MEE has been working with several behavioral health agencies, in a mid-Atlantic city and a large Northeast city, to develop prevention and early intervention messages for heroin, prescription painkillers and opioid-use prevention programs. For these projects, we conducted a number of focus groups this past summer with low-income African-American males ages 18-24 and 34-45, traditionally among the hardest-to-reach sub-populations. With countless American communities—inner city/urban, rural and suburban—having been ravaged by heroin overdoses and deaths, MEE’s latest work looks at how to combat these issues further “upstream.”

People who are addicted to...

- **ALCOHOL**: are 2x more likely to be addicted to heroin.
- **MARIJUANA**: are 3x more likely to be addicted to heroin.
- **COCAINE**: are 15x more likely to be addicted to heroin.
- **Rx OPIOID PAINKILLERS**: are 40x more likely to be addicted to heroin.

**Heroin use is part of a larger substance abuse problem.**

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

**Heroin** is a highly addictive opioid drug with a high risk of overdose and death for users.

**Continued on page 2**

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**It’s A Different World...Do It Early and Often...The Talking (Not the Sex)**

Parents urgently need to understand that “It’s a Different World” now than it was when many of us were growing up. We may not like how sex is so “in our faces” these days. But we have to “wake up” and start talking effectively with adolescents early and often, so that we can plant the seeds that will help our children make safe and healthy choices related to sex. At the same time, sexual and reproductive health agencies and providers must focus some of their resources on educating parents, caregivers and community adults about effective parent-teen communication.

**Continued on page 4**
This issue of UrbanTrends explores public health issues that are impacting communities across the country. CDC data shows that the opioid epidemic is getting worse. Yet, there has been pushback from the pharmaceutical industry about reducing the number of painkillers that are prescribed by doctors. Since CDC’s headway in reducing the supply side of this problem is meeting resistance, it makes sense to look at ways to reduce demand, through "upstream" prevention efforts. With dwindling public funding available, institutions have to be smart about how they spend their dollars. Our first article presents how community mobilizing is cost effective in penetrating hard-hit communities, along with being a culturally relevant approach to changing norms.

Also in this issue, we share learning from an interesting adolescent sexual health project MEE conducted in the rural South. While we were supposed to be promoting use of sexual health clinics to prevent teen pregnancy and STIs, we realized that many parents were not having those first, important conversations — “The Talk” — at home. In this day and age, that’s a dangerous proposition — and a missed opportunity. MEE created a position paper to outline the importance of parental input at the pre-teen juncture when young people are starting to make choices and decisions that could have dire health and emotional consequences. We hope to do work in 2016 to engage, educate and mobilize parents of adolescents. Macro benefits of their participation include creating a corps of potential advocates for sustained or increased funding for school- and community-based health clinics — and for making sure those clinics are held accountable for treating low-income patients with dignity and respect.

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Many states and cities are trying to stem the flow, focusing on reducing the number of deaths and emergency room visits caused by heroin and opioids. Making Naloxone (Narcan) more widely available and enacting “good Samaritan laws” (when they are applied equitably) are great short-term, critically necessary solutions. However, we believe that, to actually start reversing drug-use trends — and its effects on all levels of our communities, more efforts must focus earlier in the process — on prevention and early intervention. Most jurisdictions will never be able to meet or pay for the demand for drug-addiction treatment unless they reduce the need for such treatment upstream — and to do that, they must engage the community at the grassroots level. While this approach is often ignored or perceived as “too hard” to pull off, MEE asserts that authentic, on-the-ground community engagement is the only way to change the behavior of poor, underserved populations.

MEE has assisted public health agencies and organizations in major cities such as Atlanta, Philadelphia, Baltimore, Washington, DC, Columbus and Chicago in preventing substance abuse and promoting mental wellness to underserved audiences with the highest health disparities. For example, to understand the behaviors and motivations of a trendsetting, but hard-to-reach population collected in two of America’s most negatively impacted cities, as noted earlier, we conducted focus groups with young Black males who were overwhelmingly unemployed, under-educated, from single-parent households and who had been involved with the criminal justice system in some way. Nearly 80% of the participants used marijuana regularly, followed by alcohol and Percocet, at over 40% each. We will be leveraging insights from our research findings and past experiences to inform agencies and health departments across the country about how to use culturally-relevant mental-wellness messages and non-traditional delivery strategies to create effective opioid-use prevention and early intervention campaigns. Sharing lessons learned from decades of behavioral health campaigns across the country is important if we are to be successful in taking on the burgeoning epidemic associated with painkillers and heroin.

Countering Lack of Trust, Reducing Risky Behaviors and Gaining Respect with Culturally Relevant Messages and Outreach Strategies

MEE’s health-disparities expertise leads us to advocate for a grassroots community-engagement approach to prevention that will engage skeptical and disillusioned communities and residents who now have very low levels of trust and confidence in “the system.” These residents may not trust institutions, but they do trust the community-based organizations they see and interact with on a daily basis. That relationship can be leveraged for the kind of in-depth dialogue and persuasion that precedes true behavior change.

By helping state and local public-health and social-services/mental health agencies deliver opioid-use prevention materials directly to their target audiences through trusted community touchpoints, MEE’s approach helps clients increase the levels of trust and credibility within the communities they serve, through the building of long-lasting community linkages and partnerships. Community-engagement models developed by MEE also leave opinion leaders at the grassroots level with outreach and advocacy skills. The models’ skills-transfer process builds capacity for long-term engagement and activity on a wide range of social and health issues. This creates a network of collaborators that can be leveraged by public agencies to promote health efforts beyond substance abuse, conduct community needs assessments and disseminate a range of mental wellness messages.

MEE brings two decades of experience in community-engagement strategies that have been proven effective in moving the numbers and leaving communities empowered and energized. We hope to transfer skills to organizations and agencies who are committed to the prevention end of the equation — who are willing to do the sometimes harder work of connecting residents to protective factors that can disrupt the pipeline to drug use and addiction.

MEE would like to hear your thoughts on how opioids are affecting communities — and on solutions for moving forward. It will take all of us working together to hold systems and institutions that are charged with saving lives accountable.

Comment on Facebook and Twitter using the following hashtags.

#GroundUpApproach
#PreventAddictionDontPunish
#GrassrootsTrumpsTreatment
#CommunityToPreventOpioidAbuse
Different World continued...

This is a key protective factor that can reduce risky sexual behaviors that lead to teen pregnancy, STIs & HIV and even dating violence. Since we know that lower-income families of color face ongoing stress and trauma and that social determinants are often stacked against them, messages will also need to help these parents (with hectic lifestyles) overcome their environment and the challenges of communicating with their ‘tweens and teens. Rationales for this messaging approach include:

Rationale 1: Teens Want to Hear About Sex From Their Parents - Teens consistently say that parents most influence their decisions about sex. According to the National Campaign to Prevent Teen and Unplanned Pregnancy, 86% of teens say it would be much easier to postpone sex and avoid pregnancy if they were able to have more open, honest conversations about these topics with their parents. Nationally recognized adolescent sexual-health experts say that parents have given up their power, afraid that if they bring up the topic of sex, their children are more likely to engage in it. In fact, the exact opposite is true. (Links to videos of MEE interviews with Dr. Gail Wyatt and Henry Foster, MD. are available by emailing info@meeproductions.com)

Rationale 2: If You Don’t Talk with Your Teen About Sex, Someone Else Will Be More Than Happy To - Parents need to accept that their teens are being talked to and engaged about sex, whether we know it or like it, given that there are so many influences bombarding all of us with unhealthy sexual messages. Sources include aggressive advertising that uses sex to sell every type of product or brand, free online porn and movies and TV shows that titillate. These influences, particularly intermingled with exposure to alcohol and drugs like marijuana and opioids, can undermine parents’ spoken (or primarily unspoken) values and intentions for their children. Recent sexting scandals at middle and high schools reflect how social media and digital technology can negatively impact children when parents do not directly engage their teens about sex. Incidents like these have real consequences, including felony convictions that come with a lifelong label as a sex offender.

Rationale 3: Before, You Had to Worry About Your Child Acting Promiscuous; Now, You Have to Worry About the Digital World/Media Being Aggressively Promiscuous Towards Your Child - Parents have to be aware of how their children are navigating our digitally connected world, with sexually explicit YouTube videos, hidden apps on their smartphones, and images of “private parts” that are supposed to disappear after they are texted. As soon as a parent provides a child with a smartphone (which is most often for safety and staying-connected concerns), we are now opening them up to a digital world rife with sex, even before they may even be thinking about becoming sexually active. Now, youth as young as 10 are exchanging naked photos or videos with their peers or accessing porn. There is so much more to worry about than in-person sex.

Environmental Context

The overall negative influences impacting youth have been amplified (aggressive sexual portrayals via the media and Internet, greater peer pressure and access to prescription drugs and alcohol, teen dating violence, a lack of trusting relationships, etc.). This different world also includes a social and environmental context that devalues females and erodes “sisterhood;” where sex often operates as a “transaction” rather than a way to build true intimacy; and in which bullying, harassment and dating violence are becoming more common. A more enlightened, trauma-informed approach to “sex education” means that messages must incorporate the recognition that poverty, stress and trauma impact the ways in which today’s children are led to certain sexual behaviors.

Who Should We Target?

We think the primary target audience for local, state or national outreach campaigns should be parents/primary caregivers/other family influencers of 12-14 year olds (“tweens and teens”). MEE recommends that sexual and reproductive health agencies and Title X providers meet all parents “where they are” and move them along the path toward
active and effective sexual health dialogue with their children.

- MEE recognizes that some, if not many parents of tweens and teens will be in the “pre-contemplation” stage (from classic behavior-change models) of a readiness to talk openly and effectively with their pre-teen about sex. These parents are in denial and have their “heads in the sand;” they need to be awakened, educated and convinced to get the dialogue started.

- Others (contemplation stage) may recognize the need to talk, but need the tools and guidance to do so in a way that keeps the lines of communication open in the short- and long-term. They see the daunting sexual realities teens must navigate and need to be motivated and prepared for action.

- Parents in the preparation/action stages need either to take action or keep up a dialogue with their child that has already begun.

**What Could an Effective, Culturally-Relevant Campaign Do?**

Introduce and brand a new call-to-action -- “It’s A Different World...Do it Early and Often...The Talking (Not the Sex).” While there are many parenting programs and campaigns, most are not culturally specific and do not reflect the stark and urgent realities facing today’s families. We propose urging parents to be proactive in talking to teens and ‘tweens about sex. The goal is to counter the belief of some parents that bringing up the subject of sex “makes” or gives youth permission to engage in it. In fact, youth whose parents don’t talk effectively with them about sex are more at-risk for pregnancy, STIs, unhealthy relationships, etc.

**What’s the Endgame? What Would be the Realizable Outcomes?**

- Positive change in parents’ attitudes toward comprehensive sex education
- Improved parent-teen communication about sex and other tough subjects
- Increase in “Signed Parent Permission Forms” for school-based and community-based health clinic services
- Creation of a corps of “Parent Advocates for Funding for Quality Reproductive Health Services and Comprehensive Sex Education,” including HPV.

MEE would like to hear your thoughts on the importance of parental engagement around early sex education and on solutions for reducing teen pregnancy prevention in hard-to-reach communities.

**Comment on Facebook and Twitter**

using the following hashtags.

#EarlyAndOften
#ItsADifferentWorld
#TheSexTalkMatters
#SafeSexOrNoSex

**MEE Parenting Resources**

To View/Download These and Other Materials, Please Go To:

www.MEEPProductions.com/plan
“Heard, Not Judged: Insights into the Talents, Realities and Needs of Young Men of Color”

A custom Website (www.heardnotjudged.com) and Facebook page have been created as repositories for MEE’s latest national community-based participatory research with young adult males of color in nine U.S. cities. The new report and video series, “Heard, Not Judged: Insights into the Talents, Realities and Needs of Young Men of Color” shows that the creative use of mobile digital technology could be an effective tool to help boys and young men of color (BMOC) overcome adversity and achieve their goals. MEE researchers got 18 to 24 year-old males of African and Hispanic descent to open up about their lives — the everyday challenges they face, their use of technology, who matters to them (and who doesn’t) and the need for access to jobs, education, mentoring and health care. The research was co-funded by The California Endowment and The Open Society Foundations. The website and Facebook page provide access to key insights and a video series illustrating the findings from the focus groups held in Philadelphia, Oakland, Los Angeles, Long Beach, New York City (Bronx), Baltimore, Atlanta, New Orleans and Detroit. The young men's responses to interview questions were both encouraging and troubling. Access details on the daily challenges, dreams and paths to success for young boys and men to color via either digital portal.

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