

BRICK REBUILDING

A Project of the Harm Reduction Coalition (HRC)



FOCUS GROUP SUMMARY

TAKING A LOOK AT AT-RISK BEHAVIOR IN YOUTH OF COLOR IN NEWARK, NJ

A premise for a shift in
zero-tolerance/abstinence only
HIV/STI and substance abuse education
to a comprehensive harm reduction-based prevention
intervention for inner-city youth of color

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Introduction

The formative survey research for examining at-risk behaviors of Black and Latino youth (youth of color) specifically in Newark started with the desire to create a harm reduction-based sexually transmitted infection (STI) & substance abuse prevention intervention curriculum for youth of color that reside in inner-city communities. Considering that 50% of Newark's high schools have high drop out rates of students at 60%¹, and low percentages of 11th graders at 46% who passed the mathematics portion state's High School Proficiency Assessment (HSPA) 2003-2006², we need to question why the current education system is failing our youth and reassess the ways in which we educate them. The discussion needs to shift from judgment and criminalization of our youth to developing self-efficacy and personal autonomy. Most importantly they need empowerment.

In New Jersey, 69% of current smokers said they tried tobacco were under the age of 18 and more than half of New Jersey's population uses some kind of potentially harmful/mind altering substance.³ It was last reported in 2003 that 74% of drug treatment admissions for marijuana were people under the age of 25.⁴ Given the state of the HIV/AIDS epidemic among teenagers — the latest statistics show that 86% of Black and Latino teens between the ages of 13-19 are at risk for HIV in the U.S. – New Jersey ranks fifth in the nation in cases, and more than half of new infections are found in people under the age of 25 in Newark⁵. What does it really mean to be 'at-risk'? In the environment our youth live in, it is not just youth who are homeless, young drug users or sellers, and young men who have sex with men or women who have unprotected sex – it's *everyone*. We need to understand that assessment of knowledge in education through testing and administering of grades in school-based prevention intervention does not act as the sole precursor for behavioral change for youth who live in urban environments- the same environments that are set up (i.e. racial residential segregation) to put them at risk for many different dangers, such as drug addiction, STIs, and unintended pregnancies. There is a need to assess other factors that play a part in the behavior of our youth that are interconnected that will be addressed in this summary.

It was this information, along with my personal experiences interacting with people going through addiction & treatment, and connecting with people currently infected with a STI, that started this work. People for the American Way's *Young People For Leadership Academy Fellowship Program*, a program that identifies, engages, and empowers progressive young leaders, in conjunction with the Harm Reduction Coalition, whose work focuses on promoting the dignity and well being of those impacted by drug use, is responsible for giving this project the foundational resources needed to create a new prevention intervention curriculum that is in need not only in Newark, NJ, but all across socioeconomic disadvantaged cities throughout the United States.

¹ Robert Balfanz and Nettie Legters, "Locating the Drop Out Crisis," Center for Research on the Education of Students Placed at Risk 2004: 12.

² The 2003 NJ Household Survey on Drug Use and Health. NJ State Department of Health and Human Services, Division of Addiction Services. 2005.

³ Newark Public Schools Annual Report 2006-2007 Newark Public Schools District 2007.

⁴ Abate Mammo, Ph.D, "Drug Abuse in the Newark Primary Metropolitan Area" Community Epidemiology Working Group Vol. II June 2003: 8.

⁵ HIV/AIDS Fact Sheet: Kaiser Foundation, CDC: MMWR July 2007.

Focus Group Objectives

These focus groups were conducted to:

- 1) Identify feelings and attitudes about problems in the participants' community.
 - 2) Observe how feelings and attitudes about social problems affect drug use in a young person's life.
 - 3) Point out what motivates participants to engage in sexual practices.
 - 4) Look at how young peoples' motivational factors may place them at risk when engaging in unsafe sexual practices.
 - 5) Find out what will make youth invest more in their own personal safety and well-being.
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“Drugs, Alcohol –they are addicted.”

“Not just that, but kids [inaudible] and well....they get easy access to those drugs.”

“Violence”

“Domestic Violence”

“Sex –Group Discussion [inaudible]”

“Black on Black crime”

“Hispanic on Hispanic crime”

“Black on Hispanic crime”

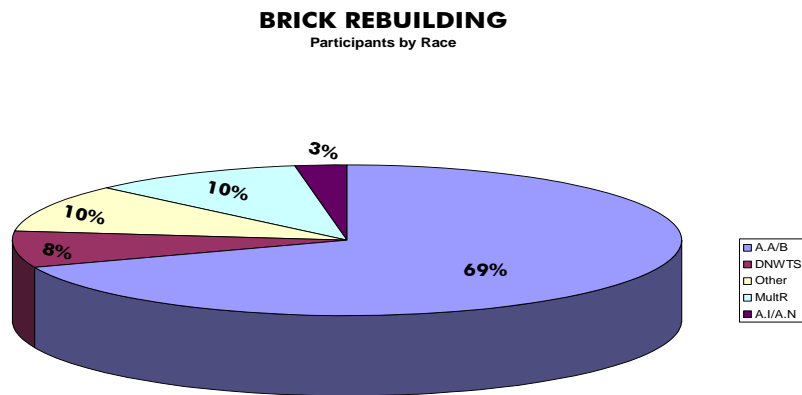
“We live in a community filled with ignorance”

“Poverty”

“Well it starts from inside the home, its starts from the family. That's the roots. They raise you up so....”

Methodology

From September 24 – November 1, 2007, four (4) focus groups were conducted in the city of Newark with predominantly African-American/Black and Latino youth (aged 12-18). There were a total of 39 participants for this sample. 41% were female and 59% were male.



Demographic breakdown:

- 69% African-American /Black
- 10% identified as Multi-racial
- 3% identified as Alaskan Native/ American Indian
- 8% did not disclose their race
- 10% were other

Ethnically, 15% of the participants identified as Hispanic/Latino, which included African American/Black, Multi-racial, and other.

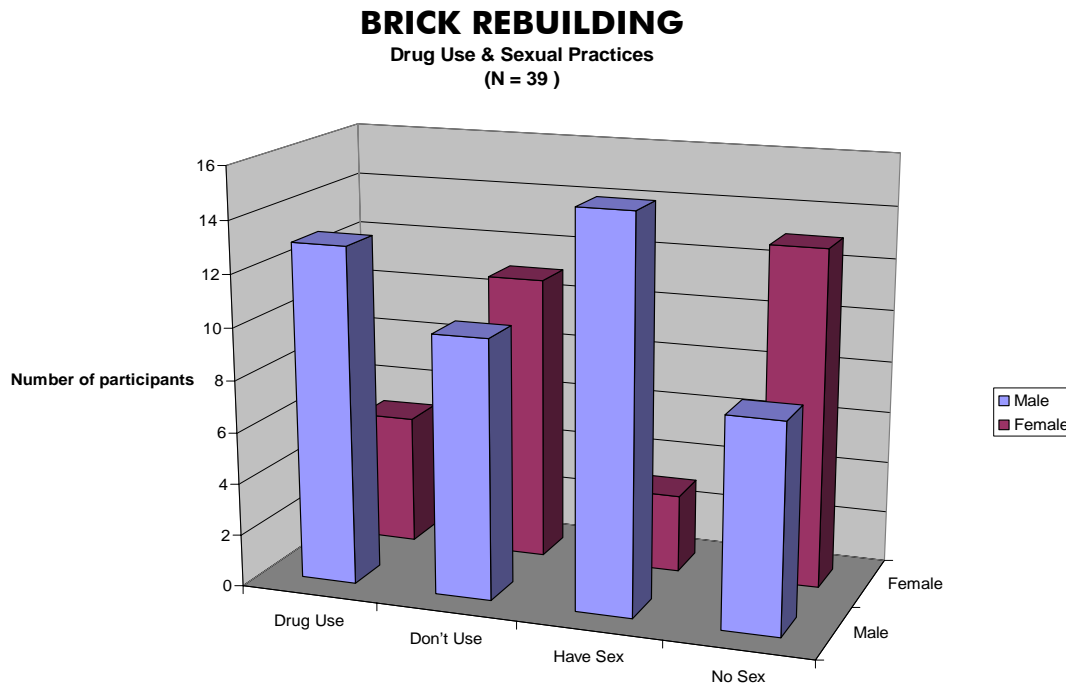
The sub-populations of the target population included:

- ❖ Predominantly African-American/Black and Latino men who were participants of a correctional residential house program - 10 participants. (*Bethany Cares, Bethany Baptist Church/Essex County Correctional*)
- ❖ Predominantly African-American/Black Men who attend a youth LGBTQ drop-in /HIV prevention center – 7 participants. (*Project WOW!, North Jersey Community Research Initiative*)
- ❖ Predominantly African-American/Black men and women who are a part of an after-school youth program – 10 participants. (*Ad House*)
- ❖ Predominantly Black and Latina women who are a part of an after-school youth program – 11 participants. (*El Club Del Barrio*)

The eligibility criteria for participation: (1) 12-18 years of age, (2) a young person of color, specifically Black, Latino, indigenous and/or multi-racial, and (3) reside within the Newark city area. Recruitment for the focus groups was done through the executive directors and program directors of the different agencies and organizations. All participants signed consent forms informing them of the nature of the research being conducted, and the confidentiality and disclosure of information. Participants under the age of 18 needed guardian/parental consent. Before the discussion started, participants filled out a questionnaire inquiring about their program or school of attendance, age, gender, racial and ethnic background, as well as their engagement in sex or drugs. The questions asked in the focus group were related to problems young people faced in the community, their peers' drug use, the difference between drug use and abuse, sexuality, contraceptive use and unprotected sex, HIV infection and AIDS, and innovative ways about educating youth on drug use and sexuality. Each focus group ran for about an hour, which I facilitated. The conversations were tape recorded and transcribed to ensure accurateness and to identify common themes in participant responses; then the tapes were discarded. Participants' incentives included t-shirts courtesy of the Harm Reduction Coalition, as well as food and beverages during the focus group.

Drug Use and Sex among Adolescents

Before the focus group began, a questionnaire was distributed that asked participants whether or not they had engaged in sexual intercourse or drug use as it was defined by them. Here are the findings:



*46% (18 out of 39) participants reported having used drugs as well as having had sexual intercourse. When broken down by gender, 56% (13 out of 23) of the men reported having taken some mind altering/potentially harmful substance. 65% (15 out of 23) reported having had sexual intercourse. For women, 31% (5 out of 16) reported using drugs and 19% (3 out of 16) reported having sexual intercourse.

I would like to note that there are many different factors that may affect the reporting of data, so there needs to be acknowledgement that there may be some under/over-reporting of data as it relates to drug use and sexuality. This maybe attributed again to stigma in talking about these topics of drug use and sex, as well as gender role dynamics that played out during the focus groups related to issues surrounding sexuality, such as young females not disclosing their sexual activity because it would be deemed inappropriate for a young female in society to be having sex during that age would cause under-reporting, or males having a sense of hyper-masculinity and bravado that would cause over-reporting. Nonetheless, the data is indicative of at-risk behavior on a larger scale.

Key Findings

1) Societal problems that youth of color face in their communities:

- ❖ Lack of Family/Parental Support
- ❖ Peer Pressure
- ❖ Lack of Education
- ❖ Poverty
- ❖ Teen pregnancy & being sexually active (having unprotected sex)
- ❖ Drugs
- ❖ Violence
- ❖ Gangs
- ❖ Theft
- ❖ Sex Work

In understanding what exactly puts teens at-risk for possible dangers that come their way, we must look at the other influencing factors in addition to drugs and sex. Consistently throughout all the focus groups, participants expressed a concern about a lack of parental guidance that influences youth to engage in at-risk behavior. Many said that youth choose the wrong role models, parents are doing a bad job raising their children, and/or parents are not present in the child's life. The consensus was that many of their peers that face these problems don't have a supportive environment at home, which leads them to choose other outlets that place them at-risk. Peer pressure has always been something that youth are faced with. But being young, one must learn how to mitigate the negative pressure and still make decisions that are beneficial for them. In addressing a lack of education, participants talked about drug use in the school community, as well as sexual harassment and conversations about violence were also prevalent. Participants spoke about domestic violence, gang activity, and racial/ethnic tensions as well. When participants talked about gangs they talked about shoot-outs that occurred in their community, as well as drug deals.

2) Issues around Drug Dealing & Use in Newark:

Attitudes and Feelings towards Drug Dealing & Use

“I look at them as regular people, regular individuals, everyone plays a part.”

“I would say like if you buyin' 'em, that's you. ..you putting money in my pocket. If you doing 'em that's you...you putting money in my pocket. If you sell 'em...you still putting money in my pocket fa' real that's all.”

“I feel like it's sad, because like they selling to they own race and stuff like instead of seeing their own race doing good like they bringing us down.”

When asked about youth's attitudes and feelings about the use and selling of drugs in their neighborhoods, there were competing perspectives on the subject matter; however, the perspectives brought together a full picture to depict the landscape of substance use in Newark and the effect on its youth.

Many felt that the drug trade that occurs in their communities is a form of self-destruction and for many they were opposed of the selling of drugs, because they felt that it was destroying individuals and families through violence, crime, and death. Others also expressed, that people who sell drugs do so as a means for survival in terms of maintaining economic stability for themselves and their family, and aspire to want material things that people desire such as new Jordans (sneakers), cars, or even more money, because people want instant gratification - in a world where material wealth is prioritized over health.

Substance Use

The substances that youth of color in Newark mentioned that are common and currently used are as follows:

- ❖ Marijuana (Wet: a joint dipped in embalming fluid)
- ❖ Tobacco (Cigarettes/Black and Mild)
- ❖ Alcohol
- ❖ Cough Syrup (Tussionex/Promethazine-prescription, Robitussin, Nyquil)
- ❖ Ecstasy (E-Pills)
- ❖ Crack/Cocaine (Coke)

Other substances that participants mentioned, but did not come up regularly in all the focus groups were:

- ❖ Heroin (Dope)
- ❖ Over-the-Counter medications (OTC) i.e. Percocet.
- ❖ Markers
- ❖ Glue
- ❖ White Out

Continuum of Use

“The difference between drug use and drug abuse - cuz when you use it, it’s not that often, but when you abuse it...you on it all the time like you always want it like it’s something you’ll always want, but when you using it, it’s like every now and then here and there nah mean.”

“For me it all depends on what drug you talkin’ about cuz it’s all the same like cuz for some drugs you use it once and you get hooked to it and then it becomes abuse and you need it all the time.”

Youth discussed the fact that these drugs are used recreationally and casually. They did not say that their peers used drugs excessively. When asked about the difference between drug use and drug abuse many said drug use was casual or ‘*once in awhile you use it.*’ Drug abuse when talked about had direct ties with what participants understood to be addiction: where the person using drugs feels like they needed it all the time and it was something that was becoming habitual. Questions also arose from participants on whether certain drugs were really addictive or not, such as marijuana.

3) Youth's relationship with Law Enforcement:

“It all depend on the cop you feel me in the area ...yeah if they see you all the time and you always with a bunch of people then they gonna stop you everytime because you with a crowd especially when it get late cuz it's past the curfew law, so when you get caught they gonna take you to the holding cell call your parents or whatever, and it depend on how many strikes you got.”

“Black, white, Latino, Portuguese, Italian if you a cop - I don't like cops. If you a cop and you pull me over imma keep it movin' . ”

“You know like don't act out—you know—to even make the situation worse—like act crazy. Just act normal—like your regular self.”

“Do I actually have it? - Um, ill run my mouth. I'll tell him he don't have the right to accuse me of having something like that just because of the image I portray, my hair, the way I dress, the neighborhood I am in . I don't have to be like that [inaudible].”

Participants for the most part had a sense of distrust in law enforcement. This was expressed by the majority of the participants in the various focus groups. Some participants either had personal experiences or had known of someone who was negatively impacted by their engagement with police. They wanted no part in acquainting themselves with the police, saying that they would be mad or upset if the police stopped them whether in their car or walking. When presented with a scenario where participants were asked what they would do if stopped by police and questioned about possible drug paraphernalia/narcotics, the reply from the participants was that they would run their “*mouth to the police*”, and/or run from them. Some said that they would comply with whatever demands the police asked of them, while others were unsure of what they would do. Issues around abuse of power from police, as well as racial profiling, were also common themes shared among the participants.

4) Sexual Behaviors:

Talks about sex for participants were not conversations that were made to seem awkward. Participants were open to talking about those sexual practices that youth engage in as well as what things motivate them to have sex.

Type of Sexual Behavior/Practices Reported

- ❖ Anal Sex
- ❖ Dry Humping (contact without penetration)
- ❖ Eating Ass
- ❖ Finger Popping
- ❖ Masturbation
- ❖ Oral Sex
- ❖ Vaginal Sex

Motivating Factors for Sexual Intercourse

There were various factors for why participants felt the need to engage in sexual intercourse. Participants reported that the person's appearance and personality were primary motivating factors in why they wanted to have sex with their partner. The media, temptation, their hormones, peer pressure, curiosity, wanting to feel pleasure, wanting to be an adult and make their own decisions, the way one wears their clothes, having a sense of bravado, and body structure were all things that participants said played a part in them engaging in sexual intercourse, and there were variations of these concepts from each group.

5) Knowledge of Prevention:

Participants reported in that terms of their current knowledge of prevention, abstinence and contraceptive use (condoms) are current methods of preventing the transmission and/or acquisition of STIs and unintended pregnancy. Participants also said they should get to know their partner and their sexual history to help mitigate the risks involved with getting an infection, as well as not using mind altering and potentially harmful substances while having sex. Participants received most of their information in school and some from the programs that they attended at the community-based organizations where the focus groups were held.

Barriers around Prevention

“Imma keep it real man if I am in that lil’ high zone and I ain’t got no rubber imma just go in nah mean.”

“If I [inaudible] tho I don’t know if I can make the right move.”

“You gotta make the right move at all times tho; I know I’m working on that.”

Lack of knowledge about proper STI prevention, and also issues around keeping healthy relationships were concerns shared by participants in the focus groups.

Things that participants said would be reasons behind youth not using condoms:

- ❖ Trust
- ❖ Lack of access to condoms
- ❖ Stigma associated with being seen buying a condom
- ❖ Not knowing how to use them
- ❖ Wanting to feel pleasure
- ❖ Feeling highly aroused in a situation that presents a sexual encounter

6) Knowledge around HIV/AIDS & STIs:

“They are afraid they might have it.”

“They’re scared.”

Some focus group participants reported having more knowledge of HIV/AIDS and STI prevention than others, depending on the nature of their prevention programming experiences. There were many myths about HIV/AIDS and questions related to how HIV/AIDS could be transmitted, e.g., *if it was possible to get it through oral sex*. When asked what HIV/AIDS meant to them, many mentioned that HIV/AIDS meant death, stupidity, having unprotected sex, hope, and life. Participants of two focus groups mentioned Magic Johnson (being that he is seen as the spokesperson for HIV prevention), and others gave their definition of HIV/AIDS as an infection that turns into a disease from the exchange of bodily fluids.

In terms of how HIV is contracted, participants mentioned through particular situations like men who have sex with men (MSM), blood transfusions, unprotected sex (vaginal/anal), and bodily fluids as their responses. Most participants said they would go to the clinic, local hospital, or community based organization to get tested for any STIs including HIV. Participants concluded by saying that there is still a lot of stigma with HIV/AIDS and people are scared when they hear about it, which is the biggest barrier to people getting tested.

7) Youth Perspective on STIs & Substance Abuse Prevention:

Youth mentioned that they want to talk to people who have gone through addiction recovery and are knowledgeable on drug use. They also wanted to hear the experiences of people living with HIV/AIDS. An interest in stages of change in the context of drug use was also expressed by participants who wanted to see the person who was currently using, going through rehab and someone who was in recovery from an addiction.

“I would say that I would rather listen to the person who is doing drugs and then the person who did the drugs like as far as like I would talk to a crack head nah mean and he would let me know his perspective of things and then another individual who went down that route already and they clean for some years ..not some days, not no months, but some years nah mean and then talk to somebody that’s like currently at a rehab facility where he could explain to us like how hard it is -- hard it is to face that addiction, because if you look at it realistically we all got an addiction of somethin’ you know. That is how I like think [inaudible] good way for me to –to really sit back and listen to ‘em and make me get something through my head, but you could tell me don’t do drugs, it’s not good for you—you smoke crack this is what’s gonna happen to you –how you know that? You did it?”

Participants wanted to hear from their own peer group about their experiences and have spaces to talk about different issues that go on within their community. Many expressed they would like to see more audio/visual programming and interactive games about sex and drugs. Lastly, one participant expressed that:

“If I see a group of 30 kids talking about let’s stop the spread of HIV then imma be down with them like because that is something positive.”

This provides proof that we need to start organizing our youth to do self-advocacy as a means of empowerment to create the changes they seek.

Conclusion & Implications for a Harm Reduction-based prevention intervention Curriculum

From the information culled from these focus groups, a sizeable amount of participants, ages 12-18 expressed that they and their peers have used some kind of drug or engaged in sexual intercourse. Also, there was discomfort in responses to questions about drug dealing, sexually transmitted diseases and unintended pregnancies, because of the cognitive dissonance between what they know and believe, and the realities that people in their neighborhood live with on a daily basis. There is a need for programming and services that confronts this dissonance, and works with youth to being to be critical thinkers around their own well-being as well as their community's. Coupled with the other issues that youth in Newark face, abstinence-only/zero-tolerance sex and drug education will not suffice alone in ensuring the health, well-being and dignity of our youth. Harm reduction is inclusive in nature, and allows for people taking the task to work with youth to meet them where they are at, while at the same time making a self-assessment that their own personal agendas and judgment do not interfere with what is best for the adolescent, whether he or she is using drugs or having sex or choosing to abstain. In this respect, it allows for discourse between the person facilitating the information being disseminated and the adolescent, so that both entities can grow from the learning experience. The focus is ultimately on youth protecting their health, safety and well-being.

There are a multitude of different problems youth face in a socioeconomic disadvantaged community that's engulfed in a culture of violence that produces poverty, crime, unstable families, poor role models, teen pregnancy, and many of the numerous issues that teens in Newark said they faced. If we are going to address the issues of substance use and sexually transmitted infections with youth in our community, it must be done so through holistic means. We must address this culture of violence that serves as the underlying foundational cause for the many effects that we see in at-risk behavior in youth of color through the acknowledgement of socially constructed modes of oppression that inherently oppress and repress peoples' rights to have a better quality of life and well-being. We also need to question the role drug policy and law enforcement has on our youth's future, and how this, in a larger context, affects their livelihood in the communities in which they live.

Brick Rebuilding's focus will be on ensuring cultural competency in addressing racism, sexism, heterosexism/homophobia, and capitalism as it relates to how these determinants impact sexual and drug using behavior rather than what traditional curriculums do that are tailored for marginalized groups, which is to emphasize ethnic/racial, gender, and LGBTQ pride without addressing issues around power and privilege and its role in establishing the landscape of marginalized communities that influences internal and interpersonal behavioral outcomes. *Brick Rebuilding* will assist youth in actively deconstructing and moving beyond these modes of oppression, serving as a source of empowerment, and helping youth to be able to make healthier decisions that will protect their personal autonomy.

The curriculum will also need to focus on up-to-date information on drug pharmacology as well as offer harm reduction strategies that will be able to mitigate the dangers and keep our youth safe when presented with situations that will put them at-risk. Developing self-efficacy and decision-making is key in the development of this curriculum. In addition, being that we are working with communities of color we need to be honest about the issues that they face with

activities that engage them in confronting their risk behaviors, in the context of the communities in which they reside.

Redefining manhood and womanhood and reconciling relationships between genders will also need to be addressed based upon participant responses. The sexism and heterosexism that is internalized with youth and how this puts them at risk for unprotected sex, and unintended pregnancies will also be addressed along with the pathology of STIs and ways to avoid infection.

In getting a youth perspective on their needs, and also in following the purpose of the curriculum, there are six modules where issues around drug use and sexuality will be addressed.

- 1) **Breaking:** Continuum of Drug Use: the Individual, Family, and Community
- 2) **Putting together the Pieces:** Drug Use and Risks
- 3) **Molding:** Drug Trade & Law
- 4) **Cementing:** Sexuality/Gender Identity & Maintaining Healthy Relationships
- 5) **Solidifying:** STI & Substance Abuse Overview
- 6) **Building:** Readiness & Condom Use/Negotiation

While these modules have been formulated to address education around sex and drugs, it must be noted based on participant response that the curriculum needs to be coupled with comprehensive programming and services that will promote healthy choices with our youth. Visiting substance abuse treatment centers, talking to people in recovery, building peer-to-peer education models, and promoting community organizing through youth self-advocacy, and developing social enterprise intervention models would be very beneficial to this population of youth. Further investigation is needed as to how these variables would manifest and operate from the foundation that this information has laid out to inform the curriculum that is being developed.

*Copies of the Focus Group Observation Summary for each focus group are available upon request.

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