteem and emotional problems that often go untreated in this population of women. As a

result, the emotional, psychic, and often physical scars of abuse fuel the need to escape mentioned so often by users (Anglin et al., 1987; Miller et al., 1989; Nyamathi, Leake, Flaskerud, Lewis & Bennett, 1993; Shuler, 1991). The flip side of escape is the desire to fit in. Drugs are singularly conducive to accomplishing both ends—at least temporarily. Homelessness, while mentioned by study participants, may also have been associated with the initiation of drug use for a segment of women.

Initiation of drug and alcohol use most frequently occurred in the social context of recreational use with friends. Women in all three user groups mentioned that “fitting in” with their social group was an important motivating factor in getting started with drug use. This finding is not surprising, since most women initiated drug use during adolescence, a period in which peer group affiliation and identification are hallmark developmental characteristics. However, adolescent drug use implemented as a coping strategy to deal with chronic social difficulties may indicate subsequent addictive patterns.

For homeless women in this study who never used drugs or alcohol, religious and moral beliefs frequently anchored their decision. Concordant with this moral tone were other less frequently given reasons which included a more drug-restrictive environment characterized by limited opportunities and social disapproval by friends and parents who did not provide role models for drug use behavior.

Studies examining gender differences in drug use initiation reported that women were introduced to drug use by an intimate partner and that their continued usage is linked to maintaining the intimate relationship (Henderson, Boyd & Mieczkowski, 1994; Hser et al., 1987a). In contrast, findings in this study indicate that women, like male counterparts in other research, describe the general social environment as more influential in drug use initiation, rather than involvement with a particular intimate partner. The use of drugs within an intimate partnership was not commonly addressed as a reason for initiating drug use, except among current alcohol users, where the Latina population was 56%.

The chase after the elusive “high” drove many users into criminal activity. However, the high incidence of jail time among current drug users and current alcohol and drug users was associated with drug use rather than other crimes.

IMPLICATIONS FOR NURSING PRACTICE AND FUTURE RESEARCH

Generalizations based upon this convenience sample of sheltered homeless women in Los Angeles must be made with caution. The qualitative approach provided a reality-based understanding of factors which influence drug and alcohol use among homeless women. These findings build theoretic-

cal knowledge of the impact of the social and psychological environment on drug use and provide further clarification of future latent variables that could predict drug behaviors.

Drugs function as a coping mechanism for the inability to integrate socially and psychologically into the fabric of a non-using culture. Social interventions and supports that promote "sober" integration are grossly lacking for inner city inhabitants. Clearly, many women who currently use drugs are abuse survivors with reported poor self-image and low self-esteem. Women who use drugs should have directed interventions targeted at self-esteem building, and strategies designed to facilitate social bonding that builds efficacy to quit drugs. Supportive interventions are also critical for women who are current or past users in order to facilitate health-seeking behaviors and reinforce health outcomes. Interventions are also needed to facilitate maintenance of sobriety. Finally, outreach activities to homeless women should take into account ethnicity as well as cultural background in formulating interventions.

REFERENCES

- Anglin, M. D., Hser, Y., & Booth, M. W. (1987). Sex differences in addict careers: Treatment. *Am. J. Drug Alcohol Abuse*, *13*, 253-280.
- Baumgartner, W. A., Hill, V. A., & Bland, W. H. (1989). Hair analysis for drug of abuse. *Journal of Forensic Science*, *34*, 1433-1453.
- Boyle, K. (1991). *To the curb: Sex bartering and drug use among homeless crack users in Los Angeles*. In M. Ratner (Ed.) *Crack Pipe as Pimp: An eight-city ethnographic study of the sex-for-crack phenomenon*. National Institute on Drug Abuse, Contract no. 271-288-8248.
- Bremner, J.D., Krystal, J.H., Charney, D.S., & Southwick, S.M. (1996). Neural mechanisms in dissociative amnesia for childhood abuse: Relevance to the current controversy surrounding the "false memory syndrome." *American Journal of Psychiatry*, *153*(7 Suppl), 71-82.
- Crabtree, B.F., & Miller, W.L. (Eds.). (1992). *Doing qualitative research*. Newbury Park, CA: Sage.
- Davis, S. (1992). A description and comparison of the cognitive appraisal processes, coping modes and intervening variables that affect the decision of chemically dependent women in choosing to remain in or drop out of a drug treatment program. Unpublished dissertation. University of California, Los Angeles.
- Fawzy, F. I., Cousins, N., Fawzy, N. W., Kemeny, M. E., Elashoff, R., & Morton, D. (1990). A structured psychiatric intervention for cancer patients: I. Changes over time in method of coping and affective disturbance. *Archives of General Psychiatry*, *47*, 720-725.
- Fendrich, M., Mackesy-Amiti, M., Wislar, J., & Goldstein, P. (1997). Childhood abuse and the use of inhalants: Differences by degree of use. *American Journal of Public Health*, *87*, 765-769.
- Gelberg, L., & Linn, L.S. (1989). Psychological distress among homeless adults. *Journal of Nervous and Mental Disease*, *177*, 291-295.

- Gutierrez, S., & Reich, J. (1988). Attributional analysis of drug abuse and gender: Effects of treatment and relationships to rehabilitation. *Journal of Social and Clinical Psychology, 7*, 176-191.
- Henderson, D.J., Boyd, C., & Mieczkowski, T. (1994). Gender, relationships, and crack cocaine: A content analysis. *Research in Nursing and Health, 17*, 265-72.
- Hser, Y., Anglin, M.D., & McGlothlin, W. (1987a). Sex differences in addict careers. 1. Initiation of use. *American Journal of Drug and Alcohol Abuse, 13*, 33-57.
- Hser, Y., Anglin, M.D., & Booth, M.W. (1987b). Sex differences in addict careers. 3. Addiction. *Am. J. Drug Alcohol Abuse, 13*, 231-251.
- Hser, Y., & Anglin, M.D. (1991). Cost effectiveness of drug abuse treatment: Relevant issues and alternative longitudinal modeling approaches. *NIDA Research Monograph, 113*, 67-93. Rockville, MD: DHHS.
- Lazarus, R., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Miller, B. A., Downs, W. R., & Gondoli, D. M. (1989). Spousal violence among alcoholic women as compared to a random household sample of women. *Journal of Studies on Alcohol, 50*, 533-540.
- Newcomb, M., Maddahian, E., & Bentler, P. (1986). Risk factors for drug use among adolescents: Concurrent and longitudinal analyses. *American Journal of Public Health, 76*, 525-531.
- Nyamathi, A. (1989). Comprehensive health seeking and coping paradigm. *Journal of Advanced Nursing, 14*, 281-290.
- Nyamathi, A., & Flaskerud, J. (1992). The community-based inventory of current concerns for use with impoverished homeless and drug addicted minority women. *Research in Nursing & Health, 15*, 121-129.
- Nyamathi, A., Leake, B., Flaskerud, J., Lewis, C., & Bennett, C. (1993). Outcomes of specialized and traditional AIDS counseling programs for impoverished women of color. *Research in Nursing & Health, 16*, 11-21.
- Nyamathi, A., & Lewis, C. (1991). Coping of African-American women at risk for AIDS. *Women's Health Issues, 1*, 53-61.
- Nyamathi, A., Stein, J., & Brecht, L. (1995). Psychosocial predictors of AIDS risk behavior and drug use behavior in homeless and drug-addicted women of color. *Health Psychology, 14*, 265-73.
- Nyamathi, A., & Vasquez, R. (1989). The impact of sex, drugs, and poverty on Latina women at risk for HIV infection. *Hispanic Journal of Behavioral Sciences, 11*, 299-314.
- Schlotfeldt, R. (1981). Nursing in the future. *Nursing Outlook, 29*, 295-301.
- Shuler, P. (1991). Homeless women's wholistic and family planning needs. Doctoral Dissertation, University of California, Los Angeles.
- Sutker, P.B., Archer, R.P., & Allain, A.N. (1978). Drug abuse patterns, personality characteristics, and relationships with sex, race, and sensation seeking. *Journal of Consulting and Clinical Psychology, 46*, 1374-1378.
- Tucker, B.M. (1982). Social support and coping: Applications for the study of female drug abuse. *J. Social Issues, 38*, 117-137.

- Wellisch, J., Anglin, M. D., & Prendergast, M. L. (1991). *Extent and Consequences of Drug Dependence in Women*. DAIMP White Paper Series. Los Angeles: Drug Abuse Information and Monitoring Project, UCLA Drug Abuse Research Corp.
- Zahn, M., & Ball, J. (1974). Patterns and causes of drug addiction among Puerto Rican females. *Addictive Diseases, 1*, 203-213.

for faculty/professionals with journal subscription recommendation authority for their institutional library . . .

If you have read a reprint or photocopy of this article, would you like to make sure that your library also subscribes to this journal? If you have the authority to recommend subscriptions to your library, we will send you a free sample copy for review with your librarian. Just fill out the form below - **and make sure that you type or write out clearly both the name of the journal and your own name and address.**



() Yes, please send me a complimentary sample copy of this journal:

_____ (please write in complete journal title here-do not leave blank)

I will show this journal to our institutional or agency library for a possible subscription.
The name of my institutional/agency library is:

NAME: _____

INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Return to: Sample Copy Department, The Haworth Press, Inc.,
10 Alice Street, Binghamton, NY 13904-1580