

Studying Youth in Northern California

Background

Substance use among youth and young adults continues to pose a variety of public health challenges. Young people who use opiates (heroin) and methamphetamine are more likely to have high risk sexual and injection practices, as well as more likely to be HIV+. Drug use among youth may be associated with a variety of problems including family trauma, academic difficulties, mental and physical health problems, sexual abuse, incarceration, poor peer relationships and violence. Youth in Northern California who are at risk for drug use, HIV and related health problems need to be better understood and targeted for prevention programs.

Why this project?

Studying Youth in Northern California (SYNC) is a public health research study that is looking at illicit drug use among 14-25 year-olds in five Northern California counties: Alameda, Contra Costa, San Francisco, San Joaquin and San Mateo. We are specifically studying how drug use and other forces place youth and young adults at risk for HIV and related health problems.

All the information we get will be used to assist county public health agencies and organizations to improve services for the treatment and care of at-risk youth, and to develop better methods of helping young people prevent drug use and disease and promote good health.

The SYNC Study is a three-year research collaboration between the Center for AIDS Prevention Studies (CAPS) at the University of California, San Francisco; the Cesar Chavez Institute at San Francisco State University; the California State Office of AIDS; local public health experts and other social service providers from the 5 participating counties. It is funded by the California Department of Health Services/Office of AIDS (CDHS/OA).

Past research

We conducted two previous epidemiological studies among young low-income women (Young Women's Survey) and young low-income men (HEYMAN study), which were also collaborative efforts of the CDHS/OA and CAPS. Those studies found substantial rates of risk behavior and STDs among the young women and men (see page 3

“What did we learn from past studies?”). The studies also identified substance use as a significant health problem in these counties, especially opiate and methamphetamine use. SYNC hopes to provide information to complement these studies and to help to inform future public health interventions and policy targeting youth.

SYNC description

The primary objective of SYNC is to conduct a cross-sectional study of a multi-ethnic sample of substance-using youth, 14-25 years old. This will be done in two phases.

Phase 1: A formative information gathering phase. In 2008, the SYNC Study conducted several types of qualitative, open-ended data collection with eligible youth who agreed to participate. We conducted social mapping focus groups, individual in-depth interviews, brief interviews and “naturalistic observations” where youth agreed to allow us to observe them in their own communities.

Phase 2: An epidemiological study. In 2009, we will use quantitative surveys to collect numbers and statistics about the prevalence of narcotics and stimulant use in youth and young adults in the 5 counties.

Objectives

We want to assess:

- 1) the number of substance using and at-risk youth in the 5 counties (population size);
- 2) self-reported levels of illicit substance use – in particular narcotics and stimulants – and how that is associated with HIV risk behavior. We will measure this by looking at condom use, injection drug use, meth and other stimulant use;
- 3) how and why youth begin to use substances (correlates of initiation);
- 4) associations between police activity, jail and juvenile detention and substance use, and HIV risk behavior;
- 5) associations between interpersonal (family, friends, partners) and structural violence (police, neighborhood) and substance use;
- 6) associations between community affiliations (gang, street, neighborhood), substance use and HIV risk behaviors;

Research Team

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Collaborative Agencies (Formative phase)

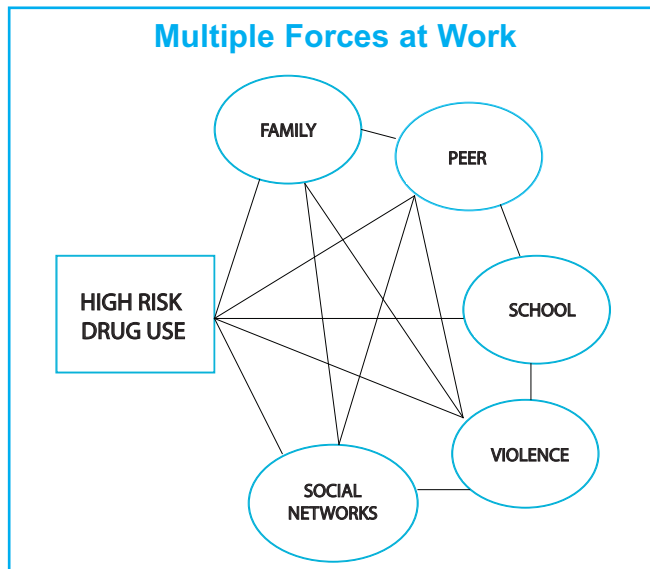
At The Crossroads
Bay Positives
Bayview Hunter's Point Foundation
Horizons Unlimited
Vietnamese Youth Development Center
Youth Western Addition Program

7) resilience and factors that protect youth from engaging high-risk HIV behaviors that are potentially life threatening.

Who we're studying

SYNC is looking at youth 14-25 years of age, English or Spanish-speakers, who have been identified as being "at-risk" of substance use or actively using illicit substances, and who are at risk for HIV and related health/social problems. Study participants are recruited from the Northern California counties of Alameda, Contra Costa, San Francisco, San Joaquin and San Mateo. Because the youth most at risk in one county will be different from those in another county, during the first phase of the study we collected background information from youth service providers and indirect community observations in each county. This helped us learn more about substance use patterns and related risk behaviors among youth, in order to target those groups most at risk in each county.

Findings from Formative Research



Individual Behavioral Factors

- Individual perceptions
- Self report psychological status
- History of traumatic or abusive experiences (include neglect)

Social Risk Environmental Factors

- Family
- Extended family
- Peer group & culture

- Neighborhood & community
- Schools
- Work
- Hangouts
- Other institutional relationships (police, probation)

Themes from Youth Interviews

Using drugs as a normal practice

"I use marijuana...I smoke marijuana...well actually everyday. Weed make me comfortable and stops me from thinking."

-25 year old male

"My family smoked, everybody smokes in the household. My dad, my brother, everybody smoked in the household. I didn't though. I was young, you know, I shouldn't have been, but she [his mother] rolls me a joint one time and she was like smoke this, you should get high. I was like okay, sounds fun... there was weed always at my house... Like a lot of people they smoke but in the back of the head they know its bad or wrong... But I didn't have that for weed. I had it for other drugs, but weed seems normal and like okay..."

-18 year old male

Family influence on drug preference

"Yeah. I first tried crystal with my mom. Yeah she's been clean for 4-1/2 years now. Before that it was uh, she was on, taking prescription pills like uh Vicodin and Percocet and stuff like that to the point where she was pretty much useless, you know, she would just lay on the couch for about... four years, um go to the pharmacy and go to the liquor store and that was it, you know?"

-24 year old male

Stated gender roles

"There wasn't none [protection]... all the girls wanted him. He was a baller, he sold dope, he had money, he had cars. But I was his wife...girls would call me talking shit. I remember when I first got with him I would let it get to me. It would bother me. It would hurt my feelings. And then in the end I remember I would sit there and I would tell them, 'If you can take him, take him. But he's not going nowhere.' It's like nothing to me. I'm his wife. I'm going to always be here. He's not going to leave me. That's why I don't make a fuss about it."

-23 year old female

Violence intersecting with drug use and sex

“We were together for seven months and the whole seven months he hit me, he cheated, he just like, when I didn’t want to have sex like he’ll force me. And like when I didn’t want to do drugs, he’ll beg me and do so many things... I guess like because he was my first one... I can’t leave him you know? I love him... And he like, one day we just had sex and um I found out I was pregnant at thirteen... and at first he was like, oh you know I’m going to be a father and he put it on his MySpace... and like after, it’s like okay you know, ‘I don’t want the baby no more. Have an abortion.’ Like I’m not going to have a freakin’ abortion. But then I had a miscarriage because of stress and so many other things.”

-14 year old female

“There’s nothing like sex on meth. Having sex, just period on drugs is great. I don’t know why; that’s one of the main parts of the addiction. ...Like some people, you get high and you just wanna have sex. That’s it. You don’t have no conscious. When you are on drugs and you want to have sex, you have no conscious. You could know that a girl sells her pussy on the street and you would still fuck her with no conscious.”

-male

HIV/STD testing as a risk reduction strategy

“When I was drinking I would have sex with... I would cheat on him, just yeah, with certain people...without a condom. Well, one was with and then the other one was without...”

I get tested for HIV and the STDs every six months... they started testing me every six months because when I was drinking I was raped by some guy I don’t even know but we went to court and pressed charges and everything and when they did my exam they found out I had Chlamydia so they gave me the medicine and got rid of it but they been testing me every six months to make sure I don’t get nothing else.”

-20 year old female

Ambivalence towards rehabilitation

“There are days that I’m depressed but I’m fine... I have to do it or else I’ll lose my son. And I’m not going to lose my son over dope... I’m not that type of female... Honestly, to tell you the truth right now. I don’t know if this is going to make me stop. ...There’s no guarantees that once I get my son. I’m... that’s what I’m here for so I can get my son.”

-23 year old female

Institutions as sites of conflict and initiation

“Oh yeah like the preps are like all the cool kids would drink. And the Mexicans would smoke, a lot would pop too. Gangsters would pop, thizz, or I mean smoke, drink, coke. Yeah. I think all of them kind of experienced a lot of things. Even the nerds sometimes would drink. We were called the druggies because we were the people that everyone knew were like doing the drugs. Like...yeah we don’t care. We’ll smoke right in the student union. That’s how it was.”

-16 year old female

“I pretty much started selling drugs when I was 13. I sold first. I was, just you know, basically just wandering around, just seeing what I could do. I wanted to get money. I was on a money hype.”

-18 year old male

What did we learn from past studies?

Young Women’s Survey

From April 4, 1996, to January 6, 1998, we went door-to-door in randomly-selected low-income neighborhoods in 5 Northern California counties. We recruited 2,545 women aged 18 to 29 years. We found the following rates of infectious diseases among these women:

HIV - 0.3%	Oral herpes (type 1) - 73.7%
Syphilis - 0.7%	Genital herpes (type 2) - 34.4%
Gonorrhea - 0.8%	hepatitis A - 33.5%
Chlamydia - 3.3%	chronic hepatitis B - 0.8%
	hepatitis C - 2.5%

In addition, 44% of the women reported condom use at last sexual intercourse with a new partner.

From: Ruiz JD, Molitor F, McFarland W, et al. Prevalence of HIV infection, sexually transmitted diseases, and hepatitis and related risk behavior in young women living in low-income neighborhoods of northern California.

HEYMAN Study

This study recruited men aged 18 to 35 from low-income neighborhoods in 5 Northern California counties. As one part of our research, we looked at 410 Hispanic immigrant men from 3 counties, to compare risk behaviors between men who had been in the US for a long time (more than five years) or were recent immigrants (less than 5 years). Recent immigrants had less stable sexual partnerships and less health-seeking behavior, including HIV testing. Established immigrants reported HIV test rates comparable to the national average.

	current main sexual partner	use sex worker	receive health care	HIV test
Established immigrants	67.2%	27.6%	31.3%	43.3%
Recent immigrants	45.3%	40.0%	21.2%	26.0%

From: Levy V, Page-Shafer K, Evans J, et al. HIV-related risk behavior among Hispanic immigrant men in a population-based household survey in low-income neighborhoods of northern California.

Studying Youth in Northern California

SYNC Investigators and Staff

Kimberly Page PhD, MPH; Principal Investigator



Dr. Page-Shafer is Associate Adjunct Professor of Medicine in the UCSF Department of Medicine, Center for AIDS Prevention Studies. She is an epidemiologist and is the PI of various studies investigating transmission and acquisition of bloodborne and sexually transmitted infections in high risk populations

Judith Hahn PhD, MPH; Co-Investigator



Dr. Hahn is an Assistant Professor in the Department of Medicine at UCSF. She is an epidemiologist studying the intersection of substance use and infectious disease.

James Quesada PhD; Co-Investigator



Dr. Quesada is Professor, and Chair of the Department of Anthropology at San Francisco State University (SFSU). He is an experienced Anthropologist, skilled in community-based public health research.

Juan Ruiz MD, DrPH, MPH; Co-Investigator



Dr. Ruiz is the Chief of the HIV/AIDS Epidemiology Branch at the Office of AIDS, California Dept. of Health Services. He has led two prior 5-county research studies including the Young Women's Health Study and the HEYMan Study.

Tom Stopka MHS; Co-Investigator



Mr. Stopka is a Research Scientist with the Epidemiologic Studies Section at the Office of AIDS, California Dept. of Health Services. He is experienced in social science research with drug using populations.

Alya Briceño; UCSF Project Coordinator



Ms. Briceno is an experienced Project Coordinator and Study Manager in the Department of Epidemiology and Biostatistics at UCSF. She has assisted faculty in the implementation of several HIV and HCV-related programs and epidemiologic studies in San Francisco, California.

Emiko Kamitani RN, Intern



Ms. Kamitani is a master's nursing student at UCSF and studies Advanced Community Health/International Nursing and HIV/AIDS. She has been involved in several studies of HIV/AIDS and other health-related issues in San Francisco and Japan.

For more information on the SYNC Project, see: www.caps.ucsf.edu/projects/SYNC/

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