

1: Welcome & Introduction

Native STAND Consent

Native STAND Journey

Risky Business Worksheet

Native STAND Contract

NATIVE STAND CONSENT FORM

Student:

I agree to participate in Native STAND (Native Students Together Against Negative Decisions), a program that will teach me how to make healthy decisions concerning my health and to avoid pregnancy, HIV/AIDS, and other sexually transmitted diseases (STDs). Group sessions will provide information on healthy-decision making and prevention. The program will teach ways that may help me avoid or lower the risk of STDs, HIV, and pregnancy, refuse unwanted propositions, and form stable relationships with others. As a Native STAND member, I understand that I will be asked to practice how I would handle pressures from other people. The program will also teach me how to share this information with others.

I understand that all discussions in the group and my conversations with the project staff are confidential. They will not be revealed to my parents or anyone else. Any written evaluations that I complete for this project will be confidential and my name will not be placed on them. These evaluations will include questions about my personal knowledge, attitudes, and behaviors related to sex. My name will never appear on any report of the project or its results.

I choose to participate in this project voluntarily. I understand that I am free to stop any time I wish.

Native STAND Member signature

Date

Native STAND Project Director signature

Date

Parent/Guardian:

I understand the nature of the Native STAND program my child will be participating in, and I hereby give my full permission for him or her to participate in the program in its entirety.

Parent/Guardian signature

Date

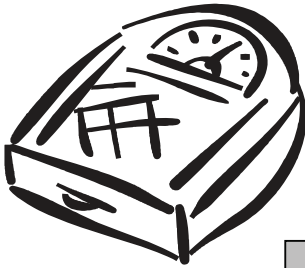
Parent/Guardian (in print): _____

Parent/Guardian Phone Number(s): _____

Native STAND Journey



Risky Business



What % of Native students *think* they are slightly or very overweight? _____%

Is this more or less than all high school students think?

More

Less

(Circle one)

Answer: Native Students=_____% All Students=_____%

What % of Native students eat at least 5 servings of fruits and vegetables every day? _____%

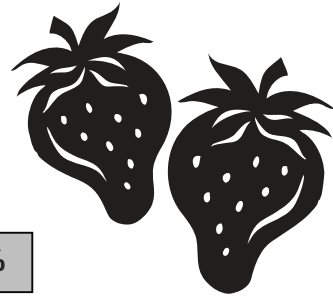
Is this more or less than all high school students eat?

More

Less

(Circle one)

Answer: Native Students=_____% All Students=_____%



What % of Native students has ever tried cigarettes? _____%

Is this more or less than all high school students?

More

Less

(Circle one)

Answer: Native Students=_____% All Students=_____%

What % of Native students drank alcohol at least once in the last month? _____%

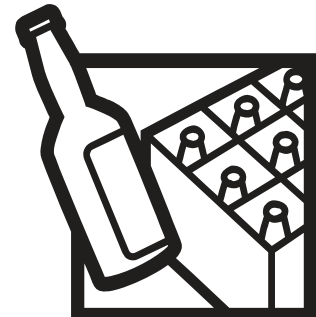
Is this more or less than all high school students?

More

Less

(Circle one)

Answer: Native Students=_____% All Students=_____%





What % of Native students had 5 or more alcoholic drinks within a couple of hours of each other in the last month? ____%

Is this more or less than all high school students drank?

More Less (*Circle one*)

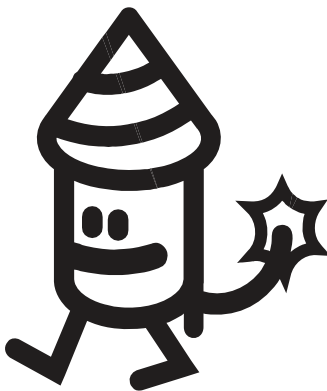
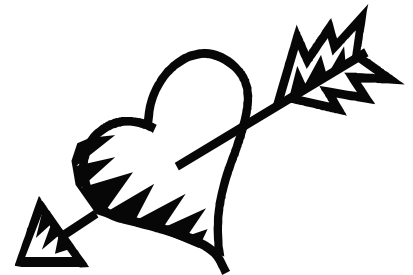
Answer: Native Students=_____% All Students=_____%

What % of Native students have ever had sex? ____%

Is this more or less than all high school students have had?

More Less (*Circle one*)

Answer: Native Students=_____% All Students=_____%



What % of Native students have had sex with 4 or more people during their life? ____%

Is this more or less than all high school students have had?

More Less (*Circle one*)

Answer: Native Students=_____% All Students=_____%

What % of Native students attempted suicide 1 or more times in the past year? ____%

Is this more or less than all high school students?

More Less (*Circle one*)

Answer: Native Students=_____% All Students=_____%



Native STAND Contract

As a participant in Native STAND, I agree to:

- ◇ Attend every session unless an emergency arises.
- ◇ Be on time for sessions and activities.
- ◇ Participate to my fullest in each session.
- ◇ Learn with an open mind and respect the ideas and feelings of others, even if they are different from my own.
- ◇ Not discuss anything personal that is said or done in the group with anyone outside the group.
- ◇ Serve as a positive role model among my peers.
- ◇ Provide my peers with factual information about STD, HIV, and teen pregnancy prevention.
- ◇ Encourage my peers to be abstinent or to reduce their sexual risk taking.
- ◇ Support fellow Native STAND participants in their personal decisions as long as they are choosing to reduce the risks they take.
- ◇ Discuss with the adult facilitator any problems, concerns, suggestions, or questions I have.

Signed _____ Date _____

2: Team Building

Words of Wisdom

Man in the Maze

Ojibwe Dreamcather Legend

If you have one
hundred people who
live together, and if
each one cares for the
rest, there is One Mind.

Shining Arrows, Crow, 1972



Man in the Maze

This figure is called Se:he or I'itoi ("Big Brother") in the Tohono O'odham language. He is shown at the top of a labyrinth, or maze, and is often referred to as the "Man in the Maze".

For the Tohono O'odham, the symbol represents a person's journey through life. The twists and turns represent choices made in life; with each turn, man becomes more understanding and stronger as a person. In the middle of the maze, a person finds their dreams and goals. At the center (the last turn in the design), man has a final opportunity to look back upon his or her choices and path before they pass into the next world. Several other tribes related to the Tohono O'odham use the same or similar symbol, sometimes with a slightly different interpretation.)

Here is how Alfreda Antone, a Tohono O'odham tribal member, sees Se:he and the labyrinth:

"Elder Brother lived in the maze ... and the reason why he lived in the maze was because ... I think how I'm gonna say this ... magician or oh, medicine man that can disappear, and that can do things, heal people and things like that ... that was Elder Brother ... Se:he ... they called him ... he lived in there ... but he had a lot of enemies so he made that, and to live in there people would go in there but they couldn't find him ... they would turn around and go back.

"But in real life ... when you look at the maze you start from the top and go into the maze ... your life, you go down and then you reach a place where you have to turn around ... maybe in your own life you fall, something happens in your home, you are sad, you pick yourself up and you go on through the maze ... you go on and on and on ... so many places in there you might ... maybe your child died ... or maybe somebody died, or you stop, you fall and you feel bad ... you get up, turn around and go again ... when you reach that middle of the maze ... that's when you see the Sun God and the Sun God blesses you and says you have made it ... that's where you die.

"The maze is a symbol of life ... happiness, sadness ... and you reach your goal ... there's a dream there, and you reach that dream when you get to the middle of the maze ... that's how I was told, my grandparents told me that's how the maze is."

Ojibwe Dreamcatcher Legend¹

This is the way the old Ojibwe say Spider Woman helped bring Grandfather Sun back to the people. To this day, Spider Woman will build her special lodge before dawn. If you are awake at dawn—as you should be—look for her lodge and you will see how she captured the sunrise as the light sparkles on the dew which is gathered there.

Spider Woman took care of her children, the people of the land, and she continues to do so to this day. Long ago, in the ancient world of the Ojibwe Nation, the Clans were all located in one area called Turtle Island. When the Ojibwe Nation dispersed to the four corners of North America, Spider Woman had a difficult time making journeys to all those baby cradle boards, so the mothers, sisters, and grandmothers weaved magical webs for the new babies using willow hoops and sinew. The shape of the circle represents how Grandfather Sun travels across the sky.

The dreamcatcher filters out the bad dreams and allows only good thoughts to enter into our minds when we are asleep. A small hope in the center of the dreamcatcher is where the good dreams come through. With the first rays of sunlight, the bad dreams will perish.

When we see little Spider Woman, we should not fear her, but instead respect and protect her. In honor of their origin, many dreamcatchers have eight points where the web connects to the hoop (eight points for Spider Woman's eight legs). Some people place a feather in the center of the dreamcatcher, to symbolize breath or air. From the cradle board, a baby can watch the air play with the feather and be happily entertained with the blowing feather.



¹ Adapted from <http://www.cynaunltd.com/dreamcatcher>

3. Acting Out

Words of Wisdom

People, Places, & Things

**You, whose day it is,
make it beautiful. Get
your rainbow colors, so
it will be beautiful.**

Nootka song to bring fair weather

PEOPLE	PLACES	THINGS
VAMPIRE	SWAMP	RUSTY NAIL
RAPPER	BARBER SHOP	TEA CUP
SHAKIRA	ZOO	NEON LIGHT
DORA THE EXPLORER	GRAND CANYON	TROPHY
CRUELLA DE VIL	ROLLERCOASTER	SURF BOARD
SNOOP DOG	TAXI	HAMMER
BARACK OBAMA	ALLEY	BOOK OF POETRY
IRON MAN	MOON	AFRICAN DRUM
ARNOLD SCHWARZENEGGER	UNDERWATER	METAL DETECTOR
SANTA CLAUS	BEACH	DOG COLLAR

4: Culture & Tradition

Words of Wisdom

Medicine Wheel

What is an Elder?

**We should be as
water, which is lower
than all things yet
stronger than even
rock.**

Oglala Sioux



WHAT IS AN ELDER?¹

“Elders are not born, they are not appointed, they emerge as the sum total of the experiences of life, they are a state of being.”

“You see, the elder, the concept for me is like if you go into a strange land and you don't know the country and you're swamped and there's [bad places to travel] and there's good places to travel. So the ones who have been longer are the good guides because they know how to get around the swamps, who know where to go, and so on. It doesn't matter if there's a trail. They know that country . . . So there are in fact guides who have been there who have each individually lived through their own hell and have found their way and they are in fact guides. So if you are going into a strange land, and God knows, it's strange to so many young people. And they can avoid all that and ensure you a good trip.”

“It is not surprising that many of the people recognized as ‘Elders’ have lived through difficult times, both personally and politically. Some have had problems with the law, with alcohol, with family separation; some have seen such things happen to others. What they have in common is the fact that they learned something from those experiences, that they turned to the traditional culture for understanding, support and healing, and that they are committed to helping others, especially those of similar background.”

“When you ask an elder for advice about tradition, you are also asking for a kind of honesty and purity and the best of tradition itself which was the spiritual as well as the everyday. Elders are practical, they have practical situations to attend to. You can confide in them and just ask for direction and help yourself.”

“Aside from the issue of age, a person becomes an ‘Elder’ in the ‘eyes of the community.’ That in itself is a process, as one Elder said, ‘part of the process of life’. Elders, however, are also practical people—people who live and make choices within an everyday life. Being an Elder requires a certain quality of person. It is also informal and something in tune with the cycle of life, with the natural way that things work.

“Through the process of accumulating knowledge and experience, some individuals begin to show an aptitude for talking to people and helping them in ways that contribute to a better life. This aptitude is acknowledged by the community in seeking them out, for discussions, for teaching, for public lectures. This in itself is a process as it happens slowly overtime so that by the time a person reaches the age of Eldership, the community begins to ‘recognize’ them as an Elder, as one who is able to communicate the teachings in a meaningful way.”

¹ *What is an elder? What do elders do?: First Nation Elders as Teachers in Culture-Based Urban Organizations.* By S.M. Stiegelbauer, University of Toronto. Available at: <http://www2.brandonu.ca/library/CJNS/16.1/Stiegelbauer.pdf>.

“So an elder is a very high quality of person and someone who never asked to be called an elder but is deserving of that title and of that respect, and it's other people who recognize that person. There's no process that I know of where you can make someone an elder. It's a term of respect and recognition given by the people because a person has lived that life, has followed it, given those teachings from birth, has followed them through life, has lived it and practised it and now he can give that back, with the understanding. So that makes it even less in number how many elders we have.”

“Approaching an elder is a little bit like going swimming. The first time, some people are scared of water, but after they get used to it, it becomes natural to them. And so, we have to do as much as we can to get rid of the artificial barriers that are there. People are shy to go—reluctant to show their ignorance, that they don't know how to do it.”

“The Elder I approached said that all you have to do is start talking to the Elder and things will happen—that starting the conversation, establishing the relationship is what is important, not judging the seriousness of what might be said. She said that was the nature of this kind of guidance and encouraged me to come again to talk, informally, that the conversation would take care of itself. My perception of approaching an Elder, before this discussion, was that it had to be done in the ‘proper way’, within a traditional framework, and I wasn't sure what this was. This perception is likely one shared by many people, Native or non-Native, who have not had previous experience with working with Elders. In reality, the most difficult part was beginning, then the Elder helped with the rest.”

“Native elders are living links to the past. Their vivid memories have the vitality, immediacy and authenticity of those who have experienced the transition from traditional ways to the new. In the short space of two generations, they have gone from travelling the coast in canoes to flying in floatplanes...Not even the social upheaval of losing nine out of every ten people to raging epidemics in the nineteenth century, not even the disorientation of changing to new, cash economy with a more complex technological base, not even the acceptance of a new cosmology and religion, none of these broke native pride in the past or native ties to ancestral lands and waters. This is remarkable continuity. This is what the elders are about.”

“Elders are the people who are the cornerstone of our culture as they are the keepers and teachers of traditional teachings. They are the link with our past, our present and our future. They are spiritual leaders and teachers but also have the wisdom and the experience to provide very pragmatic guidance and advice on how best to improve and ensure the physical, mental and spiritual health of our community.”

5: Honoring Diversity/ Respecting Differences

Words of Wisdom

The Three Sisters

Stereotypes Labels

Myths & Misconceptions Worksheet

Myths & Misconceptions Signs

Myths & Misconceptions: What Does Science Say?

GLBTQ Resource List

**What should it matter
if one bowl is dark
and the other pale,
if each is of good
design and serves its
purpose well?**

Hopi

Stereotypes Activity Labels – Pg 1

SPECIAL EDUCATION STUDENT	PERSON WITH HIV/AIDS	GUITARIST IN A ROCK BAND
DEAF PERSON	JOCK	CHEERLEADER
ELDER	BRAIN	GEEK
FAST FOOD CASHIER	SCHOOL PRINCIPAL	HOMELESS PERSON

Stereotypes Activity Labels – Pg 2

GAY PERSON	PARENT	TEACHER
MEDICINE MAN	MENTALLY ILL	POLICEMAN OR WOMAN
CRACKHEAD	PREGNANT TEEN	LESBIAN
QUEEN/TRANY	TRIBAL COUNCILMAN OR WOMAN	FOREIGNER WITH LIMITED ENGLISH SKILLS

Myths and Misconceptions

1. Both girls and boys can play sports.

Strongly Agree

Agree

Disagree

Strongly Disagree

2. All overweight people are lazy.

Strongly Agree

Agree

Disagree

Strongly Disagree

3. All Native people are alcoholics.

Strongly Agree

Agree

Disagree

Strongly Disagree

4. People choose to be gay/lesbian/bi/transgendered.

Strongly Agree

Agree

Disagree

Strongly Disagree

5. You can tell if people are gay or lesbian by how they look or talk.

Strongly Agree

Agree

Disagree

Strongly Disagree

6. Both girls and boys can act, sing, and dance, regardless whether they are straight or gay/lesbian.

Strongly Agree

Agree

Disagree

Strongly Disagree

7. Gays and lesbians are more likely than straight people to be child molesters and pedophiles (people who are erotically attracted to children).

Strongly Agree

Agree

Disagree

Strongly Disagree

8. All teenagers make bad choices and cannot be trusted.

Strongly Agree

Agree

Disagree

Strongly Disagree

9. It's not a good idea to be friends with a gay/lesbian person because they will try to convert you.

Strongly Agree

Agree

Disagree

Strongly Disagree

10. It's common for teenagers to question their sexual orientation.

Strongly Agree

Agree

Disagree

Strongly Disagree

11. If you have ever had a sexual experience with a person of the same gender, then you are gay/lesbian.

Strongly Agree

Agree

Disagree

Strongly Disagree

12. Women who like to have sex are whores or sluts.

Strongly Agree

Agree

Disagree

Strongly Disagree

13. A person can change their sexual orientation.

Strongly Agree

Agree

Disagree

Strongly Disagree

14. Many people in wheelchairs or who have other disabilities can still have a sex life.

Strongly Agree

Agree

Disagree

Strongly Disagree

15. Gay guys only want sex. They are not as interested in relationships as straight people.

Strongly Agree

Agree

Disagree

Strongly Disagree

**STRONGLY
AGREE**

AGREE

DISAGREE

**STRONGLY
DISAGREE**

Myths and Misconceptions

What does science say?

1. Both girls and boys can play sports.
Yes. Both males and females of all ages can play sports.
2. All overweight or obese people are lazy.
No. Many people, both overweight and underweight need to be more physically active. Overweight can be due to genetics, stress, diet, and societal influence.
3. All Native people are alcoholics.
No. While alcoholism is a problem in many Native communities, we know that every Native person is not an alcoholic.
4. People choose to be gay/lesbian/bi/transgendered.
No. Science today tells us that sexual orientation is probably caused by a combination of genetic, hormonal, and social/environmental influences. Almost all GLBTQ people believe that they did NOT choose their sexual orientation.
5. You can tell if people are gay or lesbian by how they look or talk.
Not always. Only some people fit the stereotypes; that's what makes them stereotypes. Some people who *aren't* gay also fit stereotypes about gay people. It's OK for a gay or lesbian person to fit those stereotypes, but many gay and lesbian people don't.
6. Both girls and boys can act, sing, and dance, regardless whether they are straight or gay/lesbian.
Yes. Many boys and girls participate in all kinds of activities. Activities do not determine one's sexual orientation.
7. Gays and lesbians are more likely than straight people to be child molesters and pedophiles (people who are erotically attracted to children).
No. Gay men and lesbians are usually just as respectful of children and others as heterosexuals are. There's a false stereotype that gay men molest children; most child molesters are heterosexual.
8. All teenagers make bad choices and cannot be trusted.
No. Many teens can and do make good choices all the time. Just as many people have preconceptions about young people, others stereotype older individuals. Neither form of ageism is right.
9. It's not a good idea to be friends with a gay/lesbian person because they will try to convert you.
No. Another stereotype is that gay people "recruit" or "come on" to heterosexuals. That's not usually true either. A person would just be setting themselves up for rejection if they flirted with someone who clearly wasn't interested.

10. It's common for teenagers to question their sexual orientation.

Yes. Adolescence is a time of “becoming.” Teens often experience feelings of attraction toward people of both sexes and may try having sexual experiences with them. We don't say that these people are bisexual (or gay/lesbian); we say they are “questioning.” And that's OK. Adolescence is a time of discovering who you are—and that includes what your sexual orientation is. Remember: Your sexual orientation isn't what you do; it's how you feel. The important thing is not WHICH orientation you have, but that you learn to feel good about who you are.

11. If you have ever had a sexual experience with a person of the same gender, then you are gay/lesbian.

No. Remember, many teens go through a period of questioning their sexual orientation that may include having experiences with people of either sex.

12. Women who like to have sex are whores or sluts.

No. Women can and should enjoy sex if they are making a choice to do so responsibly with their partners. Women have natural sexual urges that are just as strong as those that men have.

13. A person can change their sexual orientation.

No. Most experts say that you can't change your sexual orientation through therapy. Some people have changed their behavior. But there's no proof that therapy can make a person's sexual *feelings* or attractions change or disappear. Of course, many people wouldn't want their feelings to disappear.

14. Many people in wheelchairs or who have other disabilities can still have a sex life.

Yes. Many people of all abilities are able to have fulfilling sexual relationships.

15. Gay guys only want sex. They are not as interested in relationships as straight people.

No. There's a stereotype that all GLBT people want from a partner is sex. Some do, of course, just like some straight people.

RESOURCES

Advocates for Youth

<http://www.advocatesforyouth.org>

Advocates for Youth helps young people make informed and responsible decisions about their reproductive and sexual health.

BiNet USA

<http://www.binetusa.org>

A network of bisexual individuals that promotes a sense of bisexual community, increases bisexual visibility, and advocates for bisexuals.

Bisexual Resource Center

<http://www.biresource.org>

A resource directory for individuals who identify as bisexual and their allies.

GLBT National Youth Talkline

<http://www.glnh.org/talkline>
youth@GLBTNationalHelpCenter.org

Toll-free 1-800-246-PRIDE (1-800-246-7743)—Mon-Fri 1-9 pm PST, Sat 9am to 2pm PST. The GLBT National Youth Talkline provides telephone and e-mail peer-counseling, as well as factual information and local resources. Telephone volunteers are in their teens and early twenties; they speak with teens and young adults up to age 25 about coming-out issues, relationship concerns, parent issues, school problems, HIV/AIDS anxiety, and safer-sex information. All services are free and confidential. A project of the GLBT National Help Center.

Gay, Lesbian, Bisexual and Transgender Peer Help Line

617-267-9001, toll-free: 888-340-4528

A youth support and information line staffed by trained GLBTQ volunteers age 25 and under. A service of Fenway Health.

Go Ask Alice!

<http://www.goaskalice.columbia.edu>

Provides readers with reliable, accurate, accessible, culturally competent information and a range of perspectives so that they can make responsible decisions concerning their health and well-being. The site answers questions about relationships; sexuality; sexual health; emotional health; fitness; nutrition; alcohol, nicotine, and other drugs; and, general health. A project of Columbia University.

Healthy Teen Network

<http://www.healthyteennetwork.org>

LGBTQ web links.

Jump-Start Guide for Gay-Straight Alliances

<http://www.glsen.org/cgi-bin/iowa/all/library/record/2226.html>

Information and resources for GLBTQ students and their straight allies, aimed at making school communities safe and accepting of all students. A service of the Gay, Lesbian, Straight Education Network (GLSEN).

LAMBDA Community Services

<http://www.lambda.org>

Resources for GLBTQ people and activists, including a Youth OUTreach program designed to help GLBTQ youth stand up for their rights, lead safe and healthy lives, and educate others.

National Youth Advocacy Coalition

<http://www.nyacyouth.org>

NYAC is a social justice organization that advocates for and with young people who are GLBTQ in an effort to end discrimination ensure their physical and emotional well-being.

Native Out

www.nativeout.com

A nonpolitical grassroots Native American GLBTQ and Two-Spirit group based in Phoenix, AZ.

Parents, Families and Friends of Lesbians and Gays

<http://www.pflag.org>

Information and resources for the families and friends of GLBTQ people.

The Safe Schools Coalition

<http://www.safeschoolscoalition.org/>

A public-private partnership in support of GLBTQ youth.

Sex, Etc.

<http://www.sexetc.org/resource/glbtc/hotline>

Resource list for GLBTQ youth.

The Trevor Lifeline

1-866-4-U-TREVOR (1-866-488-7386)—available 24/7

A national suicide hotline for GLBTQ youth staffed by trained counselors.

YouthResource

<http://www.amplifyyourvoice.org/youthresource>

YouthResource is a website created by and for GLBTQ young people. It takes a holistic approach to sexual health and exploring issues of concern to GLBTQ youth by providing information and offering support on sexual and reproductive health issues through education and advocacy. Through monthly features, message boards, and online peer education, GLBTQ youth receive information on activism, culture, sexual health, and other issues that are important to them. Hosted by Advocates for Youth's Amplify Your Voice.

6: Goals & Values

Words of Wisdom

Seven Grandfathers

Values Voting Signs

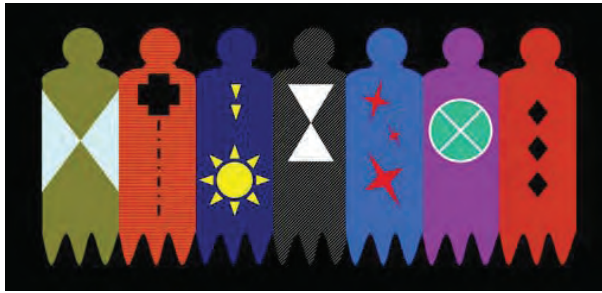
Value Voting Handouts

How does your Family Feel About...?

Paper Blanket

**In the absence of the
sacred, nothing is
sacred - everything is
for sale.**

Oren Lyons, Onondaga, 1992



The Seven Grandfathers

Many Anishinaabe people use seven basic principles to guide how they live. These teachings are known as the Seven Grandfathers.

Wisdom

- To cherish knowledge is to know wisdom
- Wisdom is knowing the difference between good and bad and the result of your actions
- Wisdom is given by the Creator to be used for the good of the people

Love

- To know love is to know peace
- Love is given freely and you cannot put conditions on it or your love is not true
- When people are weak they need love the most.
- You must love yourself in order to love another

Respect

- To honor all creation is to have respect
- Respect others beliefs and your own
- You must give respect if you wish to be respected

Bravery

- To face the foe with integrity
- In the Anishinaabe language, this word literally means "state of having a fearless heart"
- To do what is right even when the consequences are unpleasant or you may get hurt

Honesty

- To achieve honesty within yourself, to recognize who and what you are—do this and you can be honest with all others
- Always be honest in word and action
- Be honest first with yourself, and you will more easily be able to be honest with others

Humility

- To know yourself as a sacred part of Creation
- You are equal to others, but you are not better
- Humble yourself and recognize that no matter how much you think you know, you know very little of the universe
- To think things through carefully and to know your place

Truth

- To know all of these things
- Speak the truth; do not deceive yourself or others
- Learn truth, live with truth, walk with truth, speak truth

Values Voting

Do NOT put your name on this sheet of paper. Answer as truthfully as you can, but don't spend too much time on any one questions. When you are done, wait for further instructions.

SD=strongly disagree, D=disagree, A=agree, SA=strongly agree

1. Most teenagers should not have sexual intercourse.	SD	D	A	SA
2. It is OK for two people to have sex if they are in love.	SD	D	A	SA
3. Having sex is not a big deal.	SD	D	A	SA
4. People should only have sex if they are married.	SD	D	A	SA
5. It is okay to have oral sex as long as you are not having intercourse.	SD	D	A	SA
6. People in same sex relationships should be treated with respect.	SD	D	A	SA
7. Getting pregnant in high school is not a big deal.	SD	D	A	SA
8. It is smart to wait to have sex until you are an adult.	SD	D	A	SA
9. It is cool to use condoms.	SD	D	A	SA
10. I think that homosexuals are responsible for the AIDS epidemic in the United States.	SD	D	A	SA
11. I think it should be a crime for anyone infected with HIV to have sexual intercourse without telling their partner.	SD	D	A	SA
12. I would be uncomfortable eating food prepared by a person with AIDS.	SD	D	A	SA
13. I think that it is important to educate teens about low-risk alternatives to sexual intercourse, including mutual masturbation.	SD	D	A	SA
14. Believing that condoms are 100 percent effective in preventing HIV infection gives people a false sense of security.	SD	D	A	SA
15. I think that giving injection drug users clean needles is a good way to prevent the spread of HIV.	SD	D	A	SA

**STRONGLY
AGREE**

AGREE

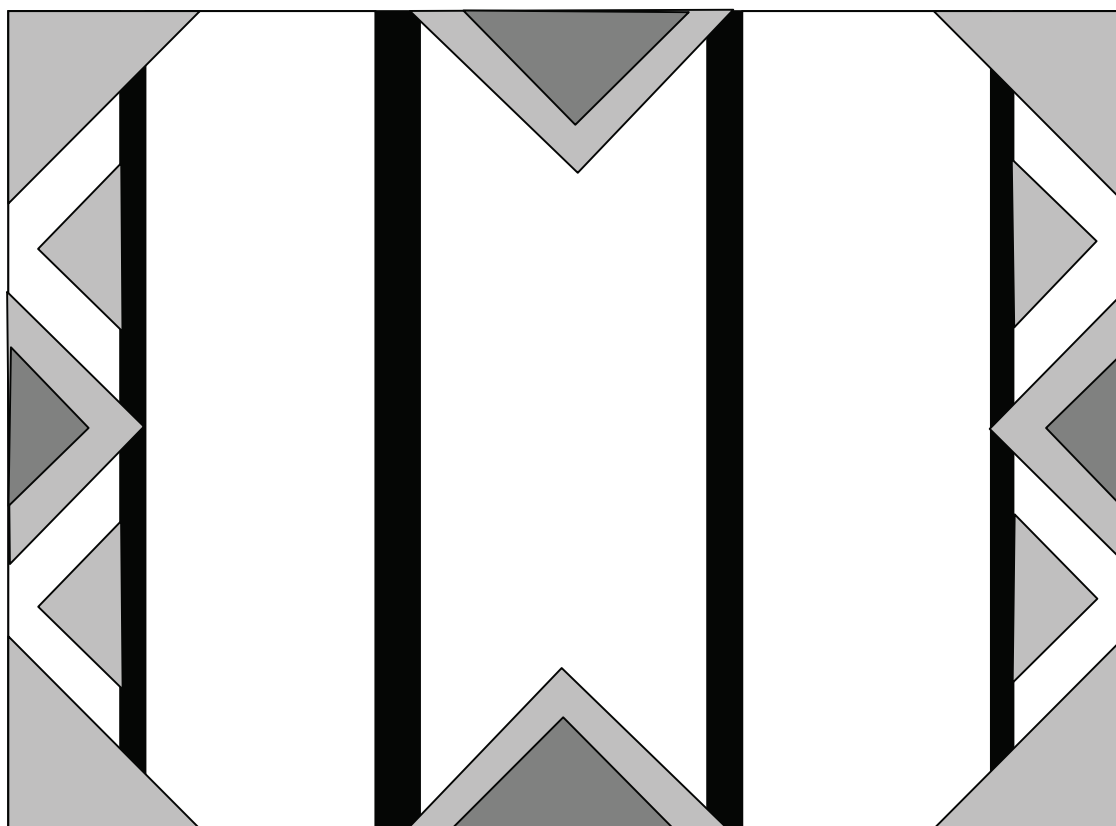
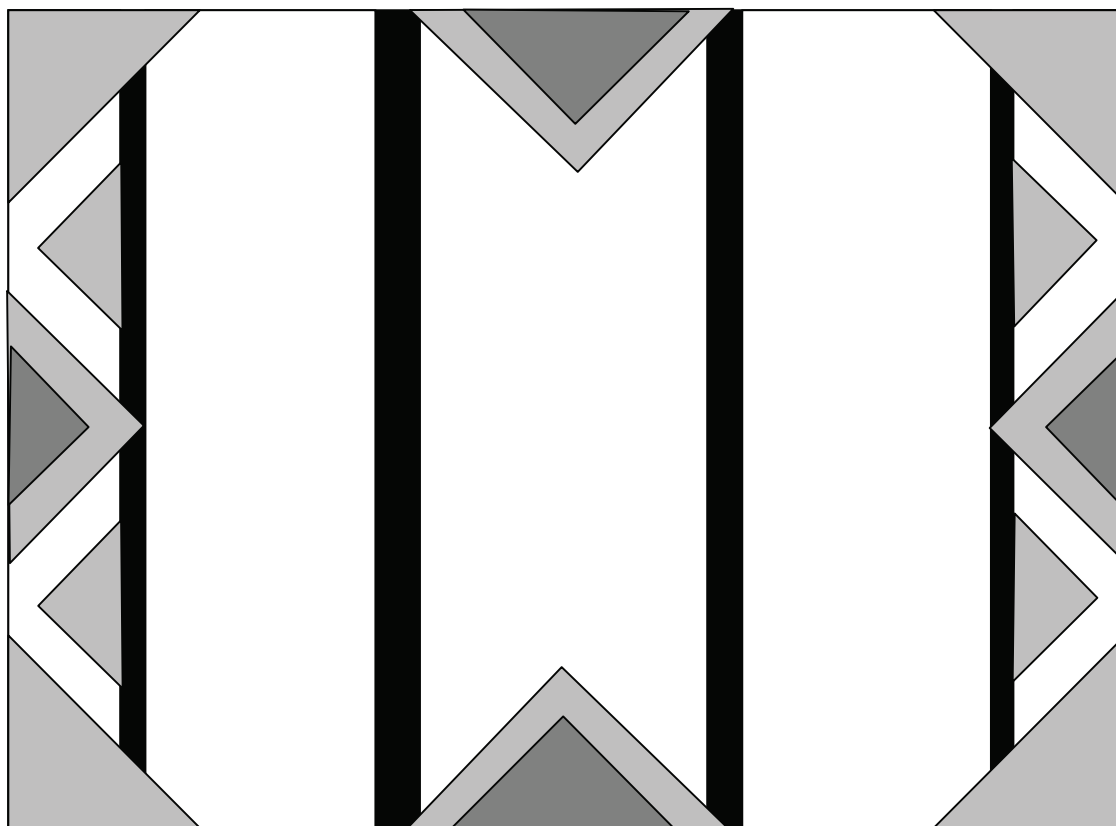
DISAGREE

**STRONGLY
DISAGREE**

How Does Your Family Feel About . . . ?

1. Getting good grades in school
2. Being male/female
3. Having friends that are not Native American
4. Going out with girls/boys
5. Going out with people who are not Native American
6. Using alcohol and other drugs
7. Making money
8. Making money selling drugs
9. Being respected by others
10. Graduating from high school
11. Having expensive tennis shoes

12. Having sex as a teenager
13. Using condoms or other forms of birth control
14. Getting a job to help your family
15. Going to college after high school
16. Having children
17. Staying out of trouble with the law
18. Helping others in your community
19. Taking part in tribal ceremonies and traditions
20. Learning your Native language



7: Healthy Relationships - Part 1

Words of Wisdom

Phases of Love

What's Love Got to Do With It?

What is a Healthy Relationship?

Are You in a Healthy Relationship?

**Love on another
and do not strive for
another's undoing.**

Seneca

Phases of Love



Lust

Passion, sexual desire

“Feel good” chemicals released in body

Lasts a few weeks or months



Attraction

Romantic desire for a specific person

Commitment to an individual

Lasts 1 ½ to 3 years



Attachment

Intense bonding with another person

Mutual commitments, such as marriage, children

Can last many years, even decades

What's Love Got to Do With It?

Group 1

- Do people go through phases of romantic love (e.g., lust, attraction, attachment) only once in their lives?
- Does everyone who feels lust for someone go on to form an attraction with that person?
- Does everyone who feels an attraction for someone go on to form an attachment with that person?
- Does everyone who forms an attachment with someone keep that attachment forever?

Group 2

- Do certain phases of romantic love correspond with specific times in a person's life? For example:
 - Do only older people experience attachment? Or can a teenager be romantically attached to another person for several years?
 - Do only young people feel lust? Or can an older person fall in love and feel lust and attraction?

Group 3

- Does romantic love always involve sex?
- Is it possible to experience romantic love without having sex?
- Does sex mean different things at different points in a romantic relationship? (For example, in the LUST stage vs. the attachment stage.)

What is a Healthy Relationship?

You Demonstrate Mutual Affection

- Tell each other things that you like and appreciate about the other person
- Each person can decide if, how, and when they want to be touched, and checks in with the other to make sure the affection is mutual
- Respect each other's values, property, bodies, pace, and limits; stop if either one says "No"

You Share Activities

- Hang out together
- Do things each person enjoys
- Encourage each other's enjoyment and success
- Learn from each other

You Are Honest and Accountable With Each Other

- Accept responsibility for yourself.
- Acknowledge things you have done wrong; work to change the behavior
- Admit to your mistakes or to be wrong
- Communicate openly and truthfully; discuss problems
- Use "I" messages to share feelings
- Give genuine compliments
- Ask for what you want; don't expect they owe it to you
- Ask (don't accuse) each other about gossip

You Trust and Support Each Other

- Support your partner's goals in life
- Respect your partner's right to his or her own feelings, friends, activities, opinions, space, and dreams
- Express fears and share your feelings—instead of claiming ownership—when jealous

You Treat Each Other With Non-Threatening Behavior

- Talk and act so that your partner feels safe and comfortable doing and saying things

You Respect Each Other

- Ask what is important to your partner
- Ask what they think and how they feel
- Be emotionally affirming and understanding
- Listen to your partner non-judgmentally
- Value opinions their opinions
- Disagree without name-calling, put-downs or threats
- Respect their right to be safe and to control their own body and decisions
- Try to understand their feelings, even if you disagree with their ideas
- Care enough to find out their point-of-view

You Treat Each Other With Kindness

- Help each other (while respecting your own limits)
- Give gifts sincerely, not to try and get something from them
- Show you care through your respect for them

You Make Decisions Together

- Decide things together
- Negotiate differences
- Split costs fairly
- Search for win-win solutions
- No matter who pays, no one owes anyone kisses, touching, or anything else

Are You in a Healthy Relationship?

Can you speak up about anything to your partner and experience mutual understanding and kindness?

YES NO SOMETIMES

Do you bring out the best qualities in each other?

YES NO SOMETIMES

Do you feel like you can honestly ask for what you want and need in this relationship?

YES NO SOMETIMES

Are you both comfortable with how physical the relationship is (or isn't)?

YES NO SOMETIMES

Do you both feel close to each other (not just physically) and are willing to trust each other with personal stuff?

YES NO SOMETIMES

Do you make decisions jointly, with input from each partner?

YES NO SOMETIMES

Does she or he take responsibility for their own actions and not blame others for their failures?

YES NO SOMETIMES

Can the two of you admit when you are wrong and apologize to each other when needed?

YES NO SOMETIMES

Do you feel less like yourself when you have been with your partner?

YES NO SOMETIMES

8: Reproductive Health - Part 1

Words of Wisdom

What Do Ya Know? Quiz

Male External Genitals

Male Internal Reproductive System

Female External Genitals

Female Internal Reproductive System

Big Changes

The Menstrual Cycle

When a Woman Has Her Moon

Douching FAQs

“I Didn’t Know That!”: Male Reproductive Issues

Answers to What Do Ya Know? Quiz Answers

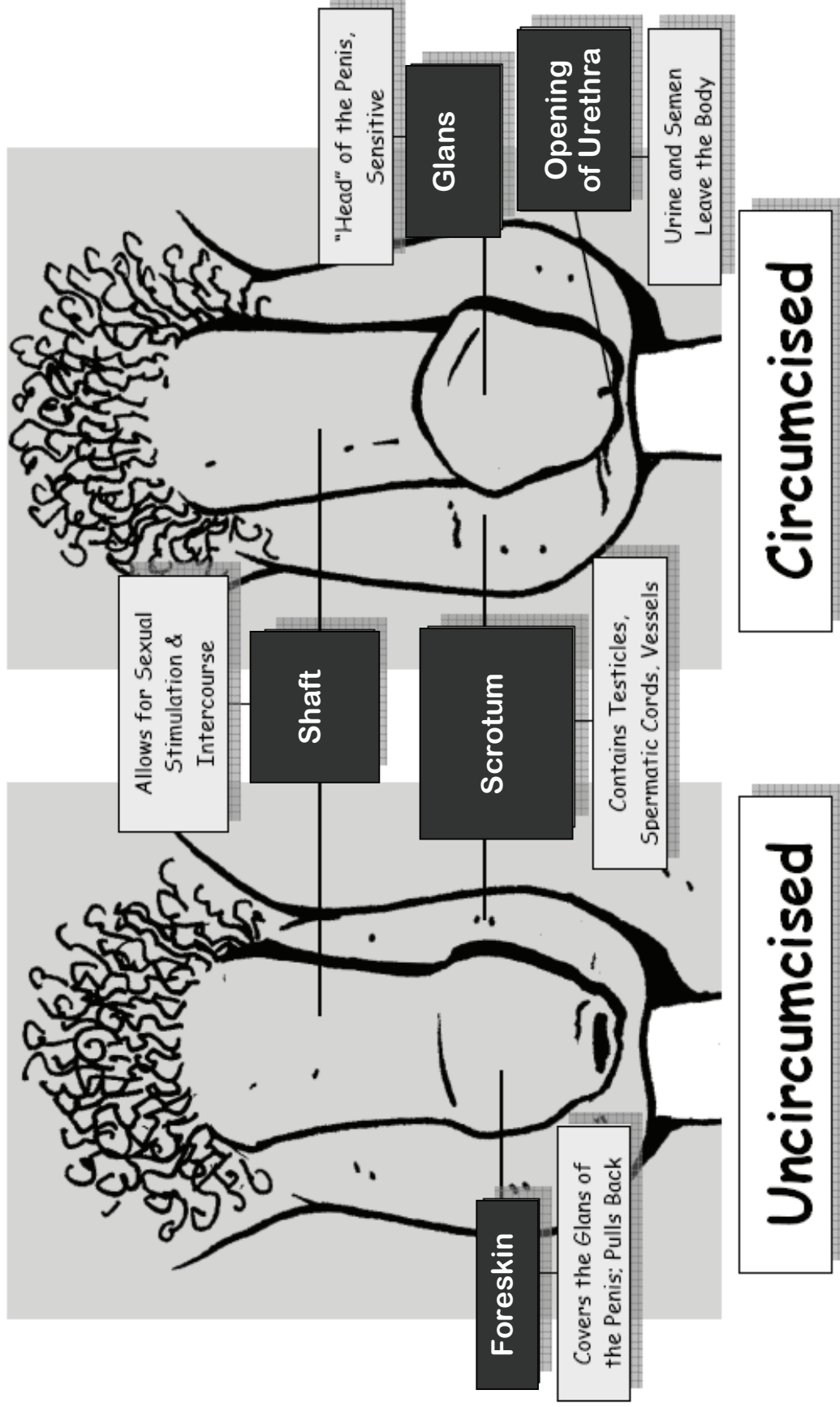
**There are many paths
to a meaningful sense
of the natural world.**

Blackfoot

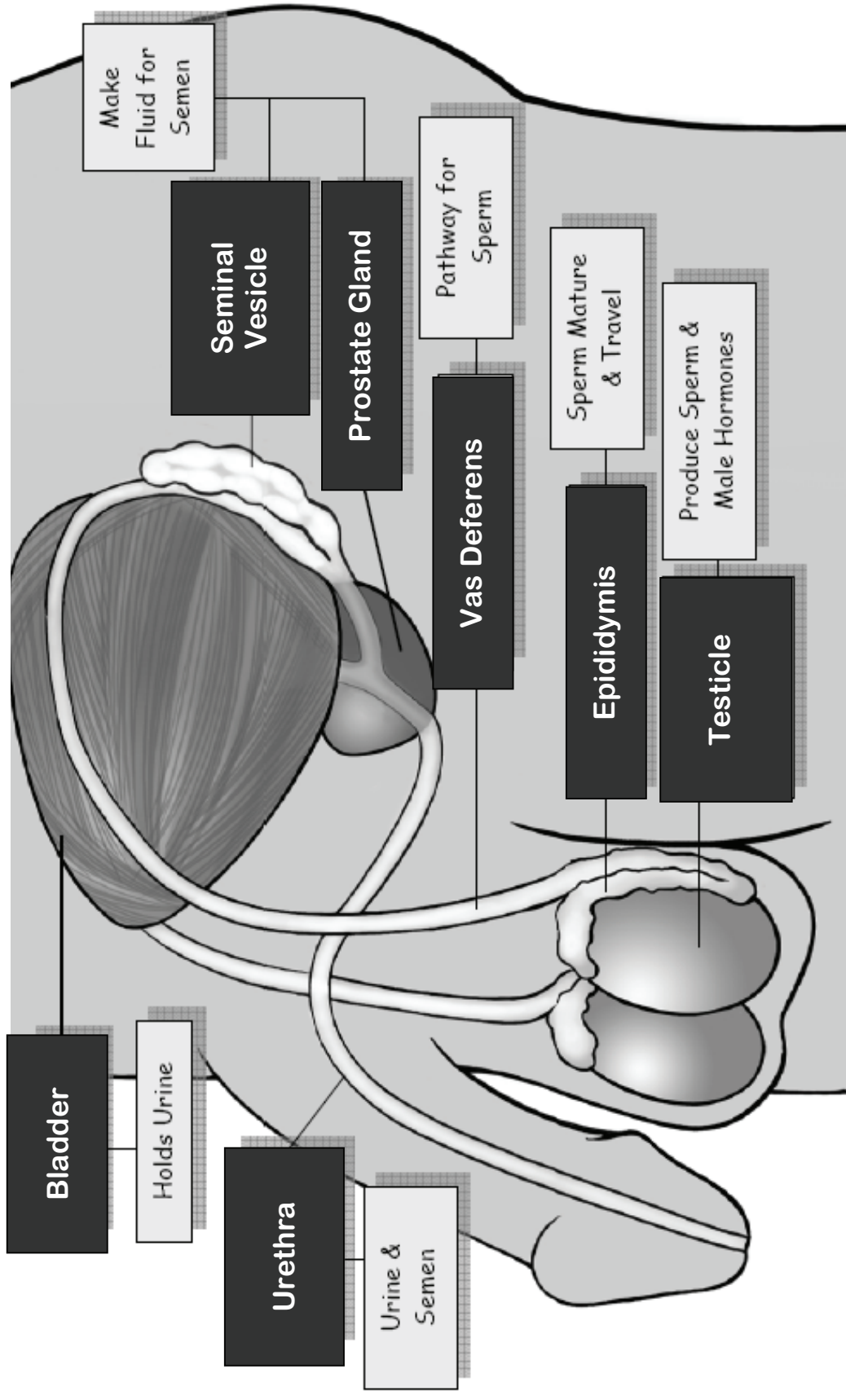
“What Do Ya Know??”

1.	Ovaries produce eggs.	T	F
2.	Men and women both have urethras.	T	F
3.	Babies grow in a woman’s vagina.	T	F
4.	Women should begin to get Pap Smears three years after they become sexually active or at 21 years of age.	T	F
5.	A Pap Smear checks for STDs.	T	F
6.	Douching is a recommended way to maintain hygiene.	T	F
7.	Some untreated STDs can scar the fallopian tubes and cause infertility.	T	F
8.	The average age women begin to menstruate is 16.	T	F
9.	Cervical cancer is associated with an STD.	T	F
10.	Some birth defects and disabilities can be prevented.	T	F
11.	Overweight and obese women are at increased risk for poor reproductive health and pregnancy complications.	T	F
12.	Women who smoke are at an increased risk for reproductive health problems.	T	F
13.	Sex during pregnancy isn’t safe.	T	F
14.	Drug and alcohol use can increase your chances of getting an STD or pregnant.	T	F
15.	Women who are pregnant should not drink alcohol.	T	F
16.	Oil-based lubricants should be used with condoms.	T	F
17.	People who don’t want to get pregnant should use protection against pregnancy and STDs every time they have sex.	T	F
18.	Girls get sexual urges that are just as strong as those that boys get.	T	F
19.	The average size of an erect penis is between 7 and 10 inches.	T	F
20.	A penis reaches its full size at around age 16.	T	F

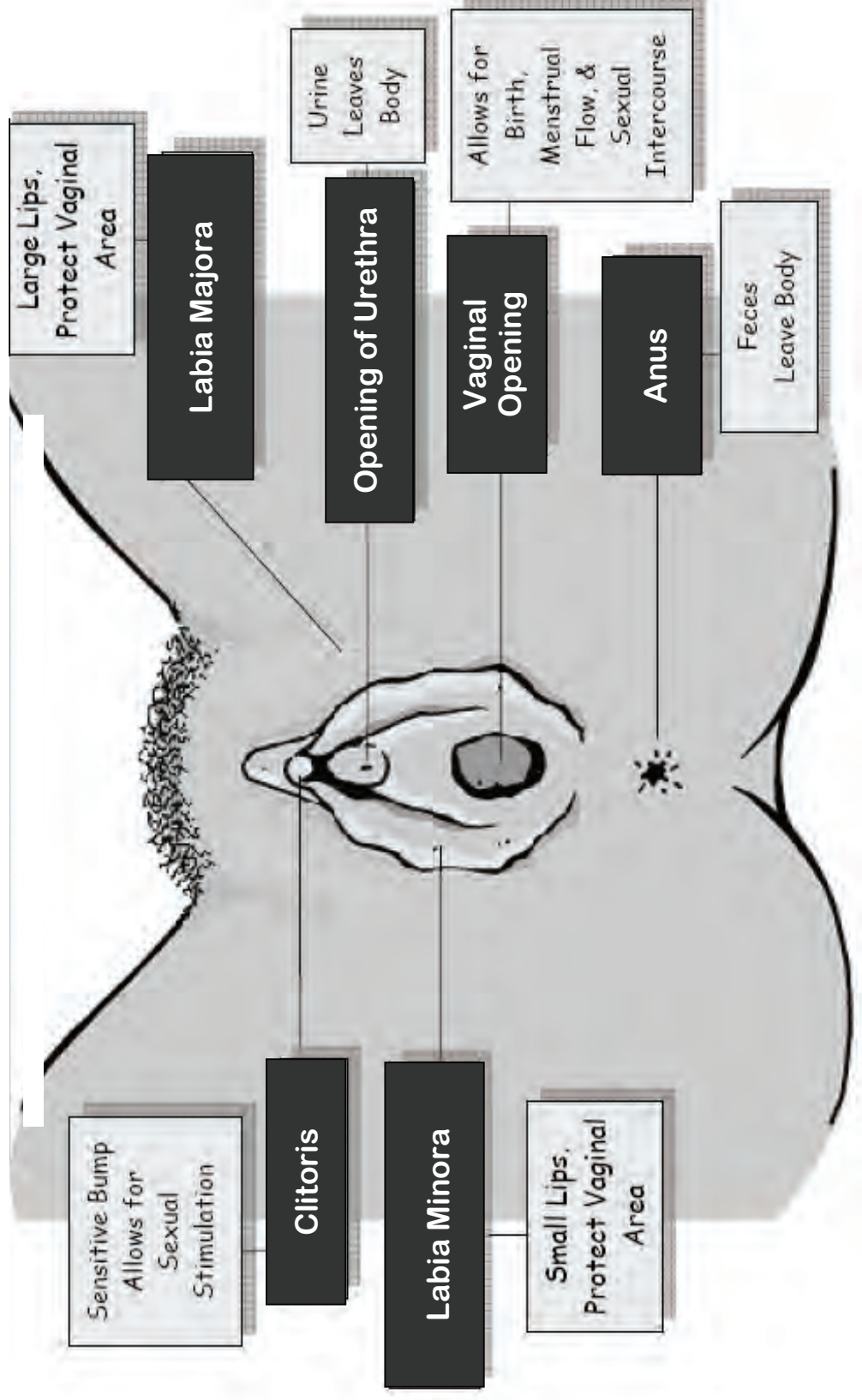
Male External Genitals



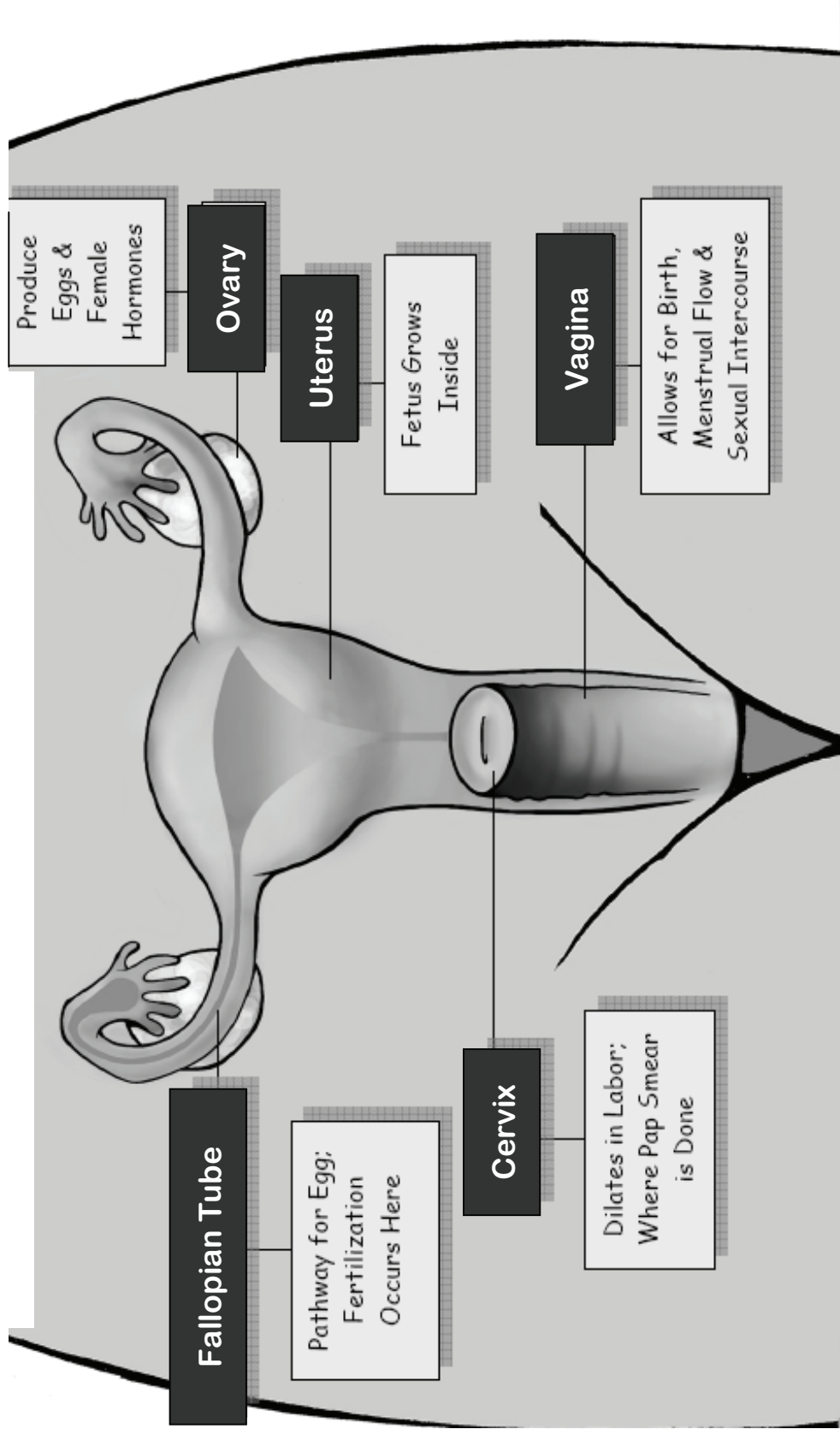
Male Internal Reproductive System



Female External Genitals

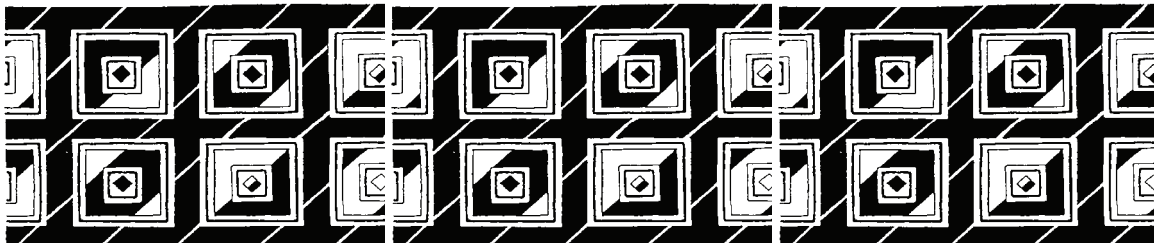


Female Internal Reproductive System



Big Changes: Stages of Adolescent Development¹

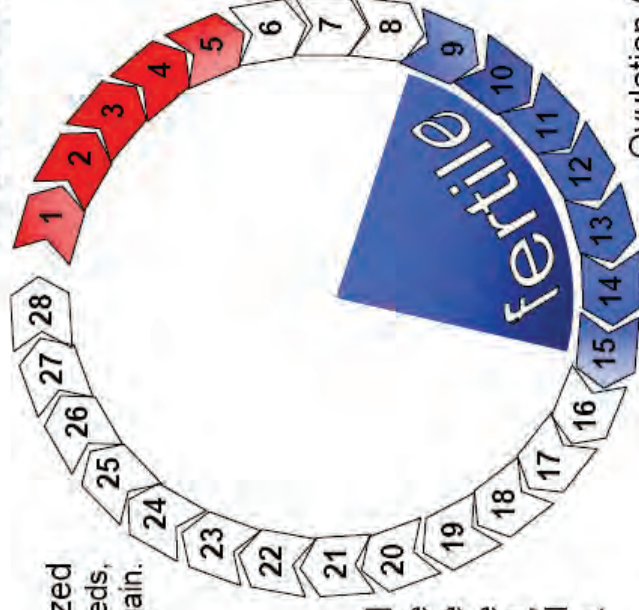
Stage	Boys	Girls
1	No sexual development	No sexual development
2	- o Testicles enlarge <i>around age 9</i> - o Body odor begins	- o Breasts begin growing <i>may start as early as 8 yrs old</i> - o Body odor begins - o Pubic hair starts to grow <i>around age 9-10</i> - o Growth spurt begins <i>between ages 9-14, av. age 12</i>
3	- o Penis begins growing - o Pubic hair starts growing <i>around age 12</i> - o Wet dreams (“nocturnal emissions”) begin	- o Breasts keep growing - o Pubic hair darkens - o Vaginal discharge begins
4	- o Voice deepens <i>begins around age 13</i> - o Penis and testicles continue to grow - o Penis and scrotum deepen in color - o Pubic hair becomes curlier and coarser - o Growth spurt begins <i>around age 14</i> - o Breast development begins	o Menstruation begins <i>usually 2 years after puberty starts—can be as early as 9 or as late as 15—average age is 12.5</i>
5	- o Penis reaches full size <i>around age 16-17</i> - o Pubic hair extends to inner thighs <i>around age 16</i> - o Height spurt tapers off - o Fully mature male	- o Pubic hair extends to inner thighs <i>around age 14</i> - o Height spurt tapers off - o Breasts are fully developed <i>between 12-18 yrs old</i> - o Fully mature female



¹ Adapted from Puberty Information for Parents and Kids,
<http://www.childdevelopmentinfo.com/development/puberty.htm>

The Menstrual Cycle

Bleeding begins
Lining of uterus begins to shed



If the egg is not fertilized
hormonal levels fall, the uterine lining sheds,
and menstrual bleeding begins again.

If the egg is fertilized
production of hormones continues and the
uterine lining becomes even thicker. The
fertilized egg may become implanted in the
uterine. The uterine lining does not shed,
and the pregnant woman's menstrual
period does not begin.

Ovulation (egg leaves ovary)

An unfertilized egg lives only up to 24 hours
after ovulation. But sperm can live as long as 5
days in the female reproductive tract. If sperm
are present as the egg travels from the ovary
through the fallopian tube, fertilization can
occur.

Douching FAQs

Q: What is douching?

A: The word “douche” means to soak or wash in French. Douching is washing or cleaning out the vagina with water or other mixtures of fluids. Usually douches are pre-packaged mixes of water and vinegar, baking soda, or iodine. Women can buy these products at drug and grocery stores. The mixtures usually come in a bottle and can be squirted into the vagina through a tube or nozzle.

Q: Why do women douche?

A: Women douche because they mistakenly believe it gives many benefits. In reality, douching may do more harm than good. Common reasons women give for using douches include:

- To clean the vagina
- To rinse away blood after monthly menstruation
- To get rid of odors from the vagina
- To avoid STDs
- To prevent pregnancy

Q: How common is douching?

A: Douching is common among women in the U.S. It is estimated that 20-40% of American women aged 15 to 44 douche regularly. About half these women douche every week.

Q: Is douching safe?

A: Most doctors and the American College of Obstetricians and Gynecologists (ACOG) suggest that women do not douche. All healthy vaginas contain some bacteria and other organisms called the vaginal flora. The normal acidity of the vagina keeps the amount of bacteria down. But douching can change this delicate balance. This may make a woman more prone to vaginal infections. Plus, douching can spread existing vaginal infections up into the uterus, fallopian tubes, and ovaries.

Q: What are the dangers linked to douching?

A: Research shows that women who douche regularly have more health problems than women who do not. Health problems linked to douching include:

- Vaginal irritation
- Vaginal infections (called bacterial vaginosis or BV)
- STDs
- Pelvic inflammatory disease (PID)

PID is an infection of a woman’s uterus, fallopian tubes and/or ovaries. It is caused by bacteria that travel from a woman’s vagina and cervix up into her reproductive organs. If left untreated, PID can cause fertility problems (difficulties getting pregnant). PID also increases a woman’s chances of an ectopic pregnancy (a pregnancy that occurs in the fallopian tube instead of the uterus).

Q: Should I douche to clean the inside of my vagina?

A: No. Doctors and ACOG suggest women avoid douching completely. Most experts believe that douching increases a woman's chance of an infection. The only time a woman should douche is when and if her doctor recommends it.

Q: What is the best way to clean my vagina?

A: Most doctors say that it is best to let your vagina clean itself. The vagina cleans itself naturally by producing mucous (discharge). Women do not need to douche away blood, semen, or vaginal discharge. The vagina gets rid of it alone. Also, it's important to note that even healthy, clean vaginas may have a mild odor. This is natural and normal.

Regular washing with warm water and mild soap during baths and showers will keep the outside of the vagina clean and healthy. Doctors suggest women avoid scented tampons, pads, sprays, and powders. These products may increase a woman's chances of getting vaginal infections.

Q: My vagina has a terrible odor, can douching help?

A: No. Douching will only cover up the smell, it will not make it go away. If your vagina has a bad odor, you should see a doctor right away. It could be a sign of a bacterial infection, urinary tract infection, STD, or a more serious problem.

Q: Should I douche to get rid of vaginal discharge, pain, itching, or burning?

A: No. Douching may even make these problems worse. It is very important to see a doctor right away if you have:

- Vaginal discharge with a bad smell
- Thick, white or yellow-green discharge with or without a smell
- Burning, redness, and swelling of the vagina or the area around it
- Pain when urinating
- Pain or discomfort during sex

These may be signs of a bacterial infection, yeast infection, urinary tract infection, or STD. Do not douche before seeing a doctor. This can make it hard for the doctor to figure out what is wrong.

Q: Can douching after sex prevent STDs?

A: No. This is a myth. The only way to completely prevent STDs is not to have sex. But practicing safer sex will dramatically decrease your risk of getting an STD. You can greatly reduce your chances of getting an STD in the following ways:

- Using latex condoms or female condoms every time you have sex
- Preventing the exchange of semen, vaginal excretions, and blood.

“I Didn’t Know That!”: Male Reproductive Health Issues

Does size really matter?

Many boys worry about the size and shape of their penis. Is it too small? Too big? Too thin? Does it hang straight? Or does it curve slightly to one side? Yet penises come in all shapes and sizes and all are very different. The average length of a penis when it is flaccid (not erect) is around 3 to 4 inches whereas when it is hard it is around 5 to 7 inches. However, your penis size can depend on many things like the weather, your body shape, pubic hair and even ethnicity. Your penis also doesn’t stop growing until you reach the ages of 18 to 21, so don’t fret yet if you feel yours is too small.

What is a penis?

The penis is made up of a shaft, the glans (head/helmet) and the prepuce (foreskin). You pee through the urethra, which is a tube that passes through the penis and carries both urine from the bladder and semen from the testicles. If you have been circumcised then you won’t have a foreskin. This is surgically removed at a young age for cultural and religious reasons.

Foreskin

When a boy is born he has an uncircumcised penis. This means his penis has a foreskin that covers the head (glans) of the penis. In the U.S., many parents choose to have the foreskin removed within a few of days of the baby’s birth, which is called circumcision. Other parents leave the foreskin intact. Whether or not a child is circumcised is a matter of the parents’ personal preference and beliefs, and sometimes is because of religious or cultural practices.

If a man is uncircumcised, the foreskin should be gently pulled back to expose the tip of the penis, which should then be washed with mild soap and water. Washing the penis daily this way is important because during puberty and beyond, dead skin cells and an oil-like substance called sebum can accumulate under the foreskin forming a substance called “smegma”. Smegma can build up and cause infections or harden if not washed away on a regular basis. A man with a circumcised penis should also wash his penis with mild soap and water daily.

Erections

Most boys start to experience erections when they reach puberty. They happen when you get sexually aroused and extra blood flows to the penis. This causes the penis to swell and grow large and hard. Sometimes erections are referred to as a hard-on or a boner, although there aren’t actually any bones in the penis!

Wet Dreams

If you've woken up in the morning to find your bed sheets are wet then chances are you've experienced a wet dream. This is where you become sexually aroused and ejaculate (come) in your sleep. Lots of boys have wet dreams during their teens although they become less frequent as you become older and your hormones level out.

"Blue Balls"

You may have heard the term "blue balls". This is used to describe an uncomfortable feeling in the testicles. This can happen if you get an erection but don't actually ejaculate. The feeling doesn't last long but it can cause discomfort.

Lump and Bumps

Most men will have a few bumps on their penis. Common bumps include sebaceous glands on the surface of the skin. You'll find them on the shaft and they are totally natural. They are usually yellow in color and secrete an oily substance called sebum. Other bumps include pearly papules. These are small hard white bumps on the head of the penis. Your penis can also get the occasional spot and pimple which may cause some discomfort. Some people mistake them for genital warts, but again they are harmless and require no treatment as long as you don't squeeze or pop them. If you aren't sure whether a bump or lump is normal or not, it's always best to get it checked out by a health care provider. If you are sexually active, bumps or lumps could indicate that you have an STD, like herpes or genital warts. If you have any concerns about STDs contact your local health care provider immediately just to be on the safe side.

“What Do Ya Know??” Answers

1. Ovaries produce eggs.

T

F

Every month during ovulation, an ovary produces a single mature egg for fertilization.²

2. Men and women both have urethras.

T

F

The urethra is the canal that in most mammals carries off the urine from the bladder and in males also serves as a passageway for semen.³

3. Babies grow in a woman’s vagina.

T

F

Babies grow in a woman’s uterus. The vagina is the canal leads from the uterus to the external opening.⁴

4. Women should begin to get Pap Smears three years after they become sexually active or at 21 years of age.

T

F

This is the recommendation of the American College of Obstetrics & Gynecology (ACOG).⁵

5. A Pap Smear checks for STDs.

T

F

A Pap smear is a test for the early detection of cervical cancer. STD screening may be conducted at the same time as a Pap smear, but this is not always done.⁶

6. Douching is a recommended way to maintain hygiene.

T

F

ACOG suggest that women do not douche. All healthy vaginas contain some bacteria and other organisms called the vaginal flora. The normal acidity of the vagina keeps the amount of bacteria down. But douching can change this delicate balance. This may make a woman more prone to vaginal infections.⁷

7. Some untreated STDs can scar the fallopian tubes and cause infertility.

T

F

Many STDs stay in your body if they are not treated. They can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID), a serious infection of the reproductive organs. PID can cause damage that makes you unable to get pregnant.⁸

² <http://womenshealth.about.com/cs/ovarianconditions/a/ovrisovovovads.htm>

³ <http://www.merriam-webster.com/dictionary/urethras>

⁴ <http://medical.merriam-webster.com/cgi-bin/medical>

⁵ http://www.acog.org/from_home/publications/press_releases/nr05-09-06-2.cfm

⁶ <http://medical.merriam-webster.com/medical/pap%20smear>

⁷ <http://www.4woman.gov/faq/douching.htm#D>

⁸ <http://www.cdc.gov/std/chlamydia/the-facts/default.htm>

8. The average age women begin to menstruate is 16.

T **F**

In the U.S., the average age is 12. Girls can start their periods anytime between the 8 and 15. If a girl has not had her first period by 15, she should see a doctor.⁹

9. Cervical cancer is associated with an STD.

T F

The human papillomavirus (HPV) is a very common STD. Certain types of HPV cause cervical cancers.¹⁰

10. Some birth defects and disabilities can be prevented.

T F

Although scientists do not know the cause of most birth defects, they do know how to prevent some birth defects. Preconception consumption of folic acid, abstinence from alcohol, STD prevention, and controlled diabetes are a few known interventions to prevent birth defects.¹¹

11. Overweight and obese women are at increased risk for poor reproductive health and pregnancy complications.

T F

Obesity in women can cause serious pregnancy-related complications, including infertility, labor and delivery complications, fetal and neonatal death, maternal complications (e.g. hypertension, gestational diabetes, preeclampsia), and delivery of large-for-gestational-age infants.¹²

12. Women who smoke are at an increased risk for reproductive health problems.

T F

Smoking during pregnancy can harm the health of both a woman and her unborn baby. In the infant, maternal smoking can cause preterm delivery, low birthweight, cerebral palsy, congenital heart defects. In the mother, maternal smoking can cause serious problems with the placenta.¹³

13. Sex during pregnancy isn't safe.

T **F**

Unless a health care provider advises someone otherwise, sex during pregnancy is safe for the mother and the baby. The baby is protected by the amniotic fluid in the womb and by the mother's abdomen.¹⁴

14. Drug and alcohol use can increase your chances of getting an STD or pregnant.

T F

People who abuse alcohol and illicit drugs may be at higher risk for contracting a STD or having an unplanned pregnancy.¹⁵

⁹ <http://www.womenshealth.gov/faq/menstru.htm#f>

¹⁰ <http://www.cdc.gov/std/HPV/STDFact-HPV.htm>

¹¹ <http://www.cdc.gov/ncbddd/bd/prevention.htm>

¹² http://www.marchofdimes.com/files/MP_MaternalObesity040605.pdf

¹³ http://www.marchofdimes.com/professionals/14332_1171.asp

¹⁴ http://www.marchofdimes.com/printableArticles/159_516.asp

¹⁵ <http://www.oas.samhsa.gov/2k7/STD/STD.pdf>

15. Women who are pregnant should not drink alcohol.

T F

Drinking alcohol during pregnancy can cause physical and mental birth defects. Each year, up to 40,000 babies are born with some degree of alcohol-related damage.¹⁶

16. Oil-based lubricants should be used with condoms.

T **F**

Do not use products made with oil as lubricants for latex condoms. They can damage latex. Materials that should **not** be used include: any oils (cooking, baby, coconut, mineral), petroleum jelly, lotions, cold creams, butter, cocoa butter, and margarine. Instead, use water-based lubricants especially formulated for use during sex (such as K-Y or other lubricants made with glycerin or silicone).¹⁷

17. People who don't want to get pregnant should use protection against pregnancy and STDs every time they have sex.

T F

Condoms are a barrier method of contraception that, when used consistently and correctly, can prevent pregnancy by blocking the passage of semen into the vaginal canal. Condoms can also prevent the exchange of blood, semen, and vaginal secretions, which are the primary routes of most STD transmission.¹⁸

18. Girls get sexual urges that are just as strong as those that boys get.

T F

Both girls and boys have sexual urges from the time they are infants and it is normal for children of both sexes to experiment with and explore those urges.¹⁹

19. The average size of an erect penis is between 7 and 10 inches.

T **F**

The average length of an erect, adult penis is between 5 and 7 inches. Because teen boys' bodies are going through puberty, there is no accurate average size for younger guys.²⁰

20. A penis reaches its full size at around age 16.

T **F**

Most guys reach their full adult penis size by the time they get into their early 20s.²¹

¹⁶ http://www.marchofdimes.com/professionals/14332_1170.asp

¹⁷ <http://www.ippf.org/en/Resources/Guides-toolkits/Explaining+how+to+use+condoms.htm>

¹⁸ <http://www.sexedlibrary.org/condoms.html>

¹⁹ <http://www.kinseyinstitute.org/ccies/us.php#hetero>

²⁰ http://www.sexetc.org/faq/guys_health/931

²¹ http://www.sexetc.org/faq/guys_health/931

9: Reporductive Health - Part 2

Words of Wisdom

Mad Lib

The Sperm & The Egg Signs

Pap Smear Screening

Vaccines for Tweens & Teens

**Unique Sexual and Reproductive Health Needs of
GLTBQ Youth**

Resources

If a man is as wise
as a serpent, he
can afford to be as
harmless as a dove.

Cheyenne



Jackson felt a lot of _____ (feeling)
for his girlfriend, _____ (famous actress'
name). But lately they had been _____
(verb with -ing) a lot because she wanted to _____
(action) with him, but he didn't want to because he was worried
about _____ (physical problem).
He had a friend who had gotten it, which had caused his friend's
_____ (body part) to _____
(physical sensation). Jackson also didn't want his girlfriend to end
up having a _____ (living creature).
After all, he wasn't ready to be a _____
(relative).

The Sperm & The Egg Signs—Page 1

TESTICLE

TESTICLE

The Sperm & The Egg Signs—Page 2

EPIDIDYMS

EPIDIDYMS

The Sperm & The Egg Signs—Page 3

VAS
DEFERENS

VAS
DEFERENS

The Sperm & The Egg Signs—Page 4

URETHRA

URETHRA

The Sperm & The Egg Signs—Page 5



The Sperm & The Egg Signs—Page 6

VAGINA

VAGINA

The Sperm & The Egg Signs—Page 7

CERVIX

CERVIX

The Sperm & The Egg Signs—Page 8

UTERUS

UTERUS

The Sperm & The Egg Signs—Page 9

FALLOPIAN
TUBE

FALLOPIAN
TUBE

How Does Pregnancy Happen?

Getting the Sperm and Egg Together

Every day men create sperm in their testicles. When a man has an orgasm (and ejaculates), millions of sperm are released within the fluid that's often called "cum." The more formal name is "semen."

Once a month, a woman releases an egg from one of her ovaries. The fallopian tube takes the egg from the ovary toward the uterus.

During vaginal sex between a woman and a man, the man's penis ejaculates in the woman's vagina. That ejaculation shoots millions of sperm up into the woman's vagina, where they race through the cervix, then the uterus and into the fallopian tubes hoping to find an egg. If they find one, fertilization may occur

From Fertilized Egg to Baby

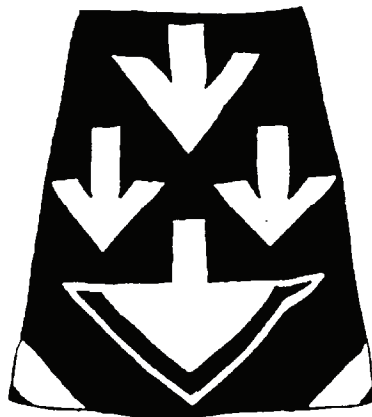
Each month a woman's brain sends out hormones that cause changes in her uterus. At one point in the cycle, her body creates a potential home for the fertilized egg in the wall of her uterus. A woman can only become pregnant during the days when the uterus is ready. If the fertilized egg doesn't attach during this part of her menstrual cycle, the uterine lining is expelled from her body during her period.

Pregnancy starts when the fertilized egg attaches to the uterus. Once it's attached, the egg grows into an embryo and eventually a fetus. As the embryo develops into a fetus, the placenta develops. The placenta is an organ that connects the mother to the child. It supplies nutrients to the fetus and takes away waste.

The Body's Changes

A woman's body goes through many changes during pregnancy. She gains weight to help keep the fetus growing and protected. She produces more blood, so that there's enough for two bodies instead of one. Toward the end of her pregnancy, a woman's breasts enlarge and get ready to produce milk. And in preparation for the final delivery of the baby, some muscles and ligaments (ligaments attach muscles to bones) relax, so that it has room to get out.

The entire process, from ejaculation to delivery, takes about 40 weeks.



Pap Smear Screening

What is a Pap smear?

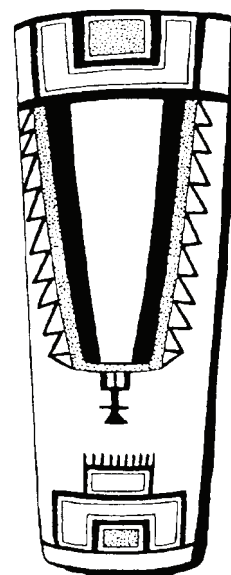
A Pap smear, also called a Pap test, is part of a pelvic exam. The word "Pap" is short for Papanicolaou, which is the last name of the doctor that studied changes in cervical cells. A Pap test is usually done in the first few years *after* you have become sexually active and then yearly after that or when you turn 21, whichever comes first. It is the only way to check the cells on your cervix for changes that can lead to cancer. Your health care provider usually checks for STDs at the same time.

How is a Pap smear done?

As part of your pelvic exam, your health care provider will take a thin plastic wand and a tiny brush and gently wipe away some of the cells from your cervix. Most girls don't feel anything at all. A few girls may feel a little cramping as their cervix is gently brushed. If you feel anything, it usually lasts less than 1 minute. These cells are placed in a bottle or on a glass slide and sent to a laboratory.

A trained technician then examines the sample of cells under a microscope to see if the cells are normal or if there are any problems. The lab then gives the results to your health care provider, who will contact you if the results are NOT normal.

If you are menstruating, you should reschedule your pap smear as the blood cells make the smear difficult to "read" accurately. The same is true if there is semen on your cervix—if you had sex without a condom within 24 hours of the Pap smear.



What do Pap smear results mean?

Although most Pap smear results come back as normal, it is not unusual for the test results to be *abnormal* if you are an adolescent. This may be because the young cervix is more vulnerable to cancerous changes when exposed to semen early in a woman's fertile lifetime. Precancerous or cancerous changes are even more likely to occur if you have several sexual partners.

If your results come back "normal", this means that your cervix is healthy and you will need another Pap smear in 1 year. Other test results may mean that the sample of cells was not a good sample and can't be read by the lab technician or it may mean there are some funny looking cells on the test and more tests are needed to figure out the reason for the changes. It is very important to return to your health care provider if they tell you that you need to have another Pap smear.

Vaccines for Tweens & Teens

Are you 11-19 years old? Then you need to be vaccinated against these serious diseases!

Many people between the ages of 11 and 19 think they are done with their vaccinations. They think vaccinations are just for little kids. But guess what? They're wrong. There are millions of teens and tweens who need vaccinations to prevent all kinds of serious illnesses. Are you one of them?

Getting immunized is a lifelong, life protecting job. Make sure you and your healthcare provider keep your immunizations up to date. Check to be sure you've had all the vaccinations you need.

Hepatitis B (Hep B)	You need a series of doses of hep B if you have not already received them.
Measles, Mumps, Rubella (MMR)	Check with your healthcare provider to make sure you've had two doses of MMR.
Tetanus, diphtheria, pertussis (whooping cough) (Tdap, Td)	You need a booster dose of Tdap at 11-12 years. If you're older and already had a Td booster, you should get a Tdap shot for extra protection against pertussis. After that, you will need a Td booster every 10 years.
Polio	If you haven't completed your series of polio vaccine doses and you are not yet 18, you should complete them now.
Varicella (Var) (Chickenpox shot)	If you have not been previously vaccinated and have not had chickenpox, you should get vaccinated against the disease. The vaccine is given as a 2-dose series. Any teen who was vaccinated as a child with only 1 dose should get a second dose.
Hepatitis A (Hep A)	Anyone can get infected with Hepatitis A. That is why many teens want to be protected by the vaccine. Some teens have an even greater chance of getting the disease. These risk factors include travel outside the US, being a male who has sex with other males, using illegal drugs, or having a clotting factor disorder or chronic liver disease. Talk to your health care provider about this 2-dose series of shots.
Human Papillomavirus (HPV)	All adolescent girls should get a series of 3 doses of HPV vaccine to prevent cervical cancer. If you haven't had these shots, you should get vaccinated now.
Influenza	All children and teens through age 18 should receive annual vaccination against influenza.
Pneumococcal Disease	Do you have a chronic health problem? Talk to your healthcare provider about whether you should receive a pneumococcal shot.
Meningococcal Disease	This vaccine is recommended for all teen ages 11 through 18 years, college freshman who will be or are living in dormitories, and those who have certain special medical conditions. Ask your health care provider.

Adapted from Immunization Action Coalition educational materials—www.vaccineinformation.org



Fast Facts



The Unique Sexual and Reproductive Health Needs of Gay, Lesbian, Bisexual, Transgender, and Questioning (LGBTQ) Youth

Data from 1990 through 2002 indicates that approximately 5% of American adolescents (ages 13-18) identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ).¹ Sexual orientation is often misinterpreted as synonymous with sexual behavior and has thus allowed educators, health care providers, and even parents to leave LGBTQ youth misinformed and unaware of important sexual and reproductive health issues. While some gains have been made regarding knowledge and attitudes about LGBTQ youth, there remain many disparities in access to both education and services that adversely affect the health and well-being of these youth.

FAST FACTS

Sexual Behavior

- LGBTQ youth are more likely than heterosexual teens to have had sexual intercourse, to have had more partners, and to have experienced sexual intercourse against their will.²
- Instances of high-risk sexual behaviors, substance use before sex, and personal safety issues are reported by lesbian, gay, and bisexual youth more frequently than heterosexual youth.³

Sexual orientation is among the three most likely topics to be excluded from a sexual education course.¹⁰

- Young men with partners of both sexes have reduced odds of condom use and increased odds of having had multiple partners.⁴

Heightened Risk of Sexually Transmitted Infection (STI), HIV, and Pregnancy

- Studies suggest that lesbian and bisexual teens are twice as likely as their heterosexual peers to experience unintended pregnancy. Additionally, young lesbians may attempt to hide their sexual identity through intentional pregnancy.^{5, 6}
- As compared to their heterosexual peers LGBTQ teens are at an increased risk of STIs, including HIV.³
- Like all teens, LGBTQ youth need accurate, age-appropriate, and culturally sensitive information regarding sexual and reproductive health. However, they may not be receiving this. In one study, 84% of young lesbians reported feeling that they were at

zero risk for HIV and STI and only 21% had ever suggested safer sex practices to a sexual partner.⁷

Difficulty Accessing Information, Education, Services, and Support

- In a study exploring factors that affect the lives of transgender youth, the teens specifically noted four problems:
 - Lack of safe environments
 - Poor access to physical health services
 - Inadequate resources to address mental health concerns
 - Lack of continuity of care-giving by families and communities.⁸
- After coming out to their families, many LGBTQ youth are thrown out of their home, mistreated, or made the focus of their family's dysfunction, making it difficult to communicate openly about safe sex, teen pregnancy, etc.⁹
- Sexual orientation is among the three most likely topics to be excluded from a sexual education course, along with abortion and how to use condoms.¹⁰
- Less than half of health teachers "formally teach" about issues pertaining to homosexuality. This is regrettable considering that LGBTQ youth taught using gay-sensitive instruction report fewer sexual partners, less frequent sex, and less substance use before last sex than those who were taught using more common means.^{11, 5}
- An analysis of popular human sexuality textbooks found few references to any sexual orientation other than heterosexuality. Those references that were found were negative.¹²

- Health care providers often fail to provide LGBTQ patients with adequate information regarding safer sex, know their patients' sexual history regardless of reported sexual orientation, and screen for STIs.¹³
- As a result of past negative experiences dealing with health care providers those who identify as LGBTQ are oftentimes less likely to obtain regular STI testing and treatment.¹⁴
- Provide safety and support. Let teens know that they are accepted by your organization and thus will be guaranteed confidentiality, free of harassment, and granted support they may not receive elsewhere.¹⁶

RESOURCES

Healthy Teen Network: www.healthyteennetwork.org

Advocates For Youth: www.advocatesforyouth.org

Gay and Lesbian Medical Association: www.glma.org

The National Coalition for LGBT Health:
www.lgbthealth.net

Parents, Families, and Friends of Lesbians and Gays:
www.pflag.org

Success Tips for the Inclusion of LGBTQ Youth

- Educate yourself. Learn as much as possible about sexual orientation, gender expression, culture, homophobia, and sexism and be aware of your own attitudes and biases.¹⁵
- Do not make assumptions. Realize that a person's sexual orientation or gender identity can not be known based on appearances alone and use inclusive, gender-neutral language in order to highlight this.¹⁵

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- ¹³ Diamant, A., Schuster, M., McGuigan, K., & Lever, J. (1999). Lesbians' sexual history with men: Implications for taking a sexual history. *Arch Intern Med*, 159, 2730-2736.
- ¹⁴ Bauer, G., & Welles, S. (2001). Beyond Assumptions of Negligible Risk: Sexually Transmitted Diseases and Women Who Have Sex With Women. *American Journal of Public Health*, 91 (8), 1282-1286.
- ¹⁵ Girl's Best Friend Foundation and Advocates for Youth. (2005). *Creating Safe Space for GLBTQ Youth: A Toolkit*. 15-19.
- ¹⁶ Gay, Lesbian and Straight Teachers Network. (2005). *What You Can Do: Ideas and Resources for Educators Working to End Homophobia in Schools*.

RESOURCES

Amplify Your Voice

<http://www.amplifyyourvoice.org>

A youth-developed and youth-focused website developed by Advocates for Youth.

Center for Young Women's Health

<http://www.youngwomenshealth.org>

An award-winning teen girls' health website developed by Children's Hospital Boston.

Go Ask Alice!

<http://www.goaskalice.columbia.edu/>

A teen-friendly Q&A website developed by Columbia University.

Sex, etc.

<http://www.sexetc.org>

An award-winning national magazine and website on sexual health written by teens, for teens. Developed by the Center for Applied Psychology at Rutgers University.

Sexuality and U—Teen's Page (Canada)

<http://sexualityandu.ca/teens/index.aspx>

A project of the Society of Obstetricians and Gynaecologists of Canada, committed to providing credible and up-to-date information and education on sexual health.

Teenage Health Freak (United Kingdom)

<http://www.teenagehealthfreak.org>

"Cringe-free health information specific to teenagers."

TeensHealth

http://kidshealth.org/teen/sexual_health/

Website created for teens looking for honest, accurate information and advice about health, relationships, and growing up.

Teen Source

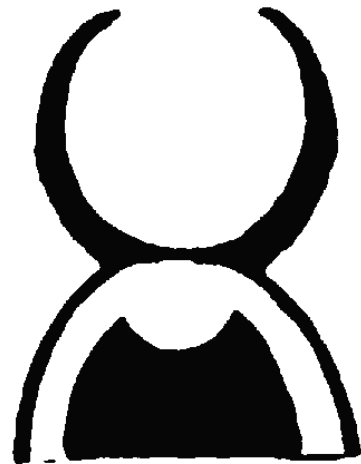
<http://www.teensource.org/>

A teen-friendly educational resource for teens and young adults between the ages of 13 and 24 seeking information on healthy and responsible sexual lifestyles developed by the California Family Health Council.

Teen Wire

<http://www.teenwire.com>

A teen-friendly sexual health website for teens developed by Planned Parenthood.



10: The Downside of Hooking Up

Words of Wisdom

Say “No to What?” Worksheet

Risk Signs

Each person is his
own judge.

Pawnee

Say “No” to What??

What is your definition of abstinence?

Circle the behaviors that are compatible with abstinence:

1. Dry kissing (close-mouth)
2. Holding hands
3. Hugging with hands on arms and back
4. Flirting using eye contact
5. French kissing (open-mouth)
6. Vaginal intercourse
7. Hand contact with another person's genitals
8. Mouth contact with someone's breast
9. Touching another person's lower body with clothes on
10. Mouth on another person's genitals
11. Touching another person's lower body with clothes on
12. Kissing while pressing your body against another person
13. Touching another person's lower body without clothes on
14. Anal sex with a condom
15. Lying next to each other with no clothes on

Not Risky

Very Risky

11: Pregnancy & Parenting

Words of Wisdom

Parenting & Pregnancy Questions for Teen Mom

Risks of Teen Parenthood

“Once is Enough” Role Play

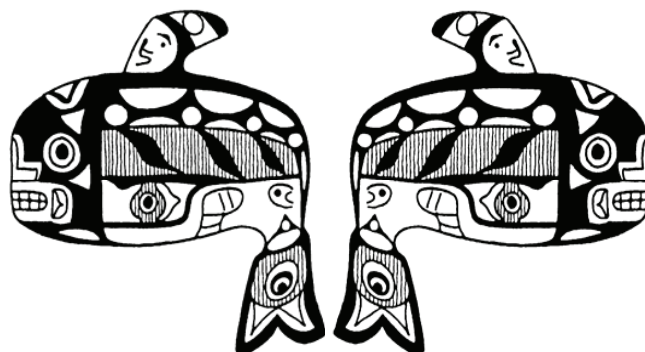
Pregnancy & Parenting Resource List

**What is past and
cannot be prevented
should not be grieved.**

Pawnee

Pregnancy/Parenting in the First Person: Some Suggested Questions for Teen Mom Guest Speaker

- o Did you mean to get pregnant?
- o If you had the chance to start over, would you do things differently?
- o How did your parents react when you told them?
- o How did the father react when you told him?
- o Do you get enough financial or other support from the father?
- o Does the father spend enough time with your child?
- o Was it hard to go back to school?
- o Do you recommend that other teens have babies?
- o Is having a child a big responsibility or not a big deal?
- o Does having a child cramp your social life?
- o How has having a child affected your life?
- o How has having a child affected your family?
- o Do you feel that having a baby has made you lose your life as a teenager?
- o How often do you get out to with friends? Do you go with the baby or do you get someone to take care of him/her?
- o Do you have good support from your parents or other family members? If so, do they sometimes make it too easy so you don't worry much about getting pregnant again?
- o Do people look at you differently now?
- o How did you feel when you first thought you might be pregnant? What about when you found out that you were in fact pregnant?
- o Once you've had a child, do guys you date often expect you to have sex with them?



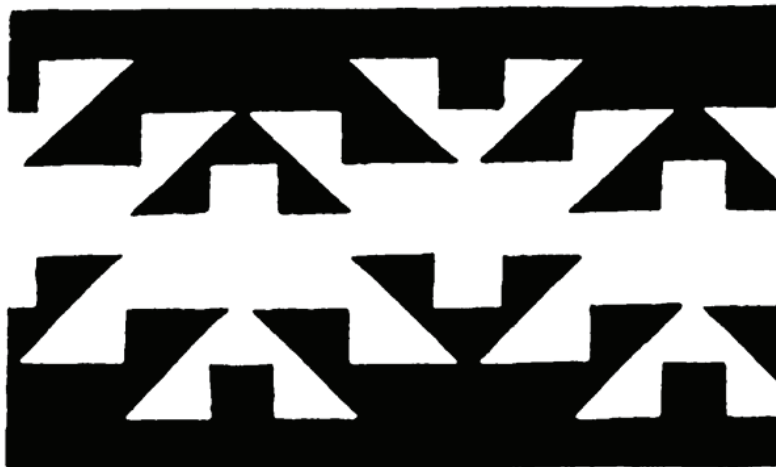
Risks of Teen Parenthood

Teen Moms

- Pregnant teens have more serious medical complications.
- Deliveries to pregnant moms cost more.
- Teens often give birth to underweight babies.
- Teen moms are less likely to have the education and skills to be financially independent.
- 80% of teen moms drop out of high school.
- A teen mom will earn only half the life-time wage of her peers.
- Most teen moms are unmarried.
- Unmarried teen moms rarely receive child support from the baby's father.
- Married teen moms have higher divorce rates.

Teen Dads

- Teen dads are more likely to drop out of high school.
- Teen dads are half as likely to complete college as their peers.
- Over 80% of babies born to teens don't live with the dad.
- After the first year, most teen dads who live apart from their children do not see them even once a week.



“Once Is Enough” Role Play

Steve’s Part

Getting Started:

1. You have about three minutes to prepare for your part in the play.
2. Read the rest of this page. When you have finished, Bob will tell the group to begin the play.

Story

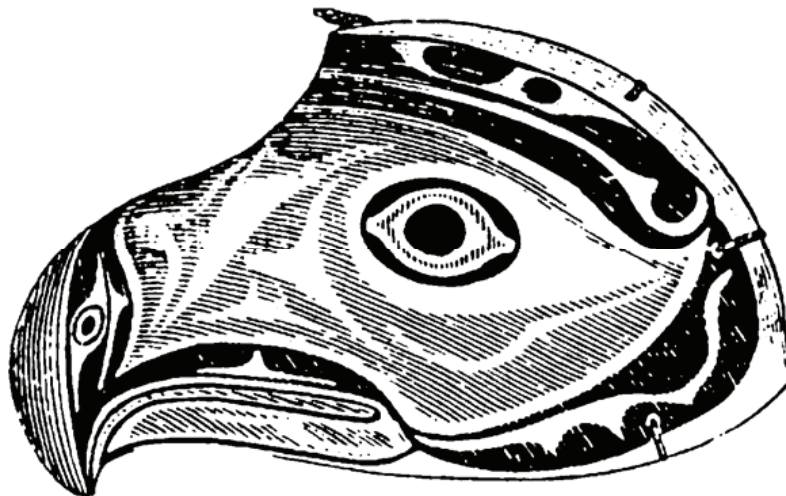
You’ve been going out with Ruth for almost a year. Two months ago, you and Ruth watched a really sexy TV show at her house. You both got carried away and had sex for the first time without a condom.

Decide the Following

- What are your career goals?
- How far do you want to go in school?
- Do you plan to get married? If so, at what age?
- Do you want to have children? If so, when?

During the Play

When Bob tells you to begin the play, Ruth has something she wants to tell you. (She may want to talk to her friend Marty, first.) You will respond based on the decisions you made above. You may also want to talk over your problem with your friend, Bob.



“Once Is Enough” Role Play

Ruth’s Part

Getting Started:

1. You have about three minutes to prepare for your part in the play.
2. Read the rest of this page. When you have finished, Bob will tell the group to begin the play.

Story

You’ve been going out with Steve for almost a year. Two months ago, you and Steve watched a really sexy TV program at your house. You both got carried away and had sex for the first time without a condom. You missed one period and are late for the second, which has never happened before. (You usually have very regular periods.) This morning, you bought a pregnancy test kit at the drugstore. You tested your urine and found out you’re pregnant.

Decide the following

- What are your career goals?
- When did you want to have kids?
- Who are you going to talk first? To Steve? Or maybe to your best friend, Marty?
- How are you going to tell Steve about this problem? In person? Over the phone?
- What are you going to say about your pregnancy, your responsibilities, his responsibilities, your options?
- What are your options? (For example, get married and raise the child, put the child up for adoption, have an abortion.)
- What are your rights and what are Steve’s rights in making this decision?
- Who else will you talk to about your problem? (For example, parents, other family members, friends, teachers, elders, counselors.)

During the Play

When Bob tells you to begin the play, start by talking to Marty or Steve either face-to-face or by phone. If you decide not to tell Steve at all, then you should discuss with the group why you’re not telling him. Tell Steve or Marty why you think you are pregnant (symptoms and the test results). You may find it easier to talk to your friend, Marty, first and get her moral support. You may want to rehearse with her what you will tell Steve.

“Once Is Enough” Role Play

Bob’s Part

Getting Started These are the steps you need to do to get your part started:

1. In addition to your role as Bob, you are also the director of the play.
2. Listen carefully to each group member, because YOU will lead an important discussion after the play is over.
3. While the other actors are getting ready, read the rest of this page to yourself.
4. When the others have finished reading their parts, ask Ruth to start by talking about her situation to Marty or Steve.

Story Your best friend, Steve, has been going out with Ruth for almost a year. A couple of months ago, they watched a really sexy TV program at Ruth's house. They both got carried away and had sex for the first time without a condom.

During the Play Listen to Ruth and Steve talk over their problem. Give them answers to questions about pregnancy if they ask. Steve may also want to talk over his problem with just you and him.

As Director

1. Ruth may start off by wanting to talk about her situation to Marty or Steve. She will decide whether to talk to them in person or to call them on the phone.
2. If Ruth runs out of things to say, have her tell Steve:
 - that she is pregnant (the symptoms and the test result)
 - what she wants to do and what she thinks she should do (this may be different)
 - what she wants or expects him to do
3. If Steve runs out of things to say, have him tell Ruth:
 - what he wants to do and what he thinks he should do
 - what he wants or expects Ruth to do
 - what he believes his rights and responsibilities are
4. Be sure Ruth and Steve discuss:
 - who they want to talk to about this situation (parents, friends, doctor, counselor)
 - what they might do (get married and raise the child, put the child up for adoption, have an abortion)
 - who is responsible for decisions expenses, etc.

After the Play

1. Ask Marty to lead with her discussion questions.
2. Ask Ruth: How did you feel when you found out you were pregnant?
3. Ask Steve: How did you feel when Ruth told you she was pregnant?
4. Ask the audience:
 - Do you think that Ruth and Steve should get married?
 - What do you think you would do if you/your partner got pregnant?
 - Who do you think you would tell?
 - What do you think your parents or family would do?
 - Do people really sometimes get pregnant the first time?
 - If Ruth has the baby, what do you think her life will be like a year from now? What will Steve's life be like?
 - If Ruth has an abortion or gives the baby up for adoption, do you think they will think about this again? Will they have any regrets later?

“Once Is Enough” Role Play

Marty’s Part

Getting Started

1. You have about three minutes to prepare for your part in the play.
2. Read the rest of this page. When you have finished, Bob will tell the group to begin the play.

Story

Your best friend Ruth has been going out with Steve for almost a year. A couple of months ago, they watched a really sexy TV program at Ruth's house. They both got carried away and had sex for the first time without a condom.

During the Play

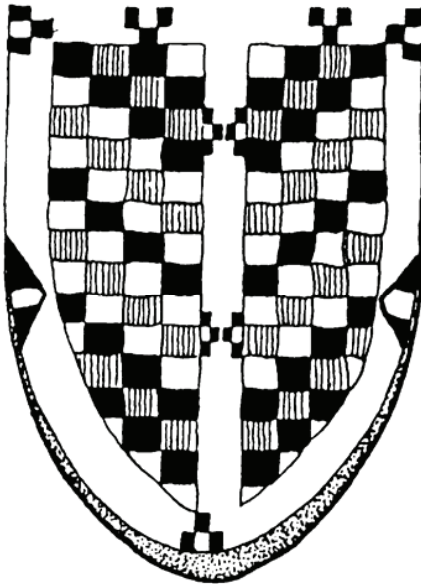
Listen to Ruth and Steve talk over their problem. Make sure they talk about things that you think are important. Ruth may also want to talk over her problem with just you and her (one-on-one).

Be sure Ruth and Steve talk about who they would want to talk with about their situation (for example, parents, friends, doctor, clergy) and what they might do (for example, get married and raise the child, put the child up for adoption, have an abortion).

After the Play

Bob will ask YOU to lead the discussion, starting off with these points:

- Whose responsibility is it to use adequate contraception?
- What rights and responsibilities does the father have?



RESOURCES

If you think you might be pregnant

If you or someone you knows thinks you might be pregnant, it's important to find out for sure as soon as possible. The first thing you can do is to take a home pregnancy test. Most grocery stores and pharmacies sell these tests at low cost and they are very accurate. You just pee on the end of a special stick and wait the recommended time to read the indicator on the stick.

If your test comes back positive, or if you prefer to have the test done in a clinic setting, here are some places you can consider contacting for a pregnancy test:

- Community Health Centers
- County, Local & State Departments of Health
- Indian Health Service
- Planned Parenthood
- School-based Health Centers
- Tribal Health Centers
- Private Doctors' Offices
- Urban Indian Health Centers

If you just found out you're pregnant

If you just found out you're pregnant, you are probably very scared and worried right now. You may want to talk to someone other than a boyfriend or family member about your pregnancy. Many clinics have counselors that provide "Pregnancy Options Counseling"—this is a term used to describe the different choices a woman has when she learns she is pregnant. It's important to see a counselor who has been trained to provide "non-directive" counseling, which means the counselor should help you figure out what is right for you. The counselor should not tell you what to do about your pregnancy.

Pregnancy Resources

Backline

<http://www.yourbackline.org>

Talkline: 800-493-0092

Backline offers a peer-counseling service for women and their loved ones wishing to discuss pregnancy, parenting, abortion and adoption issues.

Mom, Dad . . . I'm Pregnant

<http://www.momdadimpregnant.com>

Website that offers support, skills, and advice to both adults and adolescents to promote communication that is helpful and but fruitful. A project of the Abortion Conversation Project.

“Once Is Enough” Role Play Video

<http://www.youtube.com/user/Nativestand7#p/u>

Native American youth act out the “Once Is Enough” role play from the Native STAND curriculum. Filmed as part of a youth leadership summit in Washington State in June 2009. Produced by Longhouse Media/Native Lens.

Pregnancy Options

<http://www.pregnancyoptions.info>

Accurate non-biased information on pregnancy options, including a Pregnancy Options Workbook.

Sex, etc.: Teen Pregnancy

<http://www.sexetc.org/topic/pregnancy>

An award-winning national magazine and website on sexual health written by teens, for teens. Developed by the Center for Applied Psychology at Rutgers University.

Stay Teen

<http://www.stayteen.org>

Uses video and music to engage teens in pregnancy prevention discussions. Developed by the National Campaign to Prevent Teen and Unplanned Pregnancy.

Teen Pregnancy and Parenting Panel Video

<http://www.youtube.com/user/Nativestand7#p/u>

Native American youth talk about their experiences as teen parents. Filmed as part of a youth leadership summit in Washington State in June 2009. Produced by Longhouse Media/Native Lens.

Teen Source

<http://www.teensource.org>

Educational resource for teens and young adults seeking information on healthy and responsible sexual lifestyles developed by the California Family Health Council.

Teen Wire

<http://www.plannedparenthood.org/teen-talk>

A teen-friendly sexual health website developed by Planned Parenthood.

Parenting Resources

Sex, etc.: Teen Parenting

http://www.sexetc.org/topic/teen_parenting

Resources and advice for teens how to cope if you're becoming a teen parent.

Teen Parents: Nutrition Curriculum for Pregnant and Parenting Teens

<http://extension.missouri.edu/publications/DisplayPub.aspx?P=N715>

Teen Parents is a nutrition curriculum that teaches pregnant and parenting teens how to make the healthiest choices for their bodies and their babies. Developed by the University of Missouri Extension.

Teen Pregnancy and Parenting Panel Video

<http://www.youtube.com/user/Nativestand7#p/u>

Native American youth talk about their experiences as teen parents. Filmed as part of a youth leadership summit in Washington State in June 2009. Produced by Longhouse Media/Native Lens.

12: Preventing Pregnancy

Words of Wisdom

Birth Control Options for Teens

Dual Methods

Emergency Contraception

1 Out of 100 Women

Comparing Prevention Methods

Birth Control Resource List

Seek wisdom,
not knowledge.
Knowledge is of the
past, wisdom is of the
future.

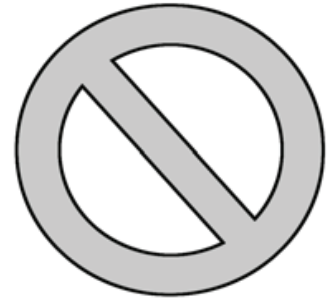
Lumbee

BIRTH CONTROL OPTIONS FOR TEENS

ABSTINENCE

1. What is it and how does it work to prevent pregnancy?

- Abstinence means not having sex (that means NO vaginal, oral, or anal sex)
- Abstinence involves a decision and a plan, and it works only if used consistently and correctly
- The penis does not touch the vaginal area, so sperm cannot enter the vagina to fertilize an egg¹



2. How effective is it in preventing pregnancy?

- If used consistently and correctly, abstinence is 100% effective in preventing pregnancy
- Young people who plan to abstain, but then have sex without using another method, are at high risk of pregnancy (and STDs)

3. How effective is it in preventing STDs?

- If used consistently and correctly, abstinence is 100% effective in preventing STDs²

4. Other Things to Know about ABSTINENCE:

- It is the only method that protects completely from pregnancy and STDs
- It is free, and no prescription required
- It is more than just accidentally not having sex—it involves a decision, and a plan
- Advantages include:
 - No worry about pregnancy, birth control, or diseases
 - You can get to know each other without a sexual relationship
- Disadvantages might include:
 - Feeling impatient or curious

Adapted from: Big Decisions: Making Healthy, Informed Decisions About Sex,
www.bigdecisions.org

¹ However, if a male ejaculates close to the vaginal opening, there is a possibility that semen could enter the vagina, and a pregnancy could occur.

² However, some activities consistent with abstinence, such as genital touching, could theoretically transmit some STDs, such as HPV or genital herpes.

STERILIZATION

(tubal ligation, “getting your tubes tied”; vasectomy)

- 1. What is it and how does it work to prevent pregnancy?**
 - For women: a surgical procedure that permanently blocks her fallopian tubes where the sperm and egg would normally meet
 - For men: a surgical procedure that permanently prevents the release of sperm when a man ejaculates (men still ejaculate)
- 2. How effective is it in preventing pregnancy?**
 - Extremely effective (96.5%-99.9%)
- 3. How effective is it in preventing STDs?**
 - This method is **NOT AT ALL** effective in preventing STDs or HIV
 - If a person has sex, condoms must also be used to reduce the risks of STDs and HIV
- 4. Other things to know about STERILIZATION:**
 - Advantages:
 - The couple does not have to remember to do something to prevent pregnancy
 - It is permanent
 - Disadvantages:
 - Because it is permanent, it is not appropriate for anyone who might want to have a child in the future. Because people so often change their mind about having families, sterilization is usually discouraged for people under 30 who have not had children

IMPLANT

("Implanon")

1. What is it and how does it work to prevent pregnancy?

- The implant is a flexible plastic rod about the size of a matchstick, which has a progestin hormone
- It is placed under the skin of the woman's arm and the hormone is slowly released into the body over three years
- The hormone stops the ovary from releasing an egg, so there is no egg for the sperm to fertilize
- The implant also causes thickened mucus in the cervix and changes to the lining of the uterus

2. How effective is it in preventing pregnancy?

- The implant is extremely effective
- Typically, none or 1 of 100 couples will become pregnant in the first year

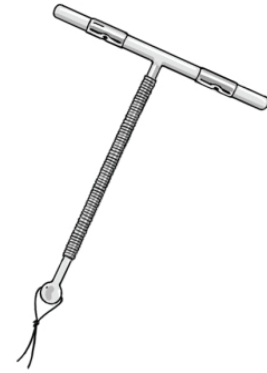
3. How effective is it in preventing STDs?

- This method is NOT AT ALL effective in preventing STDs or HIV
- If a person has sex, condoms must also be used to reduce the risks of STDs and HIV

4. Other things to know about the IMPLANT:

- Advantages:
 - The couple does not have to remember to do something to prevent pregnancy
 - It lasts 3 years, unless it's removed sooner
- Disadvantages:
 - The woman must go to a doctor or clinic to receive the implant
 - The implant must be inserted and removed by a health provider
 - Many women do not have regular monthly periods
 - Some women have headaches, emotional symptoms, or weight gain

INTRAUTERINE DEVICE (IUD)



1. **What is it and how does it work to prevent pregnancy?**
 - A plastic “T” shaped device (about an inch and a half tall) is placed inside the woman’s uterus
 - There are 2 types available—one with copper metal and one with progestin hormone
 - It is inserted during an office visit by a medical provider
 - The copper IUD lasts up to 10 years, and the hormone IUD lasts up to 5 years
 - The devices affect sperm so that the egg is not fertilized
 - The hormone IUD usually changes a female’s “periods”, with less bleeding over time
 - IUDs are recommended only for females in a long-term relationship with one partner who has no other partners
2. **How effective is it in preventing pregnancy?**
 - Intrauterine devices (IUDs) are extremely effective
 - Typically, none or 1 of 100 couples will become pregnant in the first year
3. **How effective is it in preventing STDs?**
 - This method is not at all effective in preventing STDs or HIV
 - If a person has sex, condoms must also be used to reduce the risk of STDs and HIV
 - Someone who is at high risk for STDs (for example, someone who has more than one partner) should not use this method
4. **Other Things to Know about IUDs:**
 - Advantages:
 - The couple does not have to remember to do something to prevent pregnancy
 - The copper IUD lasts 10 years, and the hormone IUD lasts 5 years, unless they are removed sooner
 - Disadvantages:
 - The woman must go to a doctor or clinic to receive an IUD
 - The IUD must be inserted (and removed) by a health provider
 - With the copper IUD, periods may be heavier or have more cramps
 - With the hormone IUD, most females do not have regular monthly periods, but there is usually less bleeding

THE SHOT

(“Depo Provera”)

1. What is it and how does it work to prevent pregnancy?

- The shot, or injection (Depo-Provera®), contains a large dose of a progestin hormone that stays in the body for 3 months
- This hormone stops the ovary from releasing an egg, so there is no egg for the sperm to fertilize
- The shot also causes thickening of the mucus of the cervix, and thinning of the lining of the uterus that can help prevent pregnancy



2. How effective is it in preventing pregnancy?

- The shot is highly effective
- Typically, only 3 of 100 couples become pregnant in the first year

3. How effective is it in preventing STDs?

- The shot is NOT AT ALL effective in preventing STDs or HIV
- If a person has sex, condoms must ALSO be used to reduce the risk of STDs and HIV

4. Other Things to Know about the SHOT:

- Advantages:
 - The woman is in control
 - A couple does not have to remember to do something during sex to prevent pregnancy
- Disadvantages:
 - Woman on the shot do not have regular monthly periods
 - Some women have irregular bleeding, and some have no bleeding at all. This is normal with the shot
 - The shot can cause weight gain and feeling tired
 - A woman must go to a doctor or clinic to receive the shot

PILL, PATCH or RING

1. What is it and how does it work to prevent pregnancy?

- Hormones (estrogen and progestin) stop the ovary from releasing an egg, so there is no egg for the sperm to fertilize
- The hormones also cause thickening of the mucus in the cervix, making it hard for sperm to get through
- With the PILL, the hormones are swallowed every day
- With the PATCH, the hormones enter the body through the skin. Each patch is worn for 7 days, and then replaced with a new patch (at a different site)—after 3 patches (3 weeks), there is a week with no patch, when the woman usually has some bleeding, like a “period”
- With the Vaginal RING, the hormones come in through the vagina—each ring is worn in the vagina for 3 weeks, and then removed. After a week, a new ring is inserted into the vagina—the woman usually has some bleeding, like a “period”, while the ring is out

2. How effective is it in preventing pregnancy?

- These methods are very effective
- Only 8 of 100 couples typically become pregnant in the first year

3. How effective is it in preventing STDs?

- NOT AT ALL effective in preventing STDs or HIV
- If a person has sex, condoms must ALSO be used to reduce the risk of STDs and HIV

4. Other Things to Know about the PILL, PATCH, and RING:

- Advantages:
 - Using the PILL, PATCH, or RING does not cause cancer or weight gain (in fact, these methods protect from two kinds of cancer: cancer of the ovary, and cancer of the endometrium, or lining of the uterus)
 - The female is in control
- Disadvantages:
 - A prescription is needed from a doctor or clinic
 - There is a slight risk of rare, but serious, cardiovascular events: blood clots, strokes, or heart attacks
 - Spotting between periods, breast soreness, and nausea may happen. These “minor” side effects generally improve with continuation of these methods.
 - Patch and ring require that the woman is comfortable inserting something in herself vaginally

CONDOMS ("rubbers")



1. What is it and how does it work to prevent pregnancy?

- Thin sheaths made out of latex (rubber)
- Condoms are worn on the penis while it is inside the partner
- Condoms are a barrier that blocks sperm from going into the vagina
- There are also plastic (polyurethane) condoms for males (and for females)
- These are useful if there is an allergy to latex
- Slightly less effective than latex condoms
- "Skin" condoms, made from lamb intestine, prevent pregnancy but not STD or HIV (These are not recommended)

2. How effective is it in preventing pregnancy?

- Typically, only 15 of 100 couples will have a pregnancy in the first year
- Polyurethane condoms have a somewhat higher failure rate
- The most common reason condoms "fail" is that people don't use them correctly and consistently with every time they have sex

3. How effective is it in preventing STDs?

- Condoms are highly effective in preventing HIV, the virus that causes AIDS
- Condoms reduce the risk of many other STDs
- Condoms must be used correctly every time a person has sex to be effective in preventing STDs and HIV

4. Other Things to Know about CONDOMS:

- Advantages:
 - No prescription is required
 - There is no age limit to purchasing condoms
 - Condoms can be bought at grocery stores and drug stores
 - Free condoms are available at Health Department clinics
- Disadvantages:
 - A few people are allergic to latex, and they should use polyurethane (plastic) condoms
 - Condoms can slip off or break, especially if someone does not use them correctly

SPONGE



1. What is it and how does it work to prevent pregnancy?

- It is a soft plastic (polyurethane) sponge that is worn in the vagina during sex
- It is moistened with water and inserted into the woman's vagina before having sex
- Spermicide (sperm-killing medicine) in the sponge kills the sperm, and the egg is not fertilized
- The sponge also absorbs semen and sperm, and physically blocks the cervix
- To be effective, it must be left in the vagina for at least 6 hours after intercourse

2. How effective is it in preventing pregnancy?

- 16 to 32 out of 100 couples will have a pregnancy in the first year
- Women who already have had a baby have a higher chance of pregnancy with the sponge
- It may be that the sponge can cover the cervix better if the woman has not yet delivered a child

3. How effective is it in preventing STDs?

- NOT effective at all!
- The sponge may irritate the vagina and actually make it a little easier to get HIV, if a female is exposed
- If a person has sex, condoms must ALSO be used to reduce the risk of STDs and HIV

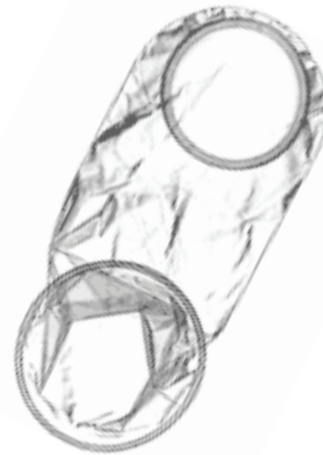
4. Other Things to Know about the SPONGE:

- Advantages:
 - No prescription is needed
 - The woman can use it without a partner's knowledge
 - It is effective for 24 hours
 - It can be kept in and used for repeated acts of intercourse
- Disadvantages
 - It must be left in the vagina 6 hours after having sex
 - It should not be left in the vagina for more than 30 hours
 - Requires that the woman is comfortable inserting something in herself vaginally
 - Rare side effects (Toxic Shock Syndrome)

Female Condom ("Reality condom", "FC2")

1. What is it and how does it work to prevent pregnancy?

- The female condom is a thin, soft, loose-fitting sheath made from synthetic rubber (non-latex) which is worn inside the vagina. There is a flexible ring at each end. The inner ring at the closed end of the sheath is used to insert the condom inside the vagina and to hold it in place during intercourse. The rolled outer ring at the open end of the sheath remains outside the vagina and covers part of the external genitalia.



2. How effective is it in preventing pregnancy?

- 21 in 100 couples typically experience a pregnancy in the first year

3. How effective is it in preventing STDs?

- Yes – effective in preventing most STDs, including HIV

4. Other Things to Know about the FEMALE CONDOM:

- Advantages:
 - Gives women control and choice over their own sexual health
 - Women can protect themselves with when their partner does not want to use a male condom
 - Safe to use with people who are allergic to rubber latex
 - Can be inserted before sex
- Disadvantages:
 - More expensive than male condoms (about \$2 each)
 - Can be noisy
 - Requires that the woman is comfortable inserting something in herself vaginally

Fertility Awareness Method ("rhythm method")

1. What is it and how does it work to prevent pregnancy?

- A woman identifies the days each menstrual cycle when sex is most likely to result in pregnancy

2. How effective is it in preventing pregnancy?

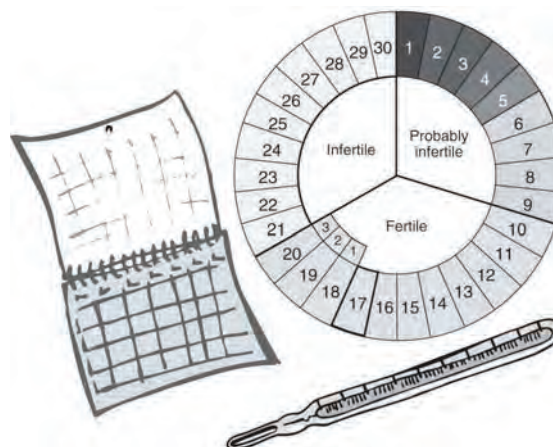
- 25 in 100 couples typically experience a pregnancy in the first year
- This varies widely on how well a woman was taught to practice the method, how exact she tracks her biological signs, and how strictly she and her partner are in abstaining/using an alternate form of birth control during her fertile time

3. How effective is it in preventing STDs?

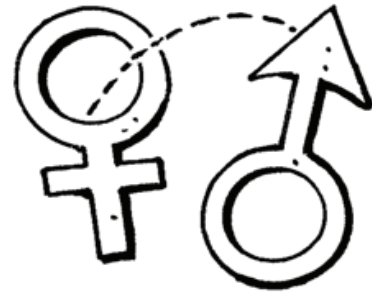
- NOT effective at all!
- If a person has sex, condoms must ALSO be used to reduce the risk of STDs and HIV

4. Other Things to Know about the FERTILITY AWARENESS METHOD:

- Advantages:
 - Increases a woman's knowledge of her cycle
 - Some couples like the active involvement of the male partner in the process
- Disadvantages:
 - Works best for women with very regular periods—but teens often have irregular periods
 - Lack of the male partner's cooperation can be a great risk for pregnancy
 - A teen's relationship may not be stable or committed enough to develop the trust and cooperation needed for this method to be effective
 - It can be challenging to interpret your body's signs (e.g., changes in mucous, body temperature, orientation of the cervix)
 - It can take many months of training and record keeping before a woman or couple can try to use the method—teens may not be that patient



WITHDRAWAL ("Pulling Out")



- 1. What is it and how does it work to prevent pregnancy?**
 - The man pulls his penis out of the vagina before he ejaculates (i.e., before he “cums”)
 - Semen does not go into the vagina, so sperm cannot get to the egg

- 2. How effective is it in preventing pregnancy?**
 - 27 out of 100 couples typically experience a pregnancy in the first year
 - Sometimes there are sperm in the “pre-cum”, the fluid that comes out of the penis before ejaculation—this means a pregnancy could theoretically happen, even if the male pulls out in time
 - Sometimes the male does not pull out in time, even though he meant to

- 3. How effective is it in preventing STDs?**
 - NOT effective at all!
 - There is nothing in this method that reduces the risk of any of the STDs, or HIV

- 4. Other Things to Know about WITHDRAWAL:**
 - People have used withdrawal for centuries
 - Advantages:
 - It is free, and it does not require a prescription
 - Disadvantages
 - It takes lots of self-control on the part of the male
 - It means doing something during sex, which can be a hassle
 - The man, not the woman, is in control. (This could be seen as a disadvantage for the woman.)

SEX using NO METHOD ("Wishing and Hoping")



- 1. What is it and how does it work to prevent pregnancy?**
 - This is not really a method
 - It doesn't work!
- 2. How effective is it in preventing pregnancy?**
 - NOT effective at all!
 - 85 of 100 couples would be pregnant by the end of a year—this is the same pregnancy rate as those who are trying to get pregnant
- 3. How effective is it in preventing STDs?**
 - NOT effective at all!
 - There is zero protection from STDs or HIV
- 4. Other Things to Know about NO METHOD:**
 - Advantages:
 - Some people may want to get pregnant, or cause a pregnancy
 - Disadvantages:
 - Not being in control
 - Pregnancy as a teen makes it harder for both mothers and fathers to reach their goals
 - Babies born to teens are at higher health risks
 - Pregnancy often stresses a relationship
 - STDs can make you (or your baby) sick—STDs can even cause death

Emergency Contraception

Emergency contraception (EC)¹ is a safe and effective way to reduce your chance of pregnancy up to 5 days *after* unprotected sex. It's important to take EC as soon as possible after unprotected sex—the sooner you start it, the better it will work.

You may want EC if:

- The condom broke or slipped off, and he ejaculated in your vagina.
- He didn't pull out in time.
- You forgot to take your birth control pills, insert your ring, or apply your patch.
- Your diaphragm or cap slipped out of place, and he ejaculated inside your vagina.
- You miscalculated your "safe" days.
- You weren't using any birth control.
- You were forced to have unprotected vaginal sex, or were raped.

EC is available without a prescription for women (and men) 17 or older, but those 16 and younger need a prescription.

To get EC, check with:

- Your local IHS or tribal health clinic
- Your county, local, or state health department
- Your school-based health clinic
- A local Planned Parenthood clinic—to find the clinic nearest to you, visit: <http://www.plannedparenthood.org/findCenterProcess.asp>
- If you live in Alaska, California, Hawaii, Maine, Massachusetts, New Hampshire, New Mexico, Vermont, or Washington, you can get EC without a prescription at some pharmacies. Call your pharmacy in advance to make sure they offer and stock EC. If you live in one of these states, you can locate a pharmacy near you that dispenses EC at this website: <http://www.ec-help.org/PharmacyLocations.asp>.
- A searchable database of EC providers is located at: <http://eclocator.not-2-late.com>.

¹ EC is also known as “the morning after pill”; brand names include Plan B, Plan B One-Step, Next Choice, and ella.

Dual Methods⁴

Many people who use birth control to prevent an unwanted pregnancy also need protection against HIV and other STDs. They need dual protection.

The safest form of dual protection is mutual monogamy between uninfected partners using effective birth control.

For other sexually active individuals, they can be dually protected by:

1. Using 2 birth control methods—one highly effective for pregnancy prevention PLUS the male or female condom for STD/HIV prevention).
2. A male or female condom can be used for both purposes.

The birth control methods that do the best job of preventing pregnancy DO NOT protect against STDs (for example, sterilization, injectables, implants, and IUDs). When using these methods, a condom should also be used to prevent STDs.

Condoms used alone can prevent both STDs and pregnancy (IF they are used correctly and consistently every time you have sex). Using condoms can cause higher pregnancy rates during “typical use” because often they are not used correctly or consistently.



⁴ http://www.fhi.org/en/RH/Pubs/Network/v20_4/NWvol20-4Duelprotect.htm

Out of 100 women, how many will get pregnant in the first year using each of these methods?

Abstinence (IF used consistently and correctly 100% of the time): 0 women pregnant



Sterilization (male or female): 0 women pregnant



Implant: 1 woman pregnant



IUD: 1 woman pregnant



Shot: 3 women pregnant



Pill, Patch or Ring: 8 women pregnant



Condoms: 15 women pregnant



Sponge: 16-32 women pregnant (women who have already had a child are more likely to get pregnant while using the sponge)



Female Condom: 21 women pregnant



Fertility Awareness Method: 25 women pregnant



Withdrawal (“pulling out”): 27 women pregnant



Sex using NO protection: 85 women pregnant



Comparing Prevention Methods to Prevent Pregnancy & STDs

Prevention Method	How easy is it to use?	How effective is it at preventing pregnancy?	How well does it protect me from STDs?	Can I try it out gradually/ experiment with it?	How well would it fit in with the way my partner & I “do things”?
Abstinence					
Outercourse					
Spermicide (alone)					
Foam					
Film					
Sponge					
Other					
Male Condom					
Female Condom					
IUD					

RESOURCES

Birth Control and Contraception for Teenagers

<http://www.avert.org/cpills.htm>

Good and easy-to-read basic information about contraception. Developed by AVERT, an international HIV/AIDS charity.

Birth Control Methods

<http://www.womenshealth.gov/faq/birth-control-methods.cfm>

A comprehensive review of contraceptive methods by the federal government's Office of Women's Health.

Condoms

<http://www.avert.org/condom.htm>

Good and easy-to-read basic information about condoms. Developed by AVERT, an international HIV/AIDS charity.

Contraception/Birth Control: A Guide for Teens

<http://www.youngwomenshealth.org/contra.html>

Good and easy-to-read Information about birth control, abstinence. Developed by the Center for Young Women's Health at Children's Hospital Boston.

How to Put on a Condom

http://www.ashastd.org/condom/condom_male.cfm

Developed by the American Social Health Association.

StayTeen: Birth Control/Contraception

<http://www.stayteen.org/get-informed/contraception.aspx>

An informative and youth-friendly website. Developed by the National Campaign to Prevent Teen and Unplanned Pregnancy.

TeenSource: Emergency Contraception

http://teensource.org/pages/3068/Emergency_Contraceptive_Pills.htm

Comprehensive website for adolescent sexual health issues. Developed by the California Family Health Council.

TeenTalk: Birth Control

<http://www.plannedparenthood.org/teen-talk/birth-control-25029.htm>

A comprehensive website for adolescent sexual health issues. Developed by Planned Parenthood.

13: Condoms

Words of Wisdom

How to Use a Male Condom

Condom Line-Up Cards

Shopping Information Form

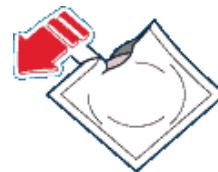
Condoms Dos & Don'ts

**Wishing cannot
bring autumn glory
nor cause winter to
cease.**

Kiowa

How to Use a Male Condom¹

- Check the expiration date of the condom, which is on the package. The condom package should look like a small inflated pillow. Look at the corners of the package and notice how they are filled with air. A condom with a broken seal will not do this. Open the package at the end so that you don't damage the condom. Many condom packages have a notch in the edge of the packaging as a place to begin tearing.



- Put on the condom as soon as the penis is hard. Be sure the roll-up ring is on the outside facing away from the penis. Hold the tip while you unroll the condom along the length of the penis to the hair. Because a condom rolls down the penis, it can only go on one way. If you ever try to put a condom on with the wrong side onto the penis, throw it away and start with a new, unopened condom. Never unroll the condom before putting it on the penis.



- While unrolling the condom, be sure to leave some space at the tip to hold the semen—about one-half to one inch at the tip of the condom. Some condoms have reservoir tips. (If there is not enough room at the tip, the semen could break the condom.) Squeeze the tip gently so that no air is trapped inside.

- When putting the condom on, avoid tearing it with fingernails, jewelry, or anything else sharp or metallic.
- A condom fits rather snugly on a penis, so rolling it down can be difficult. Be gentle, so as not to injure the penis or cause discomfort. It is important that the penis stay erect in order to apply the condom.
- Right after ejaculation the penis should be pulled out slowly while it is still hard. Hold the condom in place on the penis to avoid spilling semen. While holding the tip, roll the condom up only a portion of the way and then gently pull it off of the penis.
- You need to use a new condom every time you have sexual intercourse. Never use the same condom twice.



- Dispose of used condoms properly. If possible, wrap them in something like a paper towel or tissue and dispose of them in a trash container. Do not flush condoms as they can easily clog plumbing. Do not throw them away on the ground where they can present a hazard to children and a litter problem.

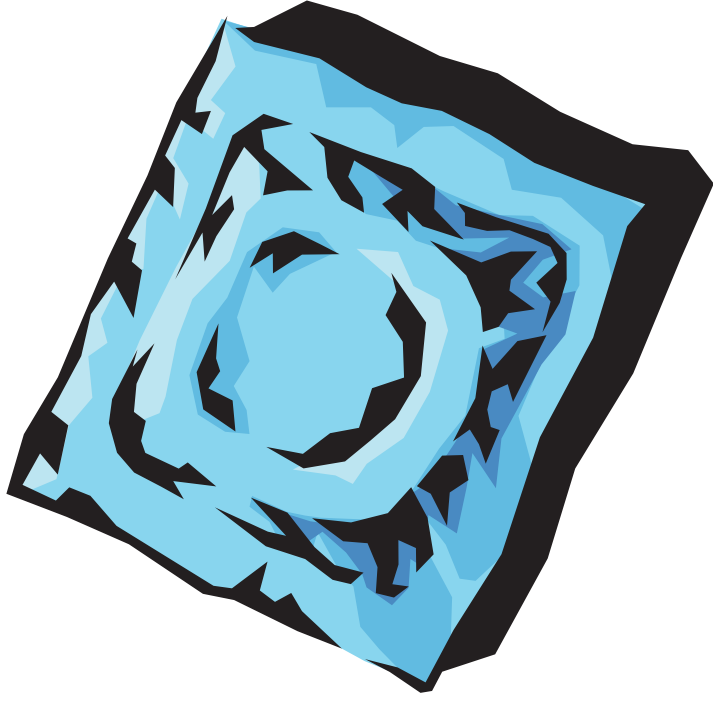
- Only use water-based lubricants—oil-based lubricants (such as Vaseline) can damage the condom.
- Condoms with spermicide (nonoxynol-9) can cause skin irritation. If this occurs, the risk for acquiring STDs and even HIV is increased. If you have an allergic reaction to nonoxynol-9, do not use products containing this chemical.

¹ <http://www.trojancondoms.org/index.php/how-to-put-on-trojan-condoms>

**talk
about
using a
condom**



buy condoms



*(or visit a
clinic and
get them
for free!)*



**check
expiration date**

**squeeze
condom
package to
make sure
there are
no holes**



**carefully open
condom package**





penis gets hard

**flip
condom
so ready
to roll
down**



**pinch tip of
condom and roll
onto penis**





**have
sex!**

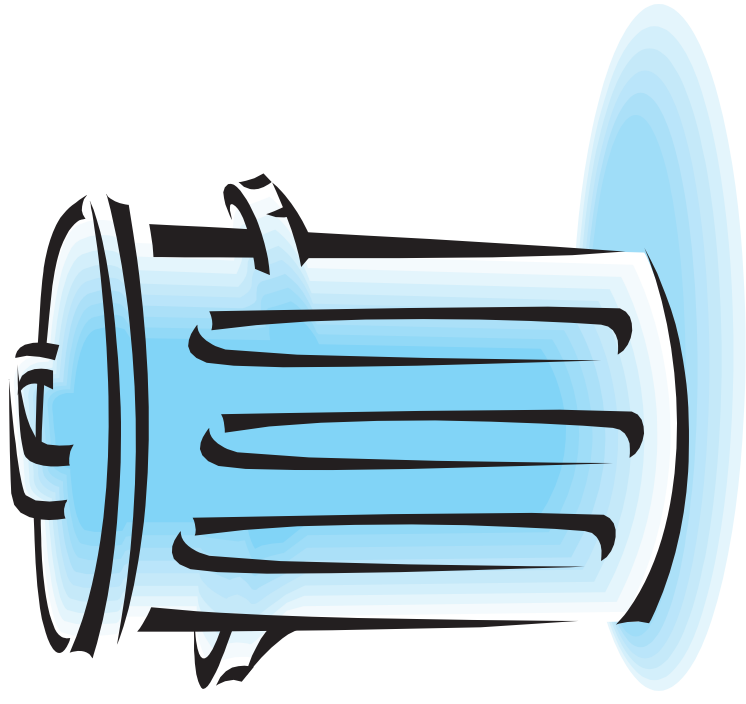
**orgasm, ejaculation
(or not...!)**



**hold on to rim of
condom and base of
penis and pull out**



**tie knot in
end of
condom
and throw
it away**



Shopping Information Form

1. Name of store: _____

2. What kinds of condoms are sold here? (List at least 3 kinds of condoms, indicate the details about the condoms you saw.)

Brand	# per box	Price per box	Latex (L) or Polyurethane (P)	Lubricant?	Spermicide?	Reservoir?
			L P	Y N	Y N	Y N
			L P	Y N	Y N	Y N
			L P	Y N	Y N	Y N
			L P	Y N	Y N	Y N
			L P	Y N	Y N	Y N
			L P	Y N	Y N	Y N

3. Are condoms behind the counter or in a locked glass case? Or are they in an open and easily accessible aisle?

4. How comfortable would you be buying contraception here?

1
very
comfortable

2
fairly
comfortable

3
somewhat
uncomfortable

4
very
uncomfortable

5. What are the store's hours of business?

6. Would you recommend that a friend buy contraception here? Why or why not?

Condoms Dos & Don'ts²

DO:

- Talk with your partner about using condoms to prevent pregnancy and STDs before you get into it, not after you're already turned on.
- Practice stating your reason for using a condom so you'll feel comfortable saying it when the time comes. (For example: "It's not that I think you might have a disease. It's just that I think it's smart to ALWAYS use a condom, and I promised myself in Native STAND that I would always use one, regardless.")
- Practice opening and putting a condom on at home alone first (maybe in the dark).
- Use only latex or polyurethane (plastic) condoms.
- Keep condoms in a cool, dry place.
- Put the condom on an erect (hard) penis before there is any contact with a partner's genitals.
- Use water-based lubricant (like KY Jelly® or Astroglide®) with latex condoms. This reduces friction and helps prevent the condom from tearing.
- Squeeze the air out of the tip of the condom when rolling it over the erect penis. This allows room for the semen (cum).
- Hold the condom in place at the base of the penis before withdrawing (pulling out) after sex.
- Throw the condom away after it's been used.
- Be prepared: have a condom with you any time sex is a possibility.

DON'T:

- Use out of date condoms. Check the expiration date carefully. Old condoms can be dry, brittle or weakened and can break more easily.
- Unroll the condom before putting it on the erect penis.
- Leave condoms in hot places like your wallet or in your car.
- Use oil-based products, like baby or cooking oils, hand lotion or petroleum jelly (like Vaseline®) as lubricants with latex condoms. The oil quickly weakens latex and can cause condoms to break.
- Use your fingernails or teeth when opening a condom wrapper. It's very easy to tear the condom inside. If you do tear a condom while opening the wrapper, throw that condom away and get a new one.
- Reuse a condom. Always use a new condom for each kind of sex you have.
- Use lubricants with spermicide called nonoxynol-9 ("N-9") as they may cause skin irritation or tiny abrasions that make the genital skin more susceptible to STDs.



² http://www.ashastd.org/condom/condom_overview.cfm

14: Sexually Transmitted Diseases - Part 1

Words of Wisdom

STD Quiz

STD Quiz with Answers

STD Presentation without Photos

STD Presentation with Photos

STD Fact Sheets

Brochure Ordering Information

STD Case Studies

STD Resource List

Call a STD Hotline Worksheet

**The smarter a man
is, the more he needs
God to protect him
from thinking he
knows everything.**

George Webb, Pima, 1959

STD Quiz

1.	A Pap Smear checks for STDs.	T	F
2.	Douching is recommended to prevent STDs.	T	F
3.	Some untreated STDs can scar the fallopian tubes and cause infertility.	T	F
4.	Cervical cancer is associated with a STD.	T	F
5.	Condoms lubricated with spermicide are effective at preventing STDs.	T	F
6.	Drug and alcohol use can increase your chances of getting an STD or pregnant.	T	F
7.	Oil-based lubricants should be used with condoms.	T	F
8.	STDs always have signs and symptoms.	T	F
9.	Having an STD can increase your chances of getting HIV.	T	F
10.	You can tell if someone has an STD by the way they look.	T	F
11.	You can get HIV the first time you have sex.	T	F
12.	You should use protection against STDs and pregnancy every time you have sex.	T	F
13.	Only people who sleep around get STDs.	T	F
14.	Condoms protect you against all STDs equally well.	T	F
15.	All STDs are curable.	T	F
16.	You can get an STD in your rectum (butt) from anal sex (sex in the butt).	T	F
17.	Most people with genital herpes never know they have it.	T	F
18.	You can get an STD in your throat and mouth from oral sex.	T	F
19.	Many STDs can be passed on to a baby during pregnancy or delivery.	T	F
20.	Compared to all races, American Indian/Alaska Natives have high rates of STDs.	T	F

STD Quiz—Answers & Explanations

1. A Pap Smear checks for STDs. T **F**

A Pap Smear checks for changes in the cells of your cervix to detect cancer or pre-cancerous conditions.¹ STDs may be tested for at the same time as the Pap Smear.
2. Douching is recommended to prevent STDs. T **F**

Douching will not prevent STDs and is not recommended in general, as it can actually cause vaginal infections.²
3. Some untreated STDs can scar the fallopian tubes and cause infertility. **T** F

Chlamydia and gonorrhea are the most preventable causes of infertility. Untreated, 40% of women with these STDs will go on to develop PID, which can cause scarring of the fallopian tubes and infertility.³
4. Cervical cancer is associated with a STD. **T** F

HPV causes most cervical cancer.⁴
5. Condoms lubricated with spermicide are effective at preventing STDs. T **F**

Recent clinical studies show that spermicides do **not** prevent or reduce the risk of getting HIV or other STDs. Thus, spermicides should **not** be used for HIV/STD prevention or protection. Clinical studies also show that spermicides can cause vaginal and rectal irritation which could increase the risk of getting HIV/AIDS from an infected partner.⁵
6. Drug and alcohol use can increase your chances of getting an STD or pregnant. **T** F

The intoxicating effects of drugs and alcohol can alter judgment and inhibition and lead people to engage in impulsive and unsafe behaviors. This may result in unsafe consensual sex, sexual assault, or unsafe I.V. drug use.⁶
7. Oil-based lubricants should be used with condoms. T **F**

Never use a lubricant that contains oils, fats, or greases such as petroleum-based jelly (like Vaseline brand), baby oil or lotion, hand or body lotions, cooking shortenings, or oily cosmetics like cold cream. They can seriously weaken latex, causing a condom to tear easily.⁷

¹ <http://www.4woman.gov/FAQ/pap.htm>

² <http://www.womenshealth.gov/faq/douching.htm#D>

³ <http://www.cdc.gov/std/infertility/default.htm>

⁴ <http://caonline.amcancersoc.org/cgi/content/full/52/6/375>

⁵ <http://www.fda.gov/oashi/aids/condom.html#should>

⁶ http://teens.drugabuse.gov/facts/facts_hiv1.asp#relation

⁷ <http://www.fda.gov/oashi/aids/condom.html#lub>

8. STDs always have signs and symptoms. T **F**
Most STDs are asymptomatic—the infected person has no signs or symptoms.⁸
9. Having an STD can increase your chances of getting HIV. **T** F
Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons.⁹
10. You can tell if someone has an STD by the way they look. T **F**
Anyone who is sexually active can get a STD. Men and women of all ages, regions, ethnic backgrounds, and economic levels can get them.¹⁰ You cannot tell whether someone has an STD by the way the look.
11. You can get HIV the first time you have sex. **T** F
A single exposure to the HIV virus may result in infection. The virus doesn't know if it is your first sexual encounter or not.¹¹
12. You should use protection against STDs and pregnancy every time you have sex. **T** F
Protect yourself with a condom EVERY time you have vaginal, anal, or oral sex.¹²
13. Only people who sleep around get STDs. T **F**
While it's true that having multiple sex partners increases the chances of acquiring and transmitting STDs,¹³ it only takes having sex one time with one person who has a STD to become infected.
14. Condoms protect you against all STDs equally well. T **F**
Correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, condoms can protect against STDs that are spread by skin-to-skin contact (like genital herpes, syphilis, and chancroid) only when the infected area is protected. While the effect of condoms in preventing HPV is unknown, condom use has been associated with a lower rate of cervical cancer.¹⁴

⁸ <http://www.cdc.gov/std/stats/toc2006.htm>

⁹ <http://www.cdc.gov/std/hiv/default.htm>

¹⁰ <http://www.youngwomenshealth.org/std-general.html>

¹¹ <http://www.teengrowth.com>

¹² <http://www.4woman.gov/faq/stdsgen.htm>

¹³ <http://www.healthywomen.org/columns/drpeekescolumn/dbcolumn/stdsitcouldbeyou>

¹⁴ <http://www.cdc.gov/condomeffectiveness/latex.htm>

15. All STDs are curable. T **F**

Bacterial STDs (like chlamydia, gonorrhea, and syphilis) are curable. Viral STDs (like herpes, HPV, and HIV) are not curable, but their symptoms may be treatable.¹⁵

16. You can get an STD in your rectum (butt) from anal sex (sex in the butt). **T** F

Most STDs can be transmitted during anal sex to both partners.¹⁶ In addition, because of the likelihood of tears, unprotected anal sex is considered to be very risky behavior for HIV transmission.¹⁷

17. Most people with genital herpes never know they have it. **T** F

Usually people with genital herpes know the virus is active because they have symptoms, such as lesions. But this isn't always the case, as herpes can become active without causing symptoms. During these times, small amounts of the virus are present on the skin, often at the place of first infection. This "asymptomatic shedding" can also occur in rectal tissue or in fluids from the penis and vagina. Even if you're asymptomatic, you can still transmit the virus.¹⁸

18. You can get an STD in your throat and mouth from oral sex. **T** F

During oral sex, there is skin-to-skin contact and there can be body fluid exchange, so it is important to use barrier protection like unlubricated condoms or latex dental dams to protect you during oral sex.¹⁹

19. Many STDs can be passed on to a baby during pregnancy or delivery. **T** F

STDs can be passed from a pregnant woman to the baby before, during, or after the baby's birth. Some STDs (like syphilis) cross the placenta and infect the baby while it is in the uterus (womb). Others (like gonorrhea, chlamydia, hepatitis B, and genital herpes) can be transmitted from the mother to the baby during delivery as the baby passes through the birth canal. HIV can cross the placenta during pregnancy, infect the baby during the birth process, and unlike most other STDs, can infect the baby through breastfeeding.²⁰

20. Compared to all races, American Indian/Alaska Natives have high rates of STDs. **T** F

In 2007, compared to all other races in the U.S., AI/AN had the second highest rates of chlamydia, gonorrhea, and primary and secondary syphilis.²¹

¹⁵ http://www.cdc.gov/std/healthcomm/fact_sheets.htm

¹⁶ <http://www.dph.sf.ca.us/SFCITYCLINIC/stdbasics/stdchart.asp>

¹⁷ <http://www.cdc.gov/hiv/resources/qa/qa22.htm>

¹⁸ http://www.fda.gov/Fdac/features/2002/202_herp.html

¹⁹ <http://www.iwannaknow.org/faqs/getting.html>

²⁰ <http://www.cdc.gov/STD/STDFact-STDs&Pregnancy.htm#affect>

²¹ <http://www.cdc.gov/std/stats07>

STD Basics for Native STAND Peer Educators

Gonorrhea

- ☐ Often no symptoms
 - May cause white or yellow discharge from the penis or vagina, pain when peeing
- ☐ Can spread and damage other organs
- ☐ Can cause infertility in women
- ☐ Is cured with antibiotics
- ☐ Condoms help protect against transmission

Syphilis

- ☐ Often no symptoms
 - May get a painless sore on genitals that will go away without medicine—but you're still infected!!
 - May next get a rash that will go away without medicine—but you're still infected!!
- ☐ Can be passed to a baby during pregnancy
- ☐ Can cause heart disease, brain damage, blindness and death
- ☐ Is cured with antibiotics
- ☐ Condoms help protect against transmission

Herpes

- ☐ Often no symptoms
 - May cause small, painful blisters on genitals or mouth
 - The sores will go away—but you still have herpes!!
 - Sores often come back
- ☐ Can be passed to a baby during delivery
- ☐ No cure, but treatment for symptoms
- ☐ Condoms help protect against transmission

Hepatitis B

- ☐ Passed through sex or sharing needles (IV drug use)
- ☐ Often no symptoms
 - Can cause flu-like symptoms (tiredness, nausea, loss of appetite, mild fever vomiting)
 - Can cause a condition called *jaundice* – a yellowing of the skin and whites of the eyes.
 - Can damage the liver and increase your risk of liver cancer
- ☐ Can be passed to babies during pregnancy
- ☐ There is a vaccine to protect against it
- ☐ Condoms help protect against sexual transmission

Human Immunodeficiency Virus (HIV)

- ☐ HIV is found in blood, semen, vaginal fluid, breast milk
- ☐ Often no symptoms
 - Many people have no symptoms for many years
 - May have: flu-like symptoms, dry cough, fever and night sweats, fatigue, swollen lymph nodes, rapid weight loss

HIV

(Continued)

- ☐ HIV is fragile and can't live outside the body for long
- ☐ HIV is not spread through day-to-day activities like shaking hands, hugging, a casual kiss
- ☐ You cannot get HIV from a toilet seat, drinking fountain, doorknob, dish, drinking glass, food, pet or mosquito
- ☐ Condoms help protect against transmission

HIV

(Continued)

- ☐ HIV attacks the immune system (how the body fights off infection)
- ☐ No cure, but treatment can slow the virus and strengthen the immune system
- ☐ The only way to know whether you have HIV is to be tested

Who has STDs?

- ☐ 1 in 4 sexually active adolescents in the US



STD Basics for Native STAND Peer Educators

3 important things you need to know about STDs:

1. You can get an STD by having any kind of sex (vaginal, anal, oral)
2. Most STDs are asymptomatic (there are no signs or symptoms)
3. Having an STD increases your chances of getting HIV

Human Papilloma Virus (HPV)

- ☐ Most common STD (unreportable)
- ☐ Often no symptoms
- ☐ 2 different types
 - “Low Risk”—causes wart-like growths on penis, vulva, and anus
 - “High Risk”—causes cervical and other cancers
- ☐ No cure, but treatment for warts & cancer
- ☐ Vaccine can protect women from some types
- ☐ Condoms help protect against transmission

Types of STDs

- ☐ Bacterial - *curable*
 - Chlamydia
 - Gonorrhea
 - Syphilis
- ☐ Viral – *not curable*
 - Herpes
 - HPV*
 - Hepatitis B*
 - HIV/AIDS

* Vaccine Preventable

Chlamydia

- ☐ Most common reportable STD in the US
- ☐ Often no symptoms
 - May cause unusual discharge, burning feeling when urinating, pain during sexual intercourse
- ☐ Can be passed to a baby during childbirth
- ☐ Can cause infertility in women
- ☐ Is cured with antibiotics
- ☐ Condoms can help prevent against transmission

3 important things you need to know about STDs:

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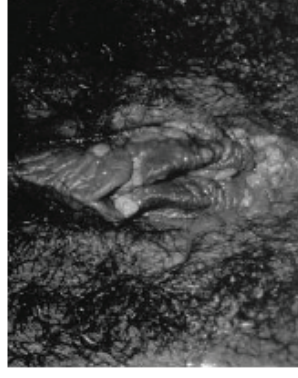
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- Viral - *not curable*
 - Herpes
 - HPV*
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 - HIV/AIDS

* Vaccine Preventable

Genital Warts



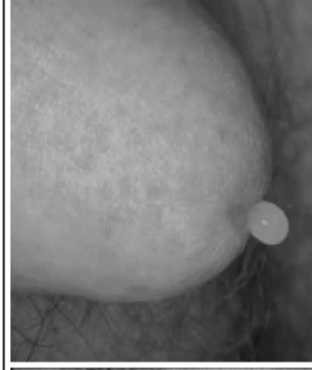
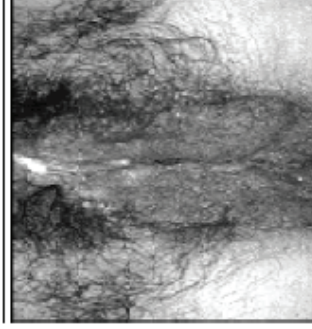
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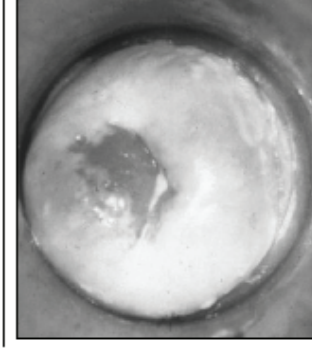
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Chlamydia



Gonorrhea



Herpes

- ☐ **Often no symptoms**
 - May cause small, painful blisters on genitals or mouth
 - The sores will go away—but you still have herpes!!
 - Sores often come back
- ☐ **Can be passed to a baby during delivery**
- ☐ **No cure, but treatment for symptoms**
- ☐ **Condoms help protect against transmission**

Syphilis

- ☐ **Often no symptoms**
 - May get a painless sore on genitals that will go away without medicine—but you're still infected!!
 - May next get a rash that will go away without medicine—but you're still infected!!
- ☐ **Can be passed to a baby during pregnancy**
- ☐ **Can cause heart disease, brain damage, blindness and death**
- ☐ **Is cured with antibiotics**
- ☐ **Condoms help protect against transmission**

Herpes



Syphilis



Hepatitis B

- ☐ Passed through sex or sharing needles (IV drug use)
- ☐ Often no symptoms
 - Can cause flu-like symptoms (tiredness, nausea, loss of appetite, mild fever vomiting)
 - Can cause a condition called *jaundice* – a yellowing of the skin and whites of the eyes.
 - Can damage the liver and increase your risk of liver cancer
- ☐ Can be passed to babies during pregnancy
- ☐ There is a vaccine to protect against it
- ☐ Condoms help protect against sexual transmission

HIV

(Continued)

- ☐ HIV attacks the immune system (how the body fights off infection)
- ☐ No cure, but treatment can slow the virus and strengthen the immune system
- ☐ The only way to know whether you have HIV is to be tested

Human Immunodeficiency Virus (HIV)

- ☐ HIV is found in blood, semen, vaginal fluid, breast milk
- ☐ Often no symptoms
 - Many people have no symptoms for many years
 - May have: flu-like symptoms, dry cough, fever and night sweats, fatigue, swollen lymph nodes, rapid weight loss

HIV

(Continued)

- ☐ HIV is fragile and can't live outside the body for long
- ☐ HIV is not spread through day-to-day activities like shaking hands, hugging, a casual kiss
- ☐ You cannot get HIV from a toilet seat, drinking fountain, doorknob, dish, drinking glass, food, pet or mosquito
- ☐ Condoms help protect against transmission

Who has STDs?

□ 1 in 4 sexually active adolescents in the US



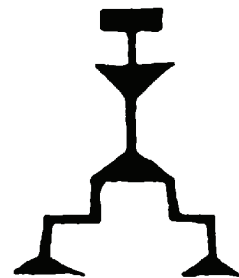
Chlamydia Fact Sheet

Overview

- Chlamydia (pronounced kluh-MID-ee-uh) is a very common STD caused by bacteria.
- It is the most frequently reported bacterial STD in the U.S. (about 3 million cases a year, mostly young women).
- If detected early, chlamydia can be easily treated.

Transmission

- Contact with infected mucous membranes/exchange of body fluids.
- Passed easily during vaginal, anal, or oral sex.
- Passed from an infected mother to her newborn during vaginal childbirth.



Signs & Symptoms

- Mild or absent – known as the “silent disease”.
- If any signs or symptoms, they usually are seen within 1-3 weeks of exposure.
- In women: abnormal vaginal discharge, burning sensation when urinating. If left untreated: lower abdominal pain, low back pain, nausea, fever, pain during intercourse, bleeding between menstrual periods.
- In men: a discharge from the penis, a burning sensation when urinating, burning and itching around the opening of the penis, pain and swelling in the testicles.

Testing

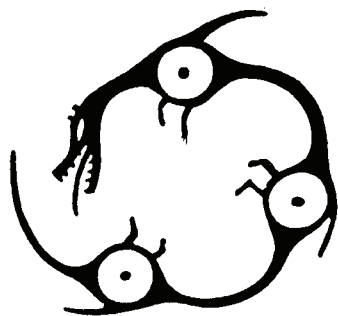
- Most tests are done with urine.
- Some test require a specimen from the infected site (e.g., cervix or penis) using a swab similar to a Q-tip.

Treatment

- Cured with antibiotics.
- Recommended to re-screen at 3 months.
- All sex partners must also be treated.
- Avoid sex until treatment complete.

Complications (if left untreated)

- In women: can cause Pelvic Inflammatory Disease (PID), chronic pelvic pain, infertility, and ectopic pregnancy.
- In men: urethral infection, pain, fever, infertility.



Prevention

- Abstain from sex.
- Be monogamous (have sex with one uninfected partner who only has sex with you).
- Use condoms consistently and correctly every time you have sex.

Gonorrhea Fact Sheet

Overview

- Gonorrhea (pronounced gon-uh-REE-uh) is a common sexually transmitted disease
- Gonorrhea is nicknamed "the clap" or "the drip."
- It grows and multiplies easily in mucous membranes and in warm, moist areas of the reproductive tract.
- If detected early, gonorrhea can be easily treated.

Transmission

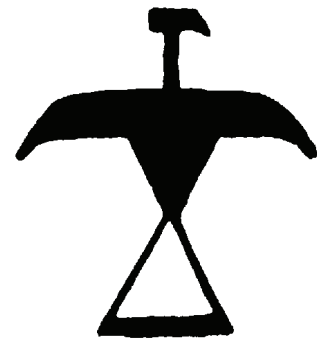
- Contact with infected mucous membranes/exchange of body fluids.
- Passed easily during vaginal, anal, or oral sex.
- Passed from an infected mother to her newborn during vaginal childbirth.

Signs & Symptoms

- None, in many cases.
- If any signs or symptoms, they usually are seen within 2-5 days after infection (but can take up to 30 days).
- In women: often no signs or symptoms, painful or burning sensation when urinating, yellow or occasionally bloody discharge.
- In men: a yellowish-white discharge from the penis, a burning sensation when urinating, painful and swollen testicles.
- Rectal infection: discharge, anal itching, soreness, bleeding, painful bowel movements.
- Throat infections: Few signs or symptoms.

Testing

- Most tests are done with urine.
- Some test require a specimen from the infected site (e.g., cervix, penis, rectum, throat) using a swab similar to a Q-tip.



Treatment

- Cured with antibiotics.
- Avoid sex until treatment complete.
- All sex partners must also be treated.

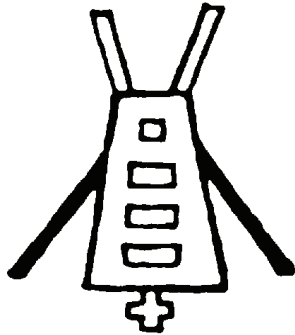
Complications (if left untreated)

- In women: can cause Pelvic Inflammatory Disease (PID), chronic pelvic pain, infertility, and ectopic pregnancy.
- In men: epididymitis (a painful condition of the testicles leading to infertility), scarring inside the urethra (making urination difficult).

Prevention

- Abstain from sex.
- Be monogamous (have sex with one uninfected partner who only has sex with you).
- Use condoms consistently and correctly every time you have sex.

Genital Herpes Fact Sheet



Overview

- Genital herpes is a common sexually transmitted disease (STD) caused by the herpes simplex viruses type 1 and type 2 (HSV-1 and HSV-2).
- HSV-1 and HSV-2 are very similar to each other; HSV-1 tends to prefer the mouth and HSV-2 tends to prefer the genital area, although either can occur in either or both parts of the body.
- Herpes is caused by a virus that can be treated but not cured.

Transmission

- Skin-to-skin contact when sores are present or between break outs as infected skin sheds.
- Passed easily during vaginal, anal, or oral sex.
- Passed from an infected mother to her newborn during vaginal childbirth.

Signs & Symptoms

- Usually appear within 2 weeks after the virus is transmitted.
- Signs and symptoms may include a tingling sensation, dull ache, or genital itching. Small sores that look like pimples or blisters may appear.
- Others: painful or difficult urination, fever, flu-like symptoms, severe vaginal itching/pain and painful intercourse.
- If someone has an outbreak, the first one is often the worst one.
- Subsequent outbreaks can appear weeks, months, or even years after the first, but are almost always of shorter duration and less severe.
- Most people who have herpes never have a single outbreak, but can still infect sex partners through shedding.

Testing

- If a lesion is present, a provider can take a specimen from the open sore.
- A blood test that looks for anti-bodies exists, but is expensive and not routinely done.

Treatment

- There is no cure for herpes, but the condition can be treated with antiviral medications.
- Avoid sex during treatment until provider says it's OK.
- All sex partners should be evaluated by a provider and treated as indicated.

Prevention

- Abstain from sex.
- Be monogamous (have sex with one uninfected partner who only has sex with you).
- Use condoms consistently and correctly every time you have sex.

HPV Fact Sheet

Overview

- Genital human papilloma virus (HPV) is the most common viral STD. (About 75% of sexually active men and women will get HPV during their lifetime.)
- HPV refers to a group of viruses that includes more than 100 strains or types. Over 30 of these are sexually transmitted. Of these, there are low risk and high risk types.
- Low risk types generally cause genital warts; high risk types can cause cervical changes that left untreated could progress to cervical cancer.

Transmission

- Highly contagious.
- Passed through skin-to-skin contact during vaginal, anal, or oral sex. No penetration is necessary.
- Passed from an infected mother to her newborn during vaginal childbirth.

Signs & Symptoms

- Often causes no signs or symptoms.
- May cause genital warts that can appear on the penis, vulva, anus, scrotum, groin, or thigh in 3 weeks up to many years after exposure.
- May cause cervical changes that can only be detected through a Pap smear test.

Testing

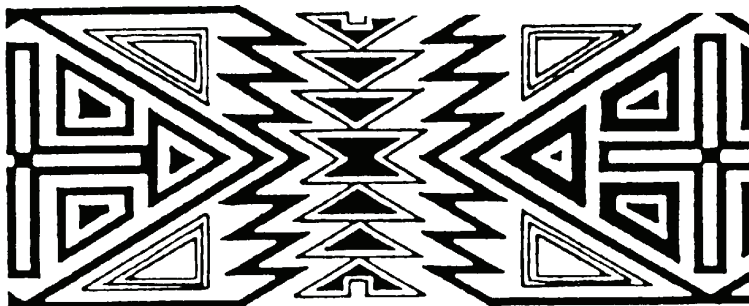
- Genital warts are diagnosed by inspection. (If they're there, you have it.)
- Cervical changes are detected through a Pap smear test.
- Regular pap smears detect pre-cancerous tissue.

Treatment

- There is no cure for HPV, but most infections clear the body on their own.
- Genital warts can be removed surgically or with chemicals that freeze or burn the tissue.

Prevention

- Current recommendation are for girls between the ages of 9 and 13 to be vaccinated for HPV.
- Abstain from sex.
- Be monogamous (have sex with one uninfected partner who only has sex with you).
- Use condoms consistently and correctly every time you have sex.



HIV/AIDS Fact Sheet

Overview

- The human immunodeficiency virus (HIV) causes AIDS, or acquired immunodeficiency syndrome.
- When a person is infected with HIV, the virus infects and can kill certain cells in the immune system called T-helper cells. This weakens the immune system so that other opportunistic infections can occur.
- HIV has no cure, but with modern medicine it is possible to live a healthy life. Without treatment, HIV can almost always kill you.

Transmission

- Infectious levels of the virus are found in four bodily fluids: blood, semen, vaginal fluid, and breast milk.
- HIV is spread through sexual contact, contact with infected blood, and infected mother-to-baby transmission.

Signs & Symptoms

- Often there are no signs or symptoms of initial infection. It can take 10 – 15 years to begin to show signs and symptoms.
- When signs and symptoms do occur they include fever; weight loss; swollen lymph glands in the neck, underarms, or groin; white patches in the mouth (thrush); certain cancers, and infections (pneumonia, meningitis, and toxoplasmosis).

Testing

- HIV tests look for antibodies to the HIV infection.
- HIV is usually tested for in blood, but can also be done with oral swabs.
- An HIV-infected person is said to have AIDS when they become sick with other specific infections or when the number of T-helper cells drops to a very low number.

Treatment

- There is no cure for HIV.
- Antiviral medications can slow down the growth of the virus.
- Medications can treat the infections and cancers associated with AIDS.

Prevention

- Abstain from sex.
- Be monogamous (have sex with one uninfected partner who only has sex with you).
- Use condoms consistently and correctly every time you have sex.
- Never share needles for injection drug use, tattoos, piercing, etc.
- Using anti-HIV medications while pregnant can decrease the chance of passing the infection to newborns.



Syphilis Fact Sheet

Overview

- Syphilis is a very complex STD caused by bacteria.
- It is a relatively rare STD in the U.S., except in certain populations and geographic locations.

Transmission

- Skin-to-skin contact with a syphilis sore.
- Passed easily during vaginal, anal, or oral sex.
- Passed from an infected mother to her newborn during pregnancy.

Signs & Symptoms

- Several distinct stages.
- Primary Stage
 - First appear 10-90 days (average 21 days) after exposure.
 - A small, round, painless sore appears where syphilis entered the body.
 - The sore will last 3-6 weeks and heals on its own. Even though the sore goes away, infection is still present.
- Secondary Stage
 - Appears 6-12 weeks after initial exposure.
 - Usually shows up as a body rash; can also appear on the bottoms of hands and soles of feet.
 - Rash will clear up on its own without treatment. Even though rash goes away, infection is still present.
 - Other signs and symptoms during this phase include swollen lymph nodes, sore throat, patchy hair loss, head aches, weight loss, muscle aches, and fatigue.
- Tertiary Stage
 - Appears 2-5 years after exposure. Rarely seen in the United States.
 - Attacks the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints.
 - Can cause paralysis, numbness, gradual blindness, and insanity.

Testing

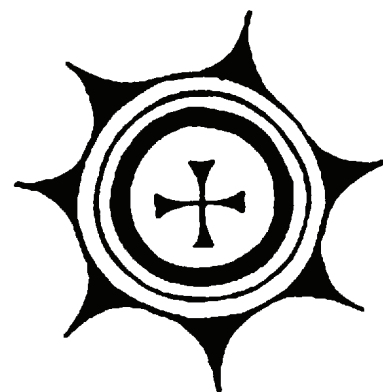
- A blood test looking for syphilis antibodies.

Treatment

- Cured with penicillin.
- Avoid sex until provider says it's OK.
- Obtain follow-up as directed by provider.
- All sex partners must be treated.
- Difficult to treat in 3rd stage and if co-infected with HIV.

Prevention

- Abstain from sex.
- Be monogamous (have sex with one uninfected partner who only has sex with you).
- Use condoms consistently and correctly every time you have sex.



Hepatitis Fact Sheet

Overview

- Hepatitis [HEP - uh - TIGHT - us] is a group of viruses that affect the liver. Hepatitis A, B & C are the most common types in the US.

Transmission

- Hepatitis A
 - Spread primarily through sexual or household contact with an infected person.
 - Passed through the feces (poop) of an infected person—for example, by oral to anal contact or handling a condom after anal sex.
 - Spread through poor sanitation (cleanliness) like forgetting to wash hands after going to the bathroom or changing a baby's diaper.
- Hepatitis B
 - Spread most often through sexual contact and sharing injection drug needles or other equipment used to shoot up drugs (such as works, cotton, cookers, etc).
 - It lives in body fluids such as blood, semen and vaginal secretions.
- Hepatitis C
 - Spread primarily through injection drug use but may also be spread sexually in rare cases.
 - Generally found in the blood of an infected person.

Signs & Symptoms

- If symptoms appear for hepatitis B or C, they will appear more gradually than they do with hepatitis A. Unlike hepatitis A, the hepatitis B and C viruses can stay in the body—sometimes for a lifetime—and may eventually cause chronic (long lasting), serious liver diseases.
- Symptoms of hepatitis include yellow eyes and skin, abdominal (stomach) pain or swelling, muscle weakness, joint pain, rashes or arthritis, nausea or vomiting, dark urine, loss of appetite, fever, and fatigue (exhaustion).
- Sometimes there are no visible symptoms, but there are tests that your health care provider can do to find out whether you have one of the hepatitis viruses.
- When hepatitis damages the liver's cells, scar tissue is formed and those cells can no longer function. With fewer healthy liver cells, the body begins to show symptoms ranging from mild (such as fatigue) to severe (such as mental confusion).
- Although many cases of hepatitis are not a serious threat to health, the disease can lead to liver cancer, liver failure and death.

Testing

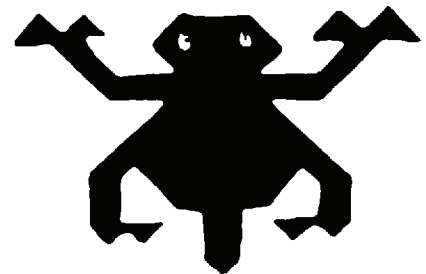
- Blood test.

Treatment

- While there is no guaranteed cure for hepatitis, there are treatments for hepatitis B and C which might help.

Prevention

- There are vaccines available to prevent being infected with hepatitis A and hepatitis B. The vaccines are safe, and you can get them from a doctor. There is no vaccine for hepatitis C.
- For Hepatitis A & B: Abstain from sex; Be monogamous (have sex with one uninfected partner who only has sex with you); Use condoms consistently and correctly every time you have sex.
- For Hepatitis C: Don't share injection drug equipment.



Crabs (Pubic Lice) Fact Sheet

Overview

- Crabs are tiny little blood-sucking bugs (lice) that live in pubic hair and cause a lot of itching.

Transmission

- Crabs are usually transmitted through skin-to-skin contact with an infected person. These little bugs can literally jump from the pubic hair of one person to that of another during sex.
- They can also be transmitted through sleeping in infested bedding, wearing infested clothing, and possibly from contact with an infested toilet seat.
- Crabs can still be transmitted even if you use a latex condom to help prevent other STDs.

Signs & Symptoms

- Usually, crabs will be found in the pubic area, but lice can also infest armpits, eyelashes, beards, mustaches and even head hair.
- The main symptom is intense itching. The itching usually comes from an allergic reaction to lice bites.

Testing

- Visual inspection.

Treatment

- Crabs can be treated by putting a liquid medicine directly on your pubic hair. You can get a prescription from your doctor. You can buy over-the-counter treatments as well. After treatment, a fine-toothed comb can be used to remove the crabs and their eggs.
- Notify any sex partners immediately so they can be treated.

Prevention

- Visually inspect your partners genitals before any close physical contact.
- Make sure you wash and dry your clothes, bedding, towels, etc. with hot water to kill crabs and their eggs.



Scabies Fact Sheet

Overview

- Scabies is similar to pubic lice, but the bugs are too small to be seen. The bugs dig under the skin.

Transmission

- Because scabies is highly contagious (able to be spread to another person), family members often must be treated, too.

Signs & Symptoms

- Scabies causes very itchy small sores all over the body.
- Scabies rarely is found on the neck or face.

Testing

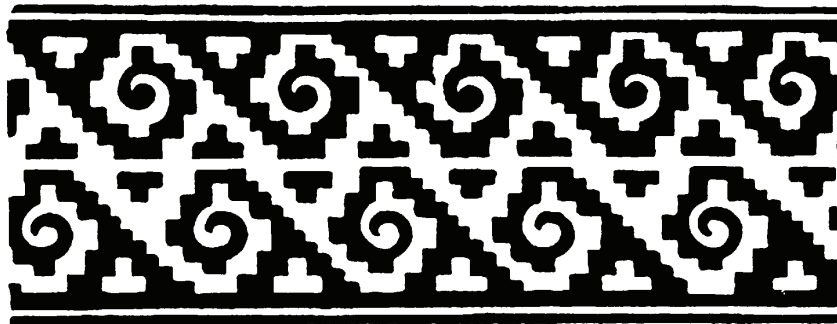
- Visual inspection.

Treatment

- A liquid medicine applied on the entire body treats scabies and is available by prescription only.

Prevention

- Visually inspect your partners genitals before any close physical contact.
- Clothes, bed sheets and towels must be washed after treatment since the bugs can live in them.





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Description

- STD Facts**
- Gives overview of 8 common sexually transmitted diseases, including AIDS, HIV, herpes, HPV, chlamydia, syphilis and gonorrhea.
 - Tells how each STD is passed.
 - Explains what to watch for.
 - Discusses what happens if you don't get treated.
 - Stresses how to protect yourself.
 - Covers condom use, STD testing, STD symptoms and more.

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STD Facts

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STD CASE STUDIES

Alissa & Marco

Marco and Alissa had been crushing on each other for a long time, but they just never seemed to get together. When Marco was available, Alissa was going out with someone else. When Alissa was available, Marco was seeing someone else. When they finally began to date, Alissa and Marco decided to have sex. Almost a month after they first had sex, Alissa developed a fever and headache and small fluid-filled blisters appeared on her vulva.

Stacey & Jim

Stacey and Jim started dating their sophomore year of high school. They fell in love and agreed they would only date each other. When they were seniors, they decided they were ready to start having sex. That summer, Jim told Stacey he had a growth on his penis that looked like a wart.

Phil

Phil was proud to join the Marines after high school graduation. While in basic training, he began to visit a local bar on the weekends. One night, Phil had way too much to drink and had sex with a man he just met at the bar. He was really embarrassed and promised himself never to go back to that bar. Several weeks later, Phil noticed a sore on his penis. He was concerned at first, but the sore didn't hurt and it disappeared after a couple of weeks.

Jessie & James

One night, Jessie and her friend James were watching T.V. They started making out and one thing led to another and they had sex. She was really embarrassed about the whole thing and they never talked about it again. She had never had sex before and decided she wanted to wait to have sex again. Jessie was sore the next day, but felt fine after that.

Pat & Lesley

Pat and Lesley are friends who sometimes mess around. They aren't serious about each other and neither one is really ready to have sex, so when they get together they just go down on each other. Last week Lesley gave Pat a blow job. This week she has a sore throat.

RESOURCES

American Social Health Association (ASHA)

http://www.ashastd.org/learn/learn_overview.cfm

ASHA is “a trusted, non-profit organization that has advocated on behalf of patients to help improve public health outcomes since 1914.”

American Social Health Association’s STD Hotline

1-919-361-8488—available 9 am to 6 pm EST, Monday – Friday

Provides anonymous, confidential information on STDs and how to prevent them; provides referrals to clinical and other services.

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/std>

Factsheets, statistics, screening and treatment guidelines, and more.

Go Ask Alice

<http://www.goaskalice.columbia.edu>

A teen-friendly Q&A website developed by Columbia University.

I Know Mine

<https://www.iknowmine.org>

I Know Mine is the STD/HIV prevention project of the Alaska Native Tribal Health Consortium in Anchorage, AK. Their website has many innovative components, including digital stories, online condom ordering, and (soon) the ability to order STD test kits online.

I Wanna Know!

<http://www.iwannaknow.org>

A trusted online resource on relationships, sexual health, preventing STDs and pregnancy, and myths and facts about sexual health. A project of the American Social Health Association.

National HIV and STD Testing Resources

<http://www.hivtest.org>

Locator for nearest STD and HIV testing clinics.

National Prevention Information Network (NPIN)

1-800-458-5231—available 9 am to 6 pm EST, Monday – Friday

<http://www.cdcpin.org/scripts/index.asp>

National Sexually Transmitted Disease Hotline

800-227-8922—available 8 a.m. to 11 p.m. EST, Monday - Friday.

Information and referrals to free and low-cost public clinics. Operators can answer general questions on prevention, symptoms, transmission and treatment of STDs.

Project Red Talon

http://www.npaihb.org/epicenter/project/project_red_talon

PRT is the STD/HIV prevention project of the Northwest Portland Area Indian Health Board in Portland, OR. They have developed many STD brochures and other materials for Native youth that are free for download from their website.

Sex, etc.

<http://www.sexetc.org>

An award-winning national magazine and website on sexual health written by teens, for teens. Developed by the Center for Applied Psychology at Rutgers University.

STD Web

<http://stdweb.com/Hotlines.htm>

Find an STD/HIV hotline in your state.

Teenage Health Freak (United Kingdom)

<http://www.teenagehealthfreak.org>

Provides web-based, accurate and reliable health information to teenagers in a contemporary, cringe-free, entertaining and informative way.

TeensHealth

<http://kidshealth.org/teen/infections/stds/std.html>

Website created for teens looking for honest, accurate information and advice about health, relationships, and growing up.

Teen Source

<http://teensource.org/pages/3002/STDs.htm>

Sexual health info for youth to encourage informed decision making.

Teens & STDs

<http://www.avert.org/teens-diseases.htm>

Developed by AVERT (AVERTing HIV & AIDS)

TeenTalk

<http://www.plannedparenthood.org/teen-talk>

A teen-friendly sexual health website developed by Planned Parenthood.

Call an STD Hotline

Who will you call? _____

What's the number? _____

What do you want to know?

Question 1:

Answer:

Question 2:

Answer:

Question 3:

Answer:

Was the person at the hotline helpful? Courteous? Easily understood? Did they make you feel comfortable?

Would you recommend this hotline to a friend who had a question you couldn't answer?

Be prepared to tell the class what you learned.

15: Sexually Transmitted Diseases - Part 2

Words of Wisdom

Traditional Stories (6)

Traditional Stories Discussion Questions

STD Quiz

STD Quiz with Answers

**If we wonder often,
the gift of knowledge
will come.**

Arapaho



Traditional Stories of Sexuality:

Coyote's Carelessness

(Wasco-Warm Springs)

Coyote was going along and he came to a river where five pretty sisters were bathing and washing clothes some distance from each other. "What pretty girls," Coyote said to himself. "I wonder how I can enjoy them all." He thought a little and then turned himself into a baby laced up on a papoose board and set himself adrift on the river.

Pretty soon he drifted down to the oldest sister. "Oh! What a beautiful baby!" she said. She pulled it ashore and picked it up. Well, that Coyote turned back into himself and before she knew what was happening he had his way with her. Then he became a baby again and drifted down to the second oldest sister. "Oh, my! What a cute baby!" she said. "I must save it!" But when she picked it up out of the water, it was that Coyote! And so he went, fooling two more sisters along the way until he reached the youngest.

When she saw the baby drifting down she said, "There's something funny about this. Let me see." She held the baby in the water with one hand and quickly unlaced it with the other. Sure enough, it was that Coyote! It seems that when he turned himself into a baby, he forgot to change his penis, too. When the youngest sister saw he was no baby, she threw him far out into the river. He was careless, but she was careful.



Traditional Stories of Sexuality:

Coyote Dances with a Star

(Cheyenne)

Because the Great Mystery Power had given Coyote much of his medicine, Coyote himself grew very powerful and very conceited. There was nothing, he believed that he couldn't do. He even thought he was more powerful than the Great Mystery, for Coyote was sometimes wise but also a fool. One day long ago, it came into his mind to dance with a star. He saw a bright star coming up from behind a mountain, and called out, "Ho, you star, wait and come down! I want to dance with you."

The star descended so Coyote could get hold of him, and then soared up into the sky, with Coyote hanging on for dear life. Round and round the sky went the star. Coyote got very tired, and the arm that was holding onto the star grew numb, as if it were coming out of its socket.

"Star," he said, "I've done enough dancing for now. I'll let go and be getting back home."

"No, wait; we're too high up" said the star. "Wait until I come lower over the mountain."

Coyote looked down at the earth. He thought it seemed quite near. "I'm tired, star; I think I'll leave now; we're low enough," he said, and let go. Coyote had made a bad mistake. He dropped down, down, down. After a long while, Coyote pulled himself up. He boasted, "Who besides me could dance with stars, and fall out of the sky and live to tell the tale? I am Coyote. I am powerful. I can do anything."

Coyote was sitting in front of his lodge one night, when from behind the mountain there rose a strange kind of star, a very fast one, trailing a long, shining tail. Coyote said to himself, "Look at that fast star, what fun to dance with him!" He called out, "Ho, strange star with the long tail! Wait for me; come down; let's dance!"

The strange star shot down, and Coyote grabbed hold. The star whirled off into the vastness of the universe. Again Coyote had made a bad mistake. This star was the fastest thing in the universe. It whirled Coyote around so swiftly that bit by bit, small pieces of Coyote were flung off, until at last only Coyote's right hand was holding onto that fast star.

Soon the strewn pieces of Coyote started looking for each other, slowly coming together, forming up into Coyote again. Coyote called out: "Great Mystery! I was wrong. I'm not as powerful as you. I'm not as powerful as I thought. Have pity on me!"

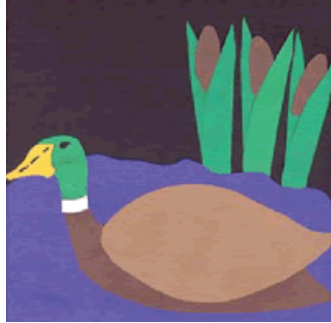
Then the Great Mystery Power spoke: "Friend Coyote. I gave you four lives. Two you have already wasted foolishly. Better watch out!"

"Have pity on me," wailed Coyote. "Give me back my right hand."

"That's up to the star, my friend. You must be patient. Wait until the star appears to you, then maybe he will shake your hand off."

"How often does this star appear?"

"Once in a hundred lifetimes," said the Great Mystery.



Traditional Stories of Sexuality:

Coyote & the Mallard Duck

(Nez Perce)

Coyote was traveling up the river when he saw five mallard duck girls swimming on the other side. He hid himself in the bushes and became aroused right away. Then he thought out a plan to satisfy himself. Coyote lengthened his penis and let it fall into the river. It floated on top of the water. Coyote didn't like this, so he pulled it back in and tied a small rock to it. This was just right. It floated just below the surface of the water where no one could see it. He sent it across to where the girls were swimming. He began having sex with the oldest girl. Now, these girls did not know what was wrong with their oldest sister, the way she was moving around in the water and making strange sounds. Then they saw what was happening and they grabbed the penis and tried to pull it out. When they couldn't, they got on the bank and held down their older sister and tried to pull it out that way, but they couldn't and they began laughing about it. When coyote had satisfied himself, he called over the girls and said, "My sister, what is the problem over there?" They told him. He said, "Cut the thing off with some wire grass." They did, and Coyote cut the other end off where he was, and the middle section of the penis fell in the river and became a ledge. The eldest girl became ill. Coyote went down the river a short distance, swam across the river, and then came upstream to the girls' camp, where the oldest girl was almost dead.

The girls recognized Coyote and said, "Coyote, the medicine man has come." They asked him to cure the sick girl. He told them that he would do it, but that they had to close up all the chinks in the lodge so no one could see and steal his medicine. He told them to leave him alone with the girl for a while. He got the sisters together around the lodge and told them to sing a song and keep time on a log with sticks. "Keep time on the log very carefully, for now I am going to take it out." Coyote began singing, "I will stick it back on, I will stick it back on." He went into the lodge and had sex with the mallard duck girl again and recovered the end of his penis. The girl was cured. After that, everyone said the medicine of Coyote was very powerful.



Traditional Stories of Sexuality:

Iktome & the Ignorant Girl

(Brule Sioux)

A pretty winchinchala—a girl—had never been with a man yet, and Iktome—Spider Man—was eager to sleep with her. He dressed himself up like a woman and went looking for the girl. He found her about to cross a stream. “Hello, how are you friend?” he asked. “Let’s wade across the river together.” They lifted their robes and stepped into the water. “You have very hairy legs,” said the girl to Iktome. “That’s because I am older. When women get older, some are like this.”

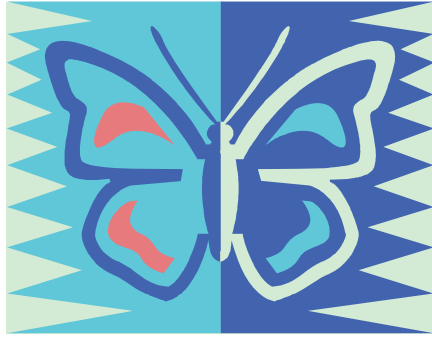
The water got deeper and they lifted their robes higher. “You have a very hairy backside,” said the girl to Iktome. “Yes, some of us are like that,” answered Iktome. The water still got deeper and they lifted their robes up very high. “What’s that strange thing dangling between your legs?” asked the girl, who had never seen a naked man. “Ah,” complained Iktome, “It’s a kind of a growth, like a large wart.” “It’s very large for a wart,” said the girl.

“Yes, oh my! An evil magician wished it on me. It’s cumbersome, it’s heavy; it gets in the way. How I wish to be rid of it!” “My elder sister,” said the girl, “I pity you. We could cut this thing off.” “No, no, my younger sister. There’s only one way to get rid of it, because the evil growth was put there by a sorcerer.” “What might this be, the way to get rid of it?” “Ah, the only thing to do is to stick it in there, between your legs.” “Is that so? Well, I guess women should help each other.” “Yes, pilamaye—thanks—you are very kind. Let’s get out of this water and go over there where the grass is soft.”

Spider Man made the girl lie down on the grass, got on top of her, and entered her. “Oh, my,” said the girl, “it sure is big. It hurts a little.” “Think how it must hurt me!” said Iktome, breathing hard. “It hurts a little less now,” said the girl. Iktome finished and got off the girl. The winchinchala looked and said, “Indeed, it already seems to be smaller.”

“Yes, but not small enough yet,” answered Iktome. “This is hard work. Let me catch my breath, then we must try again.” After a while, he got on top of the girl once more. “It really isn’t so bad at all,” said the ignorant winchinchala, “but it seems to have gotten bigger. It is indeed powerful magic.”

Iktome did not answer her. He was busy. He finished and rolled off. “There’s little improvement,” said the girl. “We must be patient and persevere,” answered Iktome. So, after a while, they went at it again. “Does it hurt very much?” the girl asked Iktome. “Oh, my, yes, but I am strong and brave,” answered Iktome, “I can bear it.” “I can bear it, too,” said the girl. “It really isn’t altogether unpleasant,” said the girl after they did it for a fourth time. “But I must tell you, sister, I don’t believe you will ever get rid of this strange thing.” “I have my doubts, too,” answered Spider Man. “Well,” said the ignorant winchinchala, “one could get used to it.” “Yes,” answered Iktome, “one must make the best of it. But let’s try once more just to be sure.”



Traditional Stories of Sexuality:

Tolowim Woman & Butterfly Man

(Maidu)

A Tolowim woman went out to gather food. She took her child with her, and while she worked, she stuck the point of the cradle-board in the ground and left the child alone.

A large butterfly flew past, and she started after it and chased it for a long time. She would almost catch it, and then just miss. She thought, "Perhaps I can't run fast enough because of this heavy thing," and she threw away her deerskin robe. But still she never could quite overtake the creature. Finally she threw away her apron too and hurried on, chasing the butterfly until night came. Then, her child forgotten, she lay down under a tree and went to sleep.

When she awoke in the morning, she found a man lying beside her. He said, "You have followed me this far; perhaps you would like to follow me always. If so, you must through a lot of my people."

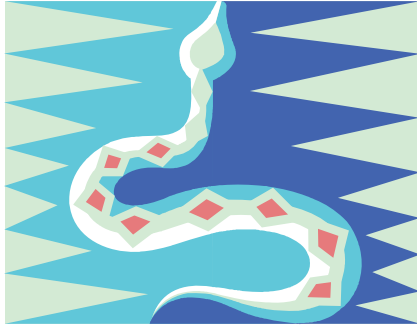
Without thinking of her child at all, the woman rose and followed the butterfly man. By and by they came to a large valley, whose southern side was full of butterflies.

When the two reached the edge of the valley, the man said, "No one has ever come through this valley alive. But you'll be safe if you don't lose sight of me. Follow closely." They traveled for a long time. "Keep tight hold of me; don't let go," the butterfly man said again and again.

When they had come half way through the valley, other butterflies swarmed about them in great numbers. They flew every way, all around the couple's heads and in their faces, for they wanted to get the Tolowim woman for themselves.

She watched them for a long time, holding tightly to her new husband. But at last, unable to resist, she let go of him and reached out to seize one of the others. She missed that one and she tried to grab now one, now the other, but always failed, and so she wandered in the valley forever, dazed and lost.

She died there, and the butterfly man she had lost went on through the valley to his home. And now when people speak of the olden times they say that this woman lost her lover, and tried to get others but lost them, and went crazy and died.



Traditional Stories of Sexuality:

The Woman Who Loved a Serpent Who Lived in a Lake

(Passamaquoddy)

There was a very beautiful woman. She turned the heads of all the men. She married, and her husband died very soon after, but she immediately took another. Within a single year she had five husbands. Even though these were the cleverest and handsomest and bravest in the tribe, each one died after marrying the beautiful woman. And then she married again.

This, the sixth, was such a silent man that he passed for a fool. But he was wiser than people thought. He came to believe, by thinking it over, that this woman had some strange secret. He resolved to find it out. So he watched her all the time. He kept his eye on her by night and by day.

It was summer, and she proposed to go into the woods to pick berries, and to camp there. By and by, when they were in the forest, she suggested that he should go on to the spot where they intended to remain and build a wigwam. He said that he would do so. But he went a little way into the woods and watched her.

As soon as she believed that he was gone, she rose and walked rapidly onwards. He followed her, unseen. She went on to a deep, wild place among the rocks and she came to a pond. She sat down and sang a song. A great foam, or froth, rose to the surface of the water. Then in the foam appeared the tail of a serpent. The creature was of immense size.

The woman, who had laid aside all her garments, embraced the serpent, which twined around her, enveloping all her limbs and body in his folds. The husband watched it all. He now understood that, the venom of the serpent having entered the woman, she had saved her life by transferring it to others, who died.

He went on to the camping ground and built a wigwam. He made up two beds; he built a fire. His wife came. She was earnest that there should be only a single bed. He sternly bade her lie by herself. She was afraid of him. She lay down, and went to sleep. He arose three times during the night to replenish the fire. Every time he called her, and there was no answer. In the morning, he shook her. She was dead. She had died by the poison of the serpent. They sunk her in the pond where the snake lived.

Coyote's Carelessness

- What was Coyote's motivation for his actions?
- Was Coyote's behavior acceptable?
- Why didn't the other sisters get suspicious?



Coyote Dances with a Star

- What lesson do you think Coyote learned from his experience with the first star?
- What did he learn from the comet?
- Why didn't he learn his lesson after the first star and not try and dance with the stars again?



Coyote and the Mallard Duck

- What was Coyote's motivation behind his actions?
- Was his behavior acceptable?
- What could the sisters have done differently to prevent this from happening?
- How was the sick girl healed?
- Did Coyote deserve to be recognized as a powerful?



Iktome and the Ignorant Girl

- What was Coyote's motivation behind his actions?
- Was his behavior acceptable?
- Does the girl realize what is happening to her?
- What could have the girl done differently to prevent this from happening?
- What will happen to the girl now? How will she be treated? How will she behave?



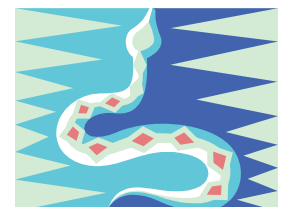
Tolowim Woman and Butterfly Man

- What did the woman hope to gain?
- Why didn't the woman hang onto the first Butterfly Man, as he instructed her to?



The Woman Who Loved a Serpent Who Lived in a Lake

- Did the woman know she would kill her husbands if she had sex with them? Did she mean to kill her husbands?
- Why did the last husband get suspicious?
- What did she die from?



STD Quiz

1.	A Pap Smear checks for STDs.	T	F
2.	Douching is recommended to prevent STDs.	T	F
3.	Some untreated STDs can scar the fallopian tubes and cause infertility.	T	F
4.	Cervical cancer is associated with a STD.	T	F
5.	Condoms lubricated with spermicide are effective at preventing STDs.	T	F
6.	Drug and alcohol use can increase your chances of getting an STD or pregnant.	T	F
7.	Oil-based lubricants should be used with condoms.	T	F
8.	STDs always have signs and symptoms.	T	F
9.	Having an STD can increase your chances of getting HIV.	T	F
10.	You can tell if someone has an STD by the way they look.	T	F
11.	You can get HIV the first time you have sex.	T	F
12.	You should use protection against STDs and pregnancy every time you have sex.	T	F
13.	Only people who sleep around get STDs.	T	F
14.	Condoms protect you against all STDs equally well.	T	F
15.	All STDs are curable.	T	F
16.	You can get an STD in your rectum (butt) from anal sex (sex in the butt).	T	F
17.	Most people with genital herpes never know they have it.	T	F
18.	You can get an STD in your throat and mouth from oral sex.	T	F
19.	Many STDs can be passed on to a baby during pregnancy or delivery.	T	F

STD Quiz

1. A Pap Smear checks for STDs. T **F**

A Pap Smear checks for changes in the cells of your cervix to detect cancer or pre-cancerous conditions.² STDs may be tested for at the same time as the Pap Smear.
2. Douching is recommended to prevent STDs. T **F**

Douching will not prevent STDs and is not recommended in general, as it can actually cause vaginal infections.³
3. Some untreated STDs can scar the fallopian tubes and cause infertility. **T** F

Chlamydia and gonorrhea are the most preventable causes of infertility. Untreated, 40% of women with these STDs will go on to develop PID, which can cause scarring of the fallopian tubes and infertility.⁴
4. Cervical cancer is associated with a STD. **T** F

HPV causes most cervical cancer.⁵
5. Condoms lubricated with spermicide are effective at preventing STDs. T **F**

Recent clinical studies show that spermicides do **not** prevent or reduce the risk of getting HIV or other STDs. Thus, spermicides should **not** be used for HIV/STD prevention or protection. Clinical studies also show that spermicides can cause vaginal and rectal irritation which could increase the risk of getting HIV/AIDS from an infected partner.⁶
6. Drug and alcohol use can increase your chances of getting an STD or pregnant. **T** F

The intoxicating effects of drugs and alcohol can alter judgment and inhibition and lead people to engage in impulsive and unsafe behaviors. This may result in unsafe consensual sex, sexual assault, or unsafe I.V. drug use.⁷
7. Oil-based lubricants should be used with condoms. T **F**

Never use a lubricant that contains oils, fats, or greases such as petroleum-based jelly (like Vaseline brand), baby oil or lotion, hand or body lotions, cooking shortenings, or oily cosmetics like cold cream. They can seriously weaken latex, causing a condom to tear easily.⁸

² <http://www.4woman.gov/FAQ/pap.htm>

³ <http://www.womenshealth.gov/faq/douching.htm#D>

⁴ <http://www.cdc.gov/std/infertility/default.htm>

⁵ <http://caonline.amcancersoc.org/cgi/content/full/52/6/375>

⁶ <http://www.fda.gov/oashi/aids/condom.html#should>

⁷ http://teens.drugabuse.gov/facts/facts_hiv1.asp#relation

8. STDs always have signs and symptoms. T **F**
- Most STDs are asymptomatic—the infected person has no signs or symptoms.⁹
9. Having an STD can increase your chances of getting HIV. **T** F
- Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons.¹⁰
10. You can tell if someone has an STD by the way they look. T **F**
- Anyone who is sexually active can get a STD. Men and women of all ages, regions, ethnic backgrounds, and economic levels can get them.¹¹ You cannot tell whether someone has an STD by the way the look.
11. You can get HIV the first time you have sex. **T** F
- A single exposure to the HIV virus may result in infection. The virus doesn't know if it is your first sexual encounter or not.¹²
12. You should use protection against STDs and pregnancy every time you have sex. **T** F
- Protect yourself with a condom EVERY time you have vaginal, anal, or oral sex.¹³
13. Only people who sleep around get STDs. T **F**
- While it's true that having multiple sex partners increases the chances of acquiring and transmitting STDs,¹⁴ it only takes having sex one time with one person who has a STD to become infected.
14. Condoms protect you against all STDs equally well. T **F**
- Correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, condoms can protect against STDs that are spread by skin-to-skin contact (like genital herpes, syphilis, and chancroid) only when the infected area is protected. While the effect of condoms in preventing HPV is unknown, condom use has been associated with a lower rate of cervical cancer.¹⁵

⁸ <http://www.fda.gov/oashi/aids/condom.html#lub>

⁹ <http://www.cdc.gov/std/stats/toc2006.htm>

¹⁰ <http://www.cdc.gov/std/hiv/default.htm>

¹¹ <http://www.youngwomenshealth.org/std-general.html>

¹² <http://www.teengrowth.com>

¹³ <http://www.4woman.gov/faq/stdsgen.htm>

¹⁴ <http://www.healthyywomen.org/columns/drpeekescolumn/dbcolumn/stdsitcouldbeyou>

¹⁵ <http://www.cdc.gov/condomeffectiveness/latex.htm>

15. All STDs are curable. T **F**
- Bacterial STDs (like chlamydia, gonorrhea, and syphilis) are curable. Viral STDs (like herpes, HPV, and HIV) are not curable, but their symptoms may be treatable.¹⁶
16. You can get an STD in your rectum (butt) from anal sex (sex in the butt). **T** F
- Most STDs can be transmitted during anal sex to both partners.¹⁷ In addition, because of the likelihood of tears, unprotected anal sex is considered to be very risky behavior for HIV transmission.¹⁸
17. Most people with genital herpes never know they have it. **T** F
- Usually people with genital herpes know the virus is active because they have symptoms, such as lesions. But this isn't always the case, as herpes can become active without causing symptoms. During these times, small amounts of the virus are present on the skin, often at the place of first infection. This "asymptomatic shedding" can also occur in rectal tissue or in fluids from the penis and vagina. Even if you're asymptomatic, you can still transmit the virus.¹⁹
18. You can get an STD in your throat and mouth from oral sex. **T** F
- During oral sex, there is skin-to-skin contact and there can be body fluid exchange, so it is important to use barrier protection like unlubricated condoms or latex dental dams to protect you during oral sex.²⁰
19. Many STDs can be passed on to a baby during pregnancy or delivery. **T** F
- STDs can be passed from a pregnant woman to the baby before, during, or after the baby's birth. Some STDs (like syphilis) cross the placenta and infect the baby while it is in the uterus (womb). Others (like gonorrhea, chlamydia, hepatitis B, and genital herpes) can be transmitted from the mother to the baby during delivery as the baby passes through the birth canal. HIV can cross the placenta during pregnancy, infect the baby during the birth process, and unlike most other STDs, can infect the baby through breastfeeding.²¹

¹⁶ http://www.cdc.gov/std/healthcomm/fact_sheets.htm

¹⁷ <http://www.dph.sf.ca.us/SFCITYCLINIC/stdbasics/stdchart.asp>

¹⁸ <http://www.cdc.gov/hiv/resources/qa/qa22.htm>

¹⁹ http://www.fda.gov/Fdac/features/2002/202_herp.html

²⁰ <http://www.iwannaknow.org/faqs/getting.html>

²¹ <http://www.cdc.gov/STD/STDFact-STDs&Pregnancy.htm#affect>

16: HIV/AIDS - Part 1

Words of Wisdom

HIV/AIDS True/False - Part 1

HIV/AIDS True/False - Part 1 Answers

Challenges to Preventing HIV Among AI/AN

The Z Virus

**Man has
responsibility, not
powwer.**

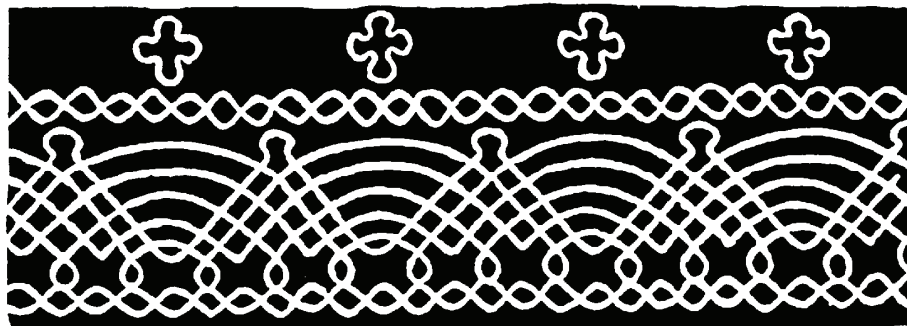
Tuscarora

HIV/AIDS True or False—Part I

TEAM: _____

1. Most people who have HIV look sick.	TRUE	FALSE
2. No case of HIV/AIDS has ever been caused by social (dry) kissing.	TRUE	FALSE
3. You can't get HIV during oral sex.	TRUE	FALSE
4. A person can get HIV from one sexual contact.	TRUE	FALSE
5. Keeping in good physical shape is the best way to keep from getting HIV.	TRUE	FALSE
6. Condoms make sex completely safe.	TRUE	FALSE
7. A shower after sex reduces the risk of getting HIV.	TRUE	FALSE
8. By having just one sex partner at a time you can protect yourself from getting HIV.	TRUE	FALSE
9. HIV doesn't typically go through unbroken skin.	TRUE	FALSE
10. Cum (semen) and blood can carry HIV.	TRUE	FALSE
11. A person must have a lot of different sex partners to be at risk for HIV.	TRUE	FALSE
12. If the man pulls out (withdraws) before orgasm, he cannot spread or get HIV.	TRUE	FALSE
13. A negative result on an HIV test can happen even when somebody has HIV.	TRUE	FALSE
14. It's more important for people to protect themselves against HIV in big cities than in small towns.	TRUE	FALSE
15. Only receptive anal sex transmits HIV/AIDS.	TRUE	FALSE
16. Many people in the U.S. who have HIV don't even know they have it.	TRUE	FALSE
17. Anal sex (in the butt) is risky.	TRUE	FALSE
18. Mutual masturbation and body rubbing are low risk for HIV.	TRUE	FALSE
19. There are no HIV-infected people on Indian reservations.	TRUE	FALSE
20. When they are first infected with HIV, some people get flu-like symptoms that soon go away.	TRUE	FALSE

21. If you have unprotected intercourse with a person who is HIV positive, you will always become infected.	TRUE	FALSE
22. If a mosquito bites a person with AIDS then bites you, you can become infected.	TRUE	FALSE
23. You can get AIDS in a swimming pool or on a toilet seat.	TRUE	FALSE
24. Teenagers can't get AIDS.	TRUE	FALSE
25. If you have HIV and have a baby, your baby will definitely be born with HIV.	TRUE	FALSE



HIV/AIDS True or False—Part I

Answers & Explanations

1. Most people who have HIV look sick.

TRUE **FALSE**

People can live for years with HIV and not necessarily feel or look sick.¹

2. No case of AIDS was ever caused by social (dry) kissing.

TRUE FALSE

No one has become infected from such ordinary social contact as dry kisses, hugs, and handshakes open-mouth kissing is considered a very low-risk activity for the transmission of HIV.²

3. You can't get HIV during oral sex.

TRUE **FALSE**

It is possible for either partner (the one giving or receiving oral sex) to become infected with HIV through performing or receiving oral sex.³

4. A person can get HIV from one sexual contact.

TRUE FALSE

The chance of catching HIV from a single sexual encounter with an infected partner is low.⁴ A single sexual contact with an infected partner does not always lead to infection, because HIV infection occurs only if biological characteristics are suitable (such as immunity, level of viral load of infected partner, presence of open sores or broken skin on either partner, presence of STDs in either partner). Repeated exposures increase the odds for creating suitable conditions for infection.⁵ However, each type of sexual contact has its own level of risk.⁶

5. Keeping in good physical shape is the best way to keep from getting HIV.

TRUE **FALSE**

Anyone who doesn't protect themselves against exposure to HIV is at risk for becoming infected with HIV, regardless of their physical fitness level. Someone with a compromised immune system (e.g., from alcohol abuse or other conditions) may be at increased risk for HIV infection.⁷

6. Condoms make sex completely safe.

TRUE **FALSE**

Latex condoms, when used consistently and correctly, are highly effective in preventing heterosexual sexual transmission of HIV. However, condom use cannot provide absolute protection against HIV. The surest way to avoid transmission of HIV is to abstain from sexual intercourse or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.⁸

¹ <http://www.thebody.com/Forums/AIDS/SafeSex/Archive/Symptoms/Q42552.html>

² <http://www.cdc.gov/hiv/resources/qa/qa17.htm>

³ <http://www.cdc.gov/hiv/resources/qa/qa19.htm>

⁴ <http://www.popline.org/docs/172045>

⁵ <http://www.thebody.com/content/art14042.html>

⁶ http://www.aidsmeds.com/articles/Transmission_9964.shtml

⁷ <http://pubs.niaaa.nih.gov/publications/arh21-1/30.pdf>

⁸ <http://www.cdc.gov/hiv/resources/qa/condom.htm>

7. A shower after sex reduces the risk of getting HIV. TRUE **FALSE**
- Showers after sex, using bleach on the penis, having sex only once, having sex with a virgin are all myths. None of these will prevent or cure HIV.⁹
8. By having just one sex partner at a time you can protect yourself from getting HIV. TRUE **FALSE**
- Limiting the number of partners you have decreases—but doesn't eliminate—your HIV risk. Unless sexually active individuals use condoms correctly and consistently every time they have sex, even reducing the number of their sexual partners all the way to one cannot protect them from the risk of infection.^{10, 11}
9. HIV doesn't typically go through unbroken skin. **TRUE** FALSE
- HIV cannot permeate intact skin.¹²
10. Cum (semen) and blood can carry HIV. **TRUE** FALSE
- HIV transmission can occur when blood, semen (cum), pre-seminal fluid (pre-cum), vaginal fluid, or breast milk from an infected person enters the body of an uninfected person.¹³
11. A person must have a lot of different sex partners to be at risk for HIV. TRUE **FALSE**
- Having multiple sex partners puts you at an increased risk for contracting HIV, but anyone who is sexually active is potentially at risk.¹⁴ Limiting the number of partners you have decreases—but doesn't eliminate—your HIV risk.¹⁵
12. If the man pulls out (withdraws) before orgasm, he cannot spread or get HIV. TRUE **FALSE**
- HIV can be present in pre-ejaculate and, therefore, risk of transmission is high. Withdrawing before orgasm is unlikely to reduce risk of other STDs.¹⁶
13. A negative result on an HIV test can happen even when somebody has HIV. **TRUE** FALSE
- A negative or seronegative result usually means that you are not infected with HIV. However, you should be re-tested in six months because it can take this long for your immune system to produce enough antibodies to be detected by the test.¹⁷

⁹ http://www.staying-alive.org/en/knowledge/hivandaids/hiv_and_aids_faq

¹⁰ <http://www.guttmacher.org/pubs/tgr/07/4/gr070411.html>

¹¹ http://www.iwannaknow.org/basics2/hiv_aids.html

¹² <http://www.thebody.com/Forums/AIDS/safesex/Archive/PreventionNon/Q170855.html>

¹³ <http://www.cdc.gov/hiv/resources/qa/qa16.htm>

¹⁴ <http://www.amfar.org/cgi-bin/iowa/about/hiv/record.html?record=4>

¹⁵ http://www.iwannaknow.org/basics2/hiv_aids.html

¹⁶ <http://www.engenderhealth.org/res/onc/hiv/preventing/miw/hiv6miw10.html>

¹⁷ <http://www.thebody.com/content/prev/art33134.html>

14. It's more important for people to protect themselves against HIV in big cities than in small towns. TRUE **FALSE**

Although the HIV/AIDS epidemic emerged in urban areas, it has spread to rural America.¹⁸ Regardless of where you live, it's important to practice safe sex and protect yourself from HIV and STDs.

15. Only receptive anal sex transmits HIV/AIDS. TRUE **FALSE**

It is possible for either sex partner to become infected with HIV during anal sex. Unprotected (without a condom) anal sex (intercourse) is considered to be very risky behavior.¹⁹

16. Many people in the U.S. who have HIV don't even know they have it. **TRUE** FALSE

About 25% of people living with HIV in the U.S. (252,000--312,000 persons) are unaware of their infection and therefore unable to benefit from clinical care to reduce morbidity and mortality. A number of these persons are likely to have transmitted HIV unknowingly.²⁰

17. Anal sex (in the butt) is risky. **TRUE** FALSE

Unprotected (without a condom) anal sex (intercourse) is considered to be very risky behavior. It is possible for either sex partner to become infected with HIV during anal sex.²¹

18. Mutual masturbation and body rubbing are low risk for HIV. **TRUE** FALSE

With only skin-to-skin contact, these activities are risk free.²² However, it's important to realize that *any* sexual practice can be made safe or unsafe. For instance, mutual masturbation can become unsafe if people touch their own genitals after getting a partner's infected semen, blood or vaginal fluids on their hands.²³

19. There are no HIV-infected people on Indian reservations. TRUE **FALSE**

HIV/AIDS exists in both urban and rural Native American populations; however, many of those with HIV are not aware of their status.²⁴

20. When they are first infected with HIV, some people get flu-like symptoms that soon go away. **TRUE** FALSE

Up to 70% of people newly infected with HIV will experience some "flu-like" symptoms during this stage. These symptoms, which usually last no more than several days, might include fevers, chills, night sweats, and rashes. Afterward, the infected person returns to feeling and looking completely well.²⁵ It's important to realize that the only way to know if you are infected is to be tested for HIV. You cannot rely on symptoms to know whether or not you are infected. Many people who are infected with HIV do not have any symptoms at all for 10 years or more.²⁶

¹⁸ http://www.raconline.org/pdf/Rural_HIV_Factsheet.pdf

¹⁹ <http://www.cdc.gov/hiv/resources/qa/qa22.htm>

²⁰ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

²¹ <http://www.cdc.gov/hiv/resources/qa/qa22.htm>

²² <http://www.sfaf.org/aids101/sexual.html#jo>

²³ <http://www.sfaf.org/aids101/sexual.html>

²⁴ <http://www.ihs.gov/MedicalPrograms/HIVAIDS/index.cfm>

²⁵ http://www.sfaf.org/aids101/hiv_disease.html

²⁶ <http://www.cdc.gov/hiv/resources/qa/qa5.htm>

Challenges to Preventing HIV among Native Americans¹

Just knowing someone's race or ethnicity doesn't mean you can predict whether they are more likely to get an STD. But, there are certain things that people do or experience that can make it more likely that they will get an STD. Unfortunately, some of these things affect Natives and raise our chances of getting STDs and HIV.

What are some things that increase our risk?

STDs

Having an STD can increase the chances of getting or spreading HIV. Native Americans have high rates of STDs compared to non-Natives.

Drug & Alcohol Use

People who use illegal drugs or who abuse alcohol are more likely to do risky sexual behaviors—like not using a condom—when they are high or drunk. Native Americans use more illegal drugs than non-Natives.

Tribal Variation

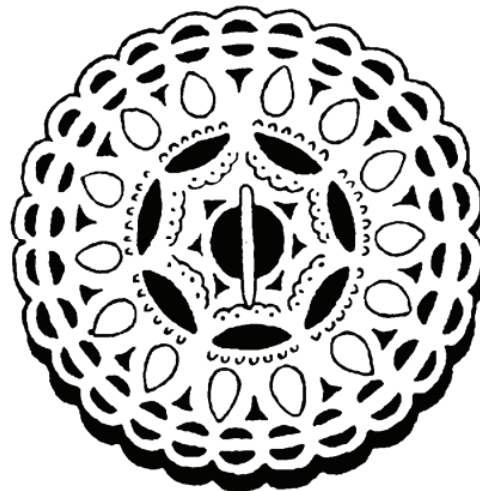
To work, HIV prevention efforts have to fit the specific needs of individual groups. Because each tribe has its own culture, beliefs, and practices, it can be hard to tailor these efforts for specific Native groups—like Native youth in the Pacific Northwest or LGBTQ Native Youth in the Southwest.

Poverty

Issues related to poverty (like low education levels and poor use of health care services) can increase the risk for HIV infection. About 25% of Natives live in poverty—that is twice as high as the U.S. as a whole. As a result, compared to non-Natives, fewer Natives graduate from high school, Natives use health care services less, Natives suffer more from many sicknesses, and Natives live shorter lives.

HIV Testing

For many Native Americans, getting an HIV test isn't easy. This is because many of us live in small, rural communities, far away from towns and cities that may have places you can go to be tested for HIV. Many Natives don't want to be tested in their own communities, because they know too many people who work in the clinic.



¹ Source: CDC, <http://www.cdc.gov/hiv/resources/factsheets/aian.htm>.

The Z Virus

Objective:

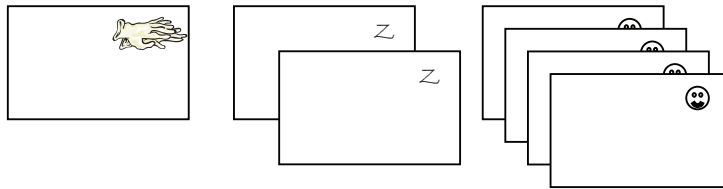
You cannot tell by looking at someone whether it is safe to have sex or share needles. Most infected persons have no symptoms or outward signs of illness and may not know themselves that they are infected. This activity demonstrates how quickly STDs (including HIV), can pass from person to person.

Materials:

Index cards
Pens/pencils

Directions:

Before distributing the index cards, on the back of one card draw a very small glove. On the back of two cards, draw a small letter “Z”. On the rest of the cards put a small happy face. (If there are more than 15 people in the group, add another glove and another “Z” card.)



Shuffle the cards and hand out one to each student; don't acknowledge that the cards have symbols on the back. Instruct the students to go around the room and greet three people with a firm hand shake. Each person they greet should sign their card. Once they have three signatures they should return to their seats and wait until everyone else is through.

After everyone is seated tell the group about a new deadly disease that has no cure called the “Z Virus”. Explain that the only way to get the virus is by shaking hands and the only way to be protected from getting the virus—other than not shaking hands—is wearing a latex glove.

Tell the group there several people in the room who have the virus. Tell everyone to turn over their cards; whoever has a “Z” is “infected” and should stand up. Ask that person to read the names of the people he or she shook hands with; those three people should also stand up. Each person who stands up should identify the people whose hands they shook, and each of these people should stand up as well. Soon, almost the entire group will be standing. Have the participants look at their cards again; whoever has a glove was protected during the game and can take a seat.

Explain to the group that there's really no “Z Virus”; this activity was done to demonstrate a point.

Discussion:

Lead a discussion about the activity. Ask:

- How did it feel to discover you were infected with the Z virus?
- If you knew you could get the Z virus from shaking hands, how would you have dealt with the activity differently?
- Could you tell by looking at a person whether or not they had the Z virus?
- How is the Z virus like other illnesses? (STDs and/or HIV should come up)
- What behaviors put you at risk for STDs/HIV?
- How could a person protect themselves from STDs/HIV?
- What might declining a hand shake represent? (choosing not to have sex)
- What might the glove represent? (latex condom)
- What might asking to see someone's card before shaking hands represent? (having you and your partner tested for STDs/HIV before having sex)

Wrap up discussion by pointing out that:

- STDs can be transmitted very quickly and easily.
- You cannot tell if someone has an STD or HIV without his or her being tested.
- Having casual sexual contact with one person is like having contact with all that person's partners.
- There are simple steps we can take to ensure that we take care of our sexual health.

17: HIV/AIDS - Part2

Words of Wisdom

HIV/AIDS True/False Part 2

HIV/AIDS True/False Part 2 Answers

HIV/AIDS Match - Mismatch Cards

“This Can’t Happen to Me” Role Play

“This Can’t Happen to Me” Lab Results

Person Living with HIV/AIDS Interview Guide

HIV/AIDS Resource List

**It's easy to be brave
from a safe distance.**

Omaha

HIV/AIDS True or False—Part 2

TEAM: _____

1. Most teens report that they used a condom the last time they had sex.	TRUE	FALSE
2. The average time from when someone is exposed to HIV to when they first show signs or symptoms is 8 to 10 years.	TRUE	FALSE
3. Today, HIV is acquired in 3 ways: --Sexual intercourse with an infected person --Blood-to-blood contact (mostly sharing needles and injection equipment) --From infected mother to child during birth or through breastfeeding	TRUE	FALSE
4. About 1 out of every 4 new HIV infections reported in the U.S. are among persons under 22 years old.	TRUE	FALSE
5. HIV causes AIDS.	TRUE	FALSE
6. Breast milk of HIV positive women contains HIV.	TRUE	FALSE
7. Being "HIV positive" is the same thing as having AIDS.	TRUE	FALSE
8. Symptoms of late stage HIV infection include: --Persistent, unexplained fatigue --Soaking night sweats --Shaking chills or high fevers --Swelling of lymph nodes --Chronic diarrhea --Persistent headaches	TRUE	FALSE
9. Douching after sex reduces the risk of HIV infection.	TRUE	FALSE
10. You can catch HIV by touching saliva (spit), tears, or sweat.	TRUE	FALSE
11. You have to be gay to get HIV.	TRUE	FALSE
12. Doing drugs or drinking alcohol can increase your chance of getting HIV.	TRUE	FALSE
13. You can get HIV from sharing needles and other works to inject drugs.	TRUE	FALSE
14. There are medicines to cure HIV.	TRUE	FALSE

15.	Each year, the number of women diagnosed with HIV grows more than the number of men diagnosed with HIV.	TRUE	FALSE
16.	Getting HIV is a death sentence	TRUE	FALSE
17.	Having an STD makes you more at risk for HIV.	TRUE	FALSE
18.	HIV weakens your immune system so your body can't fight against infections.	TRUE	FALSE
19.	You can get HIV by sharing a razor or toothbrush with someone who is HIV positive.	TRUE	FALSE
20.	Women are more easily infected with HIV by men than men are infected by women.	TRUE	FALSE
21.	An HIV positive man with an undetectable viral load cannot transmit HIV.	TRUE	FALSE
22.	There will probably be a vaccine for HIV/AIDS pretty soon.	TRUE	FALSE
23.	It's possible to get HIV from a blood transfusion today in the U.S.	TRUE	FALSE
24.	Many cases of HIV/AIDS have been from female-to-female sexual transmission.	TRUE	FALSE
25.	Current U.S. national guidelines recommend that everyone between the ages of 13 and 64 be screened for HIV	TRUE	FALSE

HIV/AIDS True or False—Part 2

Answers & Explanations

1. Most teens report that they used a condom the last time they had sex.

TRUE FALSE

Among high school students who were currently sexually active, 62% reported that either they or their partner had used a condom during last sexual intercourse.¹

2. The average time from when someone is exposed to HIV to when they first show signs or symptoms is 8 to 10 years.

TRUE FALSE

After the initial flu-like symptoms that some people infected with HIV experience, most do not experience any other visible symptoms for 8-10 years.²

3. Today, HIV is acquired in 3 ways:

TRUE FALSE

- Sexual intercourse with an infected person
- Blood-to-blood contact (mostly sharing needles and injection equipment)
- From infected mother to child during birth or through breastfeeding

HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or, less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth.³

4. About 1 out of every 4 new HIV infections reported in the U.S. are among persons under 22 years old.⁴

TRUE FALSE

In 2006, among men with new HIV infection, 35% were in between the ages of 13-29; among women 32% were between 13-29.⁵

5. HIV causes AIDS.

TRUE FALSE

When HIV enters your body, it infects specific cells in your immune system. These cells are called CD4 cells or helper T cells. They are important parts of your immune system and help your body fight infection and disease. When your CD4 cells are not working well, you are more likely to get sick. Usually, CD4 cell counts in someone with a healthy immune system range from 500 to 1,800 per cubic millimeter of blood. AIDS is diagnosed when your CD4 cell count goes below 200. Even if your CD4 cell count is over 200, AIDS can be diagnosed if you have HIV and certain diseases.⁶

¹ <http://apps.nccd.cdc.gov/yrbss>

² <http://www.hivinsight.com/hiv?page=basics-00-02>

³ <http://www.cdc.gov/hiv/resources/factsheets/transmission.htm>

⁴ <http://www.thebody.com/content/art33154.html>

⁵ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5736a1.htm>

⁶ <http://www.cdc.gov/hiv/resources/brochures/livingwithhiv.htm#q2>

6. Breast milk of HIV positive women contains HIV.

TRUE FALSE

HIV transmission can occur when blood, semen (cum), pre-seminal fluid (pre-cum), vaginal fluid, or breast milk from an infected person enters the body of an uninfected person.⁷

7. Being “HIV positive” is the same thing as having AIDS.

TRUE FALSE

No. Someone can be HIV positive for years—or even decades—before they are diagnosed with AIDS. AIDS is diagnosed when your CD4 cell count goes below 200. Even if your CD4 cell count is over 200, AIDS can be diagnosed if you have HIV and certain diseases.⁸

8. Symptoms of late stage HIV infection include:⁹

TRUE FALSE

- Persistent, unexplained fatigue
- Soaking night sweats
- Shaking chills or high fevers
- Swelling of lymph nodes
- Chronic diarrhea
- Persistent headaches

9. Douching after sex reduces the risk of HIV infection.

TRUE FALSE

Douching after sexual exposure has not been shown to reduce the risk of HIV infection. Douching can reduce the amount of semen left in the vagina after sex, but may also increase the risk of infections (such as bacterial vaginosis) which may in turn increase the risk of getting infected with HIV.¹⁰

10. You can catch HIV by touching saliva (spit), tears, or sweat.

TRUE FALSE

HIV has been found in saliva and tears in very low quantities from some AIDS patients. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be *transmitted* by that body fluid. HIV has *not* been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.¹¹

11. You have to be gay to get HIV.

TRUE FALSE

Homosexuals get AIDS the same way that heterosexuals do. And they can protect themselves the same way, too.¹²

12. Doing drugs or drinking alcohol can increase your chance of getting HIV.

TRUE FALSE

Alcohol and drugs can alter people's judgment. They may take risks that might expose them to HIV that they would not take when sober. Sharing needles to inject drugs (such as heroin, speed, or anabolic steroids) is VERY dangerous and can easily spread HIV (and other serious diseases) from one person to another.¹³

⁷ <http://www.cdc.gov/hiv/resources/qa/qa16.htm>

⁸ <http://www.cdc.gov/hiv/resources/brochures/livingwithhiv.htm#q2>

⁹ <http://www.mayoclinic.com/health/hiv-aids/DS00005/DSECTION=symptoms>

¹⁰ <http://hivinsite.ucsf.edu/insite?page=ask-06-05-23>

¹¹ <http://www.cdc.gov/hiv/resources/factsheets/transmission.htm>

¹² <http://www.talkingwithkids.org/aids.html>

¹³ <http://hivinsite.ucsf.edu/hiv?page=basics-00-16>

13. You can get HIV from sharing needles and other works to inject drugs.

TRUE FALSE

Sharing needles to inject drugs (such as heroin, speed, or anabolic steroids) is VERY dangerous and can easily spread HIV (and other serious diseases) from one person to another.¹⁴

14. There are medicines to cure HIV.

TRUE **FALSE**

There is no cure for HIV. However, recently, doctors have been able to control the virus once a person is infected, which means that a person with HIV can stay healthy for longer, but they are still infected with the virus.¹⁵

15. Each year, the number of women diagnosed with HIV grows more than the number of men diagnosed with HIV.

TRUE FALSE

Even though more men than women have HIV, women are catching up.¹⁶ Today, women account for more than 25% of all new HIV/AIDS diagnoses.¹⁷ Women of color, particularly African American women, have been especially hard hit and represent the majority of new AIDS cases among women.¹⁸

16. Getting HIV is a death sentence

TRUE **FALSE**

HIV is no longer considered a “death sentence”; with proper management, HIV patients can live a normal and full life.¹⁹

17. Having an STD makes you more at risk for HIV.

TRUE FALSE

Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons.²⁰

18. HIV weakens your immune system so your body can't fight against infections.

TRUE FALSE

True. When HIV enters your body, it infects specific cells in your immune system. These cells are called CD4 cells or helper T cells. They are important parts of your immune system and help your body fight infection and disease. When your CD4 cells are not working well, you are more likely to get sick. Usually, CD4 cell counts in someone with a healthy immune system range from 500 to 1,800 per cubic millimeter of blood. AIDS is diagnosed when your CD4 cell count goes below 200. Even if your CD4 cell count is over 200, AIDS can be diagnosed if you have HIV and certain diseases.²¹

19. You can get HIV by sharing a razor or toothbrush with someone who is HIV positive.

TRUE FALSE

Although HIV has been transmitted between family members in a household setting, this type of transmission is very rare. Practices that increase the likelihood of blood contact, such as sharing of razors and toothbrushes, should be avoided.²²

¹⁴ <http://hivinsite.ucsf.edu/hiv?page=basics-00-16>

¹⁵ <http://www.avert.org/young.htm>

¹⁶ <http://www.cdc.gov/hiv/topics/women/>

¹⁷ <http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm>

¹⁸ <http://www.kff.org/hivaids/upload/6092-03.pdf>

¹⁹ <http://www.aafp.org/fpr/20001000/28.html>

²⁰ <http://www.cdc.gov/std/hiv/STDFact-STD&HIV.htm>

²¹ <http://www.cdc.gov/hiv/resources/brochures/livingwithhiv.htm#q2>

²² <http://www.cdc.gov/hiv/resources/factsheets/transmission.htm>

20. Women are more easily infected with HIV by men than men are infected by women. TRUE FALSE

Male-to-female transmission of HIV is estimated to be eight times more likely than female-to-male transmission.²³

21. An HIV positive man with an undetectable viral load cannot transmit HIV. TRUE FALSE

HIV transmission is possible even if a patient has an undetectable viral load in his semen.²⁴

22. There will probably be a vaccine for HIV/AIDS pretty soon. TRUE FALSE

Scientists around the world are working on an AIDS vaccine, but they have run into many challenges. A safe and effective preventive vaccine for use around the world is still many years—if not decades—away.²⁵

23. It's possible to get HIV from a blood transfusion today in the U.S. TRUE FALSE

Since 1985, the U.S. blood supply has been tested for HIV. Blood and blood products that test positive for HIV are safely discarded and are not used for transfusions. In other countries, the risk of HIV transmission from a blood transfusion depends on the blood screening policies there.²⁶

24. Many cases of HIV/AIDS have been from female-to-female sexual transmission. TRUE FALSE

To date, there are no confirmed cases of female-to-female sexual transmission of HIV in the U.S. However, case reports of female-to-female transmission of HIV and the well-documented risk of female-to-male transmission indicate that vaginal secretions and menstrual blood are potentially infectious and that mucous membrane (for example, oral, vaginal) exposure to these secretions has the potential to lead to HIV infection.²⁷

25. Current U.S. national guidelines recommend that everyone between the ages of 13 and 64 be screened for HIV TRUE FALSE

The Centers for Disease Control and Prevention recommends that screening for HIV infection be performed routinely for all patients aged 13–64 years.²⁸ Anyone at risk should be tested each year.

²³ <http://www.caps.ucsf.edu/pubs/FS/womenrev.php>

²⁴ <http://www.aidsmap.com/en/news/167784F9-FD3C-4148-8AB3-F669FE941BB3.asp>

²⁵ <https://www.iavi.org/viewfile.cfm?fid=49229>

²⁶ <http://www.cdc.gov/hiv/resources/qa/qa15.htm>

²⁷ <http://www.cdc.gov/hiv/topics/women/resources/factsheets/wsw.htm>

²⁸ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

HIV/AIDS Match-Mismatch Cards—Page 1

MOUTH	PENIS
VAGINA	ANUS
SKIN CUT	EYES
INTACT SKIN	NOSE
EAR	FINGER
TOE	TONGUE

HIV/AIDS Match-Mismatch Cards—Page 2

BLOOD	SEMEN
VAGINAL FLUIDS	BREAST MILK
SALIVA	TEARS
URINE	SWEAT
FECES	SWEAT
VOMIT	STOMACH ACID

“This Can’t Happen to Me” Role Play

Bill’s Part

The Story:

You and Linda have been going out and having sex for several months. Things have gotten pretty serious lately, and you’ve even talked about getting married. You decide you should both get tested for HIV. Today is the day you get your test results. You do not know Linda’s test results and she does not know yours. If you need to talk through things or have questions about HIV/AIDS, your friend Mark is here to help you.

Before the Play:

- You will receive your HIV test results.
- Read these questions and think about the answers before you talk to Mark or Linda:
 - Who are you going to talk first, Linda or Mark?
 - How did you get HIV?
 - What are you going to say about your problem?
Note: You are infected with HIV and have antibodies in your blood, but you have no AIDS symptoms yet.
 - What will your future be in terms of your health and social life?
 - How will this change your relationship with Linda?

During the Play:

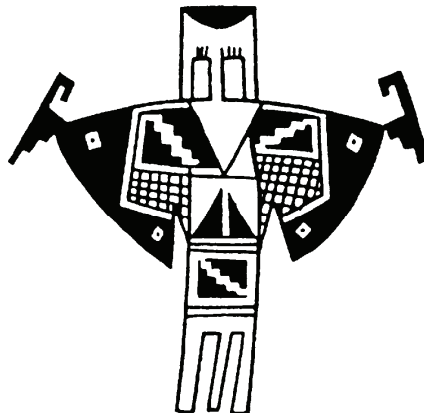
- Janice will tell you when it’s time to start the role play.
- Start by talking to Mark or Linda. Tell him or her what your HIV test results are.

Ending the Play:

- The play ends when you and Linda have made decision about your future.

After the Play:

- Mark and Janice have some questions to discuss with the group.



“This Can’t Happen to Me” Role Play

Linda’s Part

The Story:

You and Bill have been going out and having sex for several months. Things have gotten pretty serious lately, and you’ve even talked about getting married. You decide you should both get tested for HIV. Today is the day you get your test results. You do not know Bill’s test results and he does not know yours. If you need to talk through things or have questions about HIV/AIDS, your friend Janice is here to help you.

Before the Play:

- You will receive your HIV test results.

During the Play:

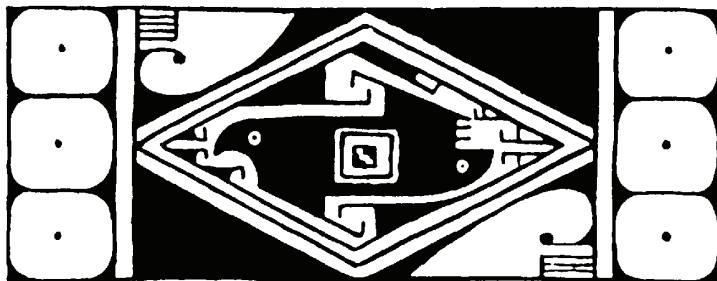
- Janice will tell you when it’s time to start the role play.
- If Bill wants to talk to his friend, Mark, first, pretend you are not there.
- When Bill talks to you, respond as you think you would if this was real.
 - How will you first react?
 - Make sure he tells you all the facts.
 - What are the chances of you being infected with HIV?
 - How will this affect your relationship and your future? Will you drop him “like a hot potato”? Do you still think you’ll marry him? What about having children?
 - If you decided to keep seeing Bill, what can you do to reduce your chances of getting infected?
 - Discuss what you and Bill should do. Realizing that you really love him, what could you do to help him without putting yourself at risk?

Ending the Play:

- The play ends when you and Bill have decided about your future.

After the Play:

- Mark and Janice have some questions to discuss with the group.



“This Can’t Happen to Me” Role Play

Mark’s Part

The Story:

You are Bill’s best friend. Bill and Linda have been going out and having sex for several months. Things have gotten pretty serious lately, and they’ve even talked about getting married. They decide they should both get tested for HIV. Today is the day they get their test results. Bill’s test is positive and Linda’s test is negative. Linda does not know Bill’s test results and Bill does not know Linda’s. You are there to help Bill talk through things and answer any questions he may have about HIV/AIDS.

Before the Play:

- Linda and Bill receive their HIV test results.

During the Play:

- Janice will tell you when it’s time to start the role play.
- Bill may choose to talk to you or Linda first. If he wants to talk to Linda first, pretend you are not there.
- If Bill talks to you first, what will you say? Will you encourage him to tell Linda?
- Help them make sure their decision is based on facts, not on fears or incorrect information.

Ending the Play:

- The play ends when Linda and Bill have decided about their future.

After the Play:

Janice will ask you to lead a discussion with the following questions. Tell the other characters to step out of their roles and to answer these questions as themselves. Get each person’s response to each question.

- How do you think you would cope if you found out you were infected with HIV?
- How would it change your life?
- Would you tell your family? Your friends?
- Would you continue your education?
- How would you want to be treated by your family? Friends? Teachers?

When you are finished leading the discussion on these questions, Janice has some additional questions for discussion.



“This Can’t Happen to Me” Role Play

Janice’s Part

In addition to the role of Janice, you are also the Director of the role play.

The Story:

You are Linda’s best friend. Bill and Linda have been going out and having sex for several months. Things have gotten pretty serious lately, and they’ve even talked about getting married. They decide they should both get tested for HIV. Today is the day they get their test results. Bill’s test is positive and Linda’s test is negative. Linda does not know Bill’s test results and Bill does not know Linda’s. You are there to help Linda talk through things and answer any questions she may have about HIV/AIDS.

Before the Play:

- Linda and Bill receive their HIV test results.
- Give everyone time to read through the information about their roles and characters.

During the Play:

- You will ask Bill to begin the play by telling his story to Mark or Linda.
- Bill may choose to talk to Mark or Linda first. The other person should pretend they are not there.
- If Bill runs out of things to say, ask him to tell Linda all the facts:
 - he is infected with HIV
 - where he got HIV
 - that he has HIV
 - that he could transmit the virus through sex
 - the treatment
- If Linda runs out of things to say, ask her to tell Bill the following:
 - how she feels about his problem (angry, confused, shocked, etc)
 - what she is going to do about the relationship - still marry him, drop him like a "hot potato," or *what? Why?*
 - How will this affect her behavior with him? Will she talk with him? Hold his hand? Kiss him? Share personal items with him (combs, water glass, books, etc.)? Or have sex with him?
- You should make sure their decision is based on facts, not on fears or incorrect information.

Ending the Play:

- The play ends when Linda and Bill have decided about their future.

After the Play:

Call on Mark to lead with his discussion questions. When Mark is finished with his questions, ask the group to discuss the following:

- What do you think are the major factors that determine whether people are sexually active before marriage? Outside of marriage?
- What do you think are the major factors that lead couples to practice safer sex versus unsafe sex?

FAMILY MEDICINE
Laboratory Director

NAME Linda **DOB** 5-1-93 **SEX** F **DATE** 2-14-09

Requested by: J. Smith, NP

Collection Time: 10:00 **Report Time:** ____13:30

Comments:

<u>Urinalysis</u>	<u>Micro</u>	<u>CBC</u>	<u>Normal Values</u>
Color_____	WBC/hpf _____		
Character_____	RBC/hpf _____	Normal Values	M 5.4 - 07
		WBC (ki 0 3)	
Leuko_____	Bact/hpf _____	RBC (x10 6)	F 4.6 + 0.6
Nitrite_____	Epith/hpf _____	Hgb (gms %)	_____
Urobil_____	Mucus/hpf _____	Hct (%)	M 47 - 5
Protein_____	Casts/lpf _____		F 42 + 5
SSA_____	_____	_____	_____
PH_____	_____	MCV (um3)	_____
Blood_____	Other_____	Plats _____	_____
SP.Gra_____	_____		
Keto_____	_____		
Acet._____			
Bill_____		Whole Blood Glucose	
Icto_____		Mono Test	
Gluc_____		Chlamydia	
Clini_____			
Urine Preg Test			

(Sens > 50 miu/ml)		HIV: NEGATIVE	
KOH			
Strep Antigen			
Wet Prep			
Occult Blood			

FAMILY MEDICINE
Laboratory Director

NAME Bill **DOB** 12-1-92 **SEX** M **DATE** 2-14-09

Requested by: J. Smith, NP

Collection Time: 10:15 **Report Time:** ____13:45

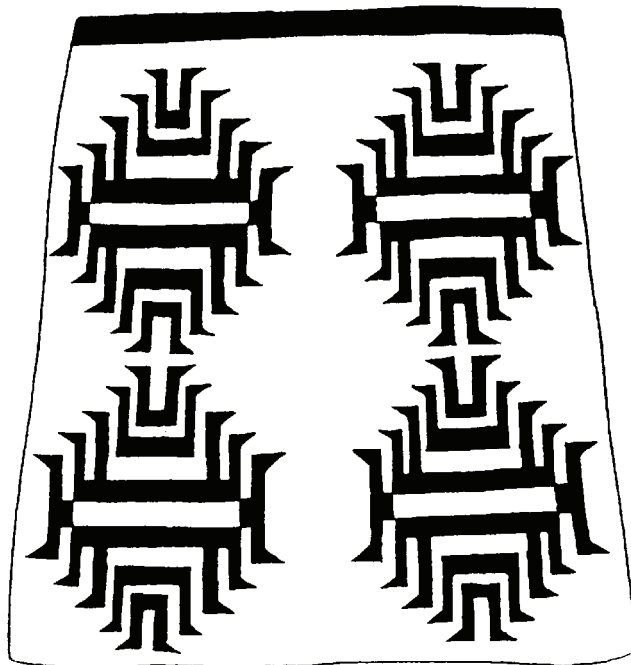
Comments:

<u>Urinalysis</u>	<u>Micro</u>	<u>CBC</u>	<u>Normal Values</u>
Color_____	WBC/hpf _____		
Character_____	RBC/hpf _____	Normal Values	M 5.4 - 07
		WBC (ki 0 3)	
Leuko_____	Bact/hpf _____	RBC (x10 6)	F 4.6 + 0.6
Nitrite_____	Epith/hpf _____	Hgb (gms %)	
Urobil_____	Mucus/hpf _____	Hct (%)	M 47 - 5
Protein_____	Casts/lpf _____		F 42 + 5
SSA_____			
PH_____		MCV (um3)	
Blood_____	Other_____		
SP.Gra_____		Plats _____	
Keto_____			
Acet._____			
Bill_____		Whole Blood Glucose	
Icto_____			
Gluc_____		Mono Test	
Clini_____		Chlamydia	
Urine Preg Test			

(Sens > 50 miu/ml)		HIV: POSITIVE	
KOH			
Strep Antigen			
Wet Prep			
Occult Blood			

Person Living with HIV/AIDS Interview Guide

1. Tell us a little bit about yourself including how long you have known your HIV status.
2. Tell us about your life before you knew you had HIV.
3. Do you know when you contracted HIV? Was it with a particular partner or during a certain time in your life? Tell us about that.
4. How did you decide to get tested?
5. Tell us about your experience getting tested. Where did you go? What was the test like? How did you find out your status?
6. How did you feel when you found out you were HIV positive? Who did you tell?
7. How has your life changes since finding out you were HIV positive? How often do you go to the doctor? Do you take medications?
8. What is your life like now? How is your health? How have your relationships with other people changed?
9. What is one thing you wish you knew before you contracted HIV?
10. What is one word of advice you would give to young people about taking care of their health?



RESOURCES

AI/AN Resources

Centers for Disease Control & Prevention: HIV/AIDS Among AI/AN

<http://www.cdc.gov/hiv/resources/factsheets/PDF/aian.pdf>

Factsheet on HIV/AIDS in Native Americans from the CDC.

I Know Mine

<https://www.iknowmine.org>

I Know Mine is an STD/HIV prevention project of the Alaska Native Tribal Health Consortium. Its website has factsheets, quizzes, a clinic locator, digital stories, condoms, posters, brochures, and more.

Indian Health Service HIV/AIDS Program

<http://www.ihs.gov/MedicalPrograms/HIVAIDS>

Links to HIV/AIDS resources and information relevant to AI/AN.

National Native American AIDS Prevention Center

<http://www.nnaapc.org/programs/native-youth-media/native-youth-media.htm>

NNAAPC helps organizations that serve Native communities to plan, develop and manage HIV/AIDS prevention, intervention, care, and treatment programs. This link is to NNAAPC's HIV Prevention Media, Curricula, and Resources for Native youth.

Project Red Talon

http://www.npaihb.org/epicenter/project/project_red_talon

Project Red Talon is the HIV/AIDS Project of the Northwest Portland Area Indian Health Board. Culturally-appropriate brochures, posters, and other educational materials available for download.

General Info

Amplify Your Voice: HIV

<http://www.amplifyyourvoice.org/issues/hiv>

Amplify is an online community dedicated to sexual health, reproductive justice, and youth-led grassroots movement building. A project of Advocates for Youth.

Avert: What is AIDS?

<http://www.avert.org/aids.htm>

AVERT is an international HIV/AIDS charity. Good and easy-to-read basic information.

Teen Source: What is HIV?

[http://www.teensource.org/pages/3026/Human Immunodeficiency Virus HIV.htm](http://www.teensource.org/pages/3026/Human%20Immunodeficiency%20Virus%20HIV.htm)

An educational resource for teens and young adults on healthy and responsible sexual lifestyles. Developed by the California Family Health Council.

TeenTalk

<http://www.plannedparenthood.org/teen-talk>

A teen-friendly sexual health website developed by Planned Parenthood.

Resources for HIV+ Youth

Avert: Personal Stories of Young People Living with HIV

<http://www.avert.org/hiv-stories.htm>

A selection of stories about living with HIV and AIDS, written by young people from all around the world. AVERT is an international HIV/AIDS charity. Good and easy-to-read basic information.

The Body: Disclosure: Being Out as an HIV-positive Teen

<http://www.thebody.com/content/art4820.html>

Article on some things teens may expect to confront when they find out they are HIV-positive.

The Body: Voices of Teens with HIV: How You Can Support Us

<http://www.thebody.com/content/art/art47466.html>

Excerpt from a book on HIV+ teens.

Testing Resources

Avert: HIV Testing

<http://www.avert.org/testing.htm>

AVERT is an international HIV/AIDS charity. Good and easy-to-read basic information.

The Body: HIV Testing

<http://www.thebody.com/index/testing.html>

Links to articles and resources addressing HIV testing issues.

Centers for Disease Control & Prevention: HIV Testing

<http://www.cdc.gov/hiv/topics/testing>

HIV testing information from the CDC.

Centers for Disease Control & Prevention: National HIV & STD Testing Resources

<http://www.hivtest.org>

Search for HIV testing sites by zip code.

Centers for Disease Control & Prevention: Rapid HIV Testing

<http://www.cdc.gov/hiv/topics/testing/rapid>

Rapid HIV testing information from the CDC.

HIV InSite: What happens when you get tested for HIV?

<http://hivinsite.ucsf.edu/insite?page=basics-00-18>

A comprehensive site developed by the Center for HIV Information at the University of California at San Francisco.

Youth Resources

Avert: AIDS, Sex & Teens

<http://www.avert.org/young.htm>

AVERT is an international HIV/AIDS charity. Good and easy-to-read basic information.

The Body: Young People & HIV/AIDS

<http://www.thebody.com/index/whatis/children.html>

Links to articles and resources addressing HIV/AIDS in youth.

Centers for Disease Control & Prevention: HIV/AIDS Among Youth

<http://www.cdc.gov/hiv/resources/Factsheets/PDF/youth.pdf>

A factsheet on HIV/AIDS in youth from the CDC.

Go Ask Alice

<http://www.goaskalice.columbia.edu>

Columbia University's health Q&A Internet site.

HIV InSite: Adolescents & Youth

<http://hivinsite.ucsf.edu/InSite?page=pb-youth>

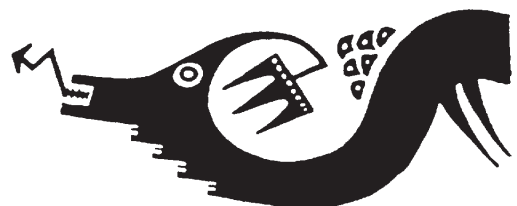
A comprehensive website with links to many resources. Developed by the Center for HIV Information at the University of California at San Francisco.

18: Field Trip to a Local Health Clinic

Possible Questions to Ask on Clinic Tour

Possible Questions to Ask on Clinic Tour

- What services are available?
- What are the hours and days that the clinic is open? Are there specific hours designated for teens?
- What's the intake process? Do I have to tell the receptionist or clerk why I'm there?
- How much do the different services cost? Are there sliding-scale fees?
- What are the policies regarding confidentiality for teens?
- Will my parents know if I was here and the reason for my visit?
- What kind of information do teens have to bring with them?
- Can you walk in or do you need an appointment?
- How long do you usually have to wait?
- Are there male and female providers? Can a patient specify which they prefer?
- How are services provided to transgendered people?
- Do you provide hormones for transgendered people?
- If you get a check-up, do you automatically test for STDs and HIV, or do you have to ask to get these tests?
- If you get tested for STDs, how long do you have to wait for results?
- How do they communicate those results to you confidentially?
- Can you walk in to get free condoms?
- What kind of birth control methods are available?



19: Taking Care of the Whole Person

Words of Wisdom

Stress Cartoons

Who's Got Your Back?

How Can You Tell If Someone's Depressed?

Myths About Depression

What is Grief?

Native Youth Suicide: The Statistics behind the sadness

Resources

**All individuals
have the power to
transform and change
themselves.**

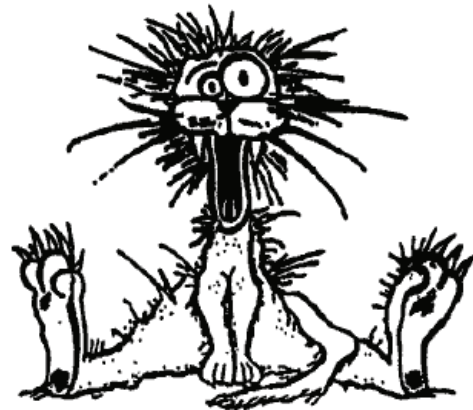
Anonymous

Stress Reduction Kit



Directions:

1. Place kit on FIRM surface.
2. Follow directions in circle of kit.
3. Repeat step 2 as necessary, or until unconscious.
4. If unconscious, cease stress reduction activity.



"STRESS"

THE CONFUSION CREATED WHEN
ONE'S MIND OVERRIDES THE
BODY'S BASIC DESIRE TO CHOKE
THE LIVING DAYLIGHTS OUT OF
SOMEBODY WHO DESPERATELY
NEEDS IT !



**And you thought
there was stress
in your life !**



Who's Got Your Back?

If you were feeling super stressed out, what are three healthy things you could do to make yourself feel better?

1. _____
2. _____
3. _____

If you needed to talk to someone about your feelings, who are three supportive people you could go to?

1. _____
2. _____
3. _____

How Can You Tell if Someone is Depressed?

Do they express feelings of

- Sadness or "emptiness"?
- Hopelessness, pessimism, or guilt?
- Helplessness or worthlessness?

Do they seem

- Unable to make decisions?
- Unable to concentrate and remember?
- To have lost interest or pleasure in ordinary activities—like sports or band or talking on the phone?
- To have more problems with school and family?

Do they complain of

- Loss of energy and drive -- so they seem "slowed down"?
- Trouble falling asleep, staying asleep, or getting up?
- Appetite problems; are they losing or gaining weight?
- Headaches, stomach aches, or backaches?
- Chronic aches and pains in joints and muscles?

Has their behavior changed suddenly so that

- They are restless or more irritable?
- They want to be alone most of the time?
- They've started cutting classes or dropped hobbies and activities?
- You think they may be drinking heavily or taking drugs?

Have they talked about

- Death?
- Suicide - or have they attempted suicide?¹



REMEMBER – Native STAND peer educators are not counselors. It's important you recognize the symptoms of depression, but you are not expected to make a clinical judgment about someone's mental health. It's important to know your limits as a peer educator and to make appropriate referrals to a school counselor as you think necessary.

¹ NIMH - http://www.pueblo.gsa.gov/cic_text/health/friend-depressed/friend-depress.htm

Myths About Depression

Myths or misconceptions about depression can cause stigma and prevent people who need help from getting it. As a peer educator, you need to know the **facts**. Some of the most common myths are:

Myth: It's normal for teenagers to be moody; Teens don't suffer from "real" depression.

Fact: Depression can affect people at any age or of any race, ethnic, or economic group.

Myth: Teens who claim to be depressed are weak and just need to pull themselves together. There's nothing anyone else can do to help.

Fact: Depression is not a weakness, but a serious health disorder. Both young people and adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think about themselves, change behavior, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms of depression. For many people, a combination of psychotherapy and medication is beneficial.

Myth: Talking about depression only makes it worse.

Fact: Talking through feelings may help a friend recognize the need for professional help. By showing friendship and concern and giving uncritical support, you can encourage your friend to talk to his or her parents or another trusted adult, like a teacher or coach, about getting treatment. If your friend is reluctant to ask for help, you can talk to an adult -- that's what a real friend will do.

Myth: Telling an adult that a friend might be depressed is betraying a trust. If someone wants help, he or she will get it.

Fact: Depression, which saps energy and self-esteem, interferes with a person's ability or wish to get help. And many parents may not understand the seriousness of depression or of thoughts of death or suicide. It is an act of true friendship to share your concerns with a school guidance counselor, a favorite teacher, your own parents, or another trusted adult.¹

Remind students that this discussion may raise some intense emotions or reactions from the students. Make sure they know that you are in a safe place; you are there to support them. Be prepared to stay afterwards and address individual reactions. Make a special point of checking in on those students who seemed upset by the discussion. Also, if in a boarding school setting, give the dorm managers a heads up to check in on those students and make sure they're doing OK.

¹ NIMH - http://www.pueblo.gsa.gov/cic_text/health/friend-depressed/friend-depress.htm

What is Grief?^{1,2,3}

- All people who suffer loss experience grief in one way or another.
- The emotional, physical, intellectual, behavioral and spiritual process of adjusting to loss.
 - family breakdown
 - divorce
 - incarceration
 - moving to a new home or community
 - adoption
 - abuse
 - loss of health
 - serious illness of a family member or close friend
 - death of a family member or close friend
 - suicide of a family member or close friend
- The normal response of sorrow, emotion, and confusion that comes from losing someone or something important to you.
- It's a natural and normal response to losing someone you love.
- A typical reaction to death, divorce, job loss, a move away from friends and family, or loss of good health due to illness.
- There is no timeline for grieving—It occurs throughout our lives and is a process, not an event
- It is a necessity, not a weakness.

- The sense of loss will never go away completely, but over time the intensity of the pain will diminish
- The grieving process takes time and healing usually happens gradually. The intensity of grief may be related to how sudden or predictable the loss was and how you felt about the person who died.
- If ignored, grief may show up as changes in concentration, troubled relationships, emotional problems or physical illness.

People who are grieving may:⁴

- feel empty and numb, in shock
- feel strong emotions, such as sadness, anger, guilt
- have physical reactions, such as trembling, nausea, trouble breathing, muscle weakness, dry mouth, or trouble sleeping and eating
- have strange dreams or nightmares, be absent-minded, withdraw socially, or lack the desire to return to work
- have spiritual reactions to a death — for example, some people find themselves questioning their beliefs and feeling disappointed in their religion while others find that they feel more strongly than ever about their faith

¹ <http://mentalhealth.samhsa.gov/publications/allpubs/ken-01-0104/default.asp>

² <http://www.teenloss.com>

³ <http://www.youthradio.org/news/helping-teens-deal-with-grief>

⁴ <http://mentalhealth.samhsa.gov/publications/allpubs/ken-01-0104/default.asp>

What do you say to a teen who has just experienced a loss?⁵

- The best thing you can do for a teen that is grieving is to offer to listen.
- Let the teen know that you are there for them, and when they are ready, you are there to listen.
- Don't be afraid to acknowledge the death, to say you are sorry and, if appropriate, to ask for the teen to tell you what happened.
- Let them know you care.

What should you NOT to say to a teen who has just experienced a loss?⁶

- I know how you feel
- It was God's plan to take him
- She's in a better place
- At least he's not suffering anymore
- You'll get over it
- It's time to move on
- You did the best you could

What are some positive ways to handle grief?

- Remember that grief is a normal emotion.
- Believe that you will heal over time.
- Participate in ceremonies.
- Be with others.
- Talk about it when you can.
- Exercise.
- Eat right.
- Join a support group.
- Don't keep your emotions trapped inside you.
- Create a memorial or tribute.

Going forward and healing from grief doesn't mean forgetting about the person you lost. Getting back to enjoying your life doesn't mean you no longer miss the person. And how long it takes until you start to feel better isn't a measure of how much you loved the person. With time, the loving support of family and friends, and your own positive actions, you can find ways to cope with even the deepest loss.

How long does grief last?⁷

- The length of time spent grieving is different for each person.
- It lasts as long as it takes you to accept and learn to live with your loss—for some people, that can be months, for others it might be years

⁵ <http://www.youthradio.org/news/helping-teens-deal-with-grief>

⁶ <http://www.youthradio.org/news/helping-teens-deal-with-grief>

⁷ <http://mentalhealth.samhsa.gov/publications/allpubs/ken-01-0104/default.asp>

- There are many reasons for the differences, including personality, health, coping style, culture, family background, and life experiences.
- The time spent grieving also depends on your relationship with the person lost and how prepared you were for the loss.

How will I know when I'm done grieving?⁸

Every person who experiences a death or other loss must complete a four-step grieving process. The process isn't over until a person goes through the four steps.

1. Accept the loss
2. Work through and feel the physical and emotional pain of grief
3. Adjust to living in a world without the person or item lost
4. Move on with life.

If your grief isn't letting up for a while after the death of your loved one, you may want to reach out for help. If grief has turned into depression, it's very important to tell someone.

How do you know if grief has been going on too long? Here are some signs:

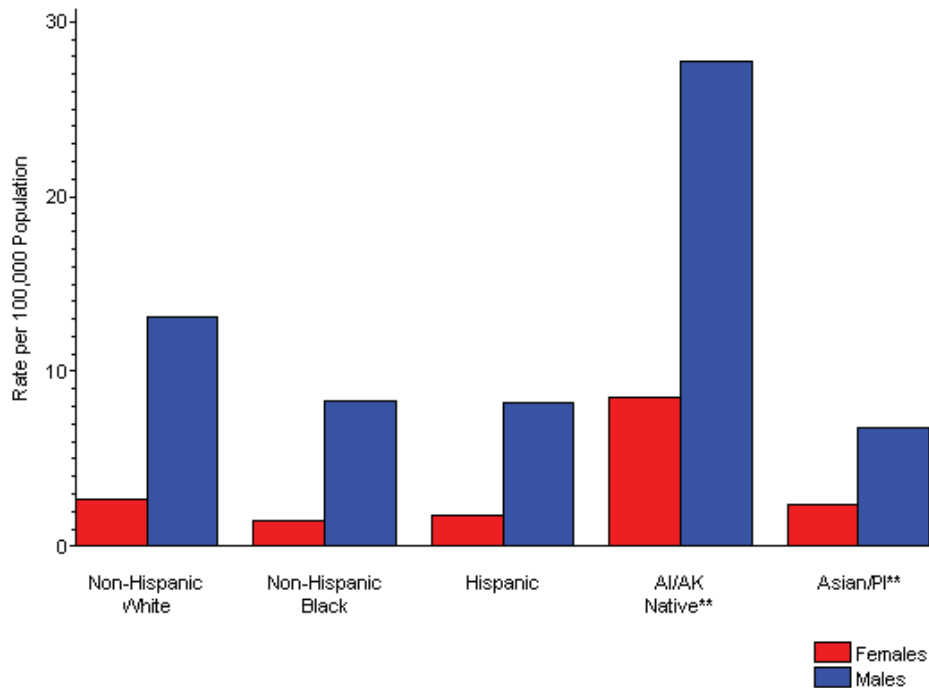
- **Grieving for 4 months or more and not feeling any better.**
- Feeling depressed.
- Intensity of grief prevents participation in normal activities.
- Lack of concentration, difficulties sleeping, eating, or socializing
- Thoughts about suicide, dying, or hurting oneself.

It's natural for loss to cause people to think about death to some degree. But if a loss has caused you to think about suicide or hurting yourself in some way, or if you feel that you can't go on living, it's important that you tell someone right away.

⁸ <http://mentalhealth.samhsa.gov/publications/allpubs/ken-01-0104/default.asp>

Native Youth Suicide: The statistics behind the sadness

**Suicide Rates* Among Persons Ages 10-24 Years,
by Race/Ethnicity and Sex, United States, 2002-2006¹**



- The suicide rate for male Native youth is more than twice that of male white youth.
- The suicide rate for female Native youth is almost three times that of female white youth.
- The suicide rate for male Native youth is almost three times that of female Native youth.

¹ CDC: National Suicide Statistics at a Glance,
<http://www.cdc.gov/violenceprevention/suicide/statistics/rates03.html>

RESOURCES

BAM! Body & Mind: Managing Conflict

http://www.bam.gov/sub_yourlife/yourlife_conflict.html

Gives kids the information they need to make healthy lifestyle choices. A project of the Centers for Disease Control & Prevention.

Center for Young Women's Health: Depression: A Guide for Teens

<http://www.youngwomenshealth.org/depression.html>

A youth-friendly site from the Children's Hospital of Boston.

Half of Us

<http://www.halfofus.com>

An initiative to raise awareness about the prevalence of mental health issues and connect young adults to appropriate resources to get help. A project of mtvU and The Jed Foundation.

National Mental Health Information Center: Mental Health Services Locator

<http://mentalhealth.samhsa.gov/databases>

Locate mental health service providers by location. A project of the Substance Abuse and Mental Health Services Administration.

National Runaway Switchboard

1-800-RUNAWAY or 1-800-786-2929—available 24/7

<http://www.1800runaway.org>

A hotline and website for runaway and homeless youth. Youth and family members can call to work through problems and to find local help.

National Suicide Prevention Lifeline

1-800-273-TALK (8255)—available 24/7

<http://www.suicidepreventionlifeline.org>

Confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. A project of the Mental Health Association of New York City with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Reach Out

<http://us.reachout.com>

Reach Out is a confidential information and support service that uses evidence-based principles and technology to help teens and young adults facing tough times and struggling with mental health issues. All content is written by teens and young adults, for teens and young adults, to meet them where they are, and help them recognize their own strengths and use those strengths to overcome their difficulties and/or seek help if necessary. A project of Inspire USA Foundation.

Suicide Warning Signs

<http://family.samhsa.gov/get/suicidewarn>

Recognizing the warning signs for suicide in young people. A project of the Substance Abuse and Mental Health Services Administration.

Teen Central

<http://www.teencentral.net>

Developed by KidsPeace, a private charity dedicated to serving the behavioral and mental health needs of children, preadolescents and teens.

TeensHealth: Mental Health

http://kidshealth.org/teen/your_mind

Website created for teens looking for honest, accurate information and advice about health, relationships, and growing up. A project of Nemours, a leading pediatric health systems.

Teen Help-Lines *(search by state)*

<http://www.teencentral.net/Help/teenhelp.php>

Search mental health programs by state. Developed by KidsPeace, a private charity dedicated to serving the behavioral and mental health needs of children, preadolescents and teens.

Trevor Lifeline

1-800-850-8078—available 24/7

<http://www.thetrevorproject.org>

The only nationwide, around-the-clock crisis and suicide prevention helpline for GLBTQ youth.

What a Difference a Friend Makes—Native American site

<http://www.whatadifference.samhsa.gov/native>

This website was developed to encourage, educate, and inspire young adults to support their friends who are experiencing mental health problems. A project of the Substance Abuse and Mental Health Services Administration.

Who You Want 2 Be

<http://whoyouwant2be.org>

A youth-friendly website that helps answers questions important to teens, like mental health, substance use, communication, Developed by Centerstone, the nation's largest, non-profit community-based behavioral healthcare provider.

20: Healthy Relationships - Part 2

Words of Wisdom

Are You Being Abused Fact Sheet

Dating Abuse Fast Facts

Say Something

Teen Dating Bill of Rights and Pledge

Healthy Conflict

Risk & Protective Factors for Your Journey Along
Life's Path

Domestic Violence & Sexual Assault Resources

Love is something
you can leave behind
when you die. It's
that powerful.

*John (Fire) Lame Deer
Rosebud Lakota, 1972*

Are You Being Abused?

Take the most important quiz of your life to find out.

Read this list carefully and think about each question. Place a check mark next to the ones that apply to you. (You don't have to mark anything on your paper, if you prefer not to. But read through the list and think about your answer for each.)

Does your boyfriend or girlfriend:

- ___ Act jealous or possessive?
- ___ Demand to know where you are at all times?
- ___ Try to control where you go, what you wear, or what you do?
- ___ Text you all the time and get upset when you don't respond?
- ___ Monitor your e-mail or profile on a social networking site?
- ___ Call you names, ridicule you, criticize you, or put you down?
- ___ Blame you for the hurtful things they say and do?
- ___ Get jealous or angry when you spend time with friends or family?
- ___ See other relationships as a threat?
- ___ Try to "guilt" you or force you into having sex before you're ready?
- ___ Think you're cheating if you talk or dance with someone else?
- ___ Lose their temper easily?
- ___ Get in your face during a disagreement?
- ___ Break or throw things when they're angry?
- ___ Hit, slap, push or kick you?
- ___ Threaten to hurt them or you if your relationship ever ends?
- ___ Drink or take drugs almost every day or go on binges?
- ___ Think there are some situations when it's OK for a person to hit their partner?
- ___ Scare you or threaten to hurt you?



If you said yes to even one of these questions, you may be in an abusive relationship. You should talk to your Native STAND facilitator, a counselor, another adult you trust, or contact the helpline below.

National Teen Dating Abuse Helpline

1-866-331-9474

1-866-331-8453 TTY

www.loveisrespect.org



Dating Abuse Fast Facts



PHYSICAL VIOLENCE

- 1 in 5 teens who have been in a relationship report being hit, slapped or pushed by a partner.
- 1 in 10 Native American teens report being hit, slapped or pushed by a partner.
- 1 in 3 girls who have been in a relationship say they've been concerned about being physically hurt by their partner.
- Women ages 16 to 24 experience the highest rates of intimate violence.
- 24% of males and 28% females in same-sex relationships (gay or lesbian) report physical violence by a partner.

EMOTIONAL ABUSE

- 1 in 4 teens who have been in a relationship say their boyfriend or girlfriend has tried to prevent them from spending time with friends or family; the same number have been pressured to only spend time with their partner.
- 1 in 5 teenage girls report that their boyfriend threatened violence or self-harm when they tried to breakup.
- 1 in 4 teen girls in a relationship report enduring repeated verbal abuse.

SEXUAL ABUSE

- 1 in 3 girls between the ages of 16 and 18 say sex is expected for people their age if they're in a relationship; half of teen girls who have experienced sexual pressure report they are afraid the relationship would break up if they did not give in.
- 1 in 4 girls who have been in a relationship reported going further sexually than they wanted to as a result of pressure.
- 1 in 4 teen girls who are in a relationship report they are pressured into performing oral sex or engaging in sexual intercourse.

SEXUAL VIOLENCE

- Over half of all rapes occur before the victims reach 18 years of age.
- 3 out of 4 rape and sexual assault victims knew their offenders.
- 1 in 10 Native American teens report ever having been forced to have sexual intercourse.
- A study of 8th and 9th graders found that 1 in 4 have been victims of nonsexual dating violence, and 1 in 10 have been victims of sexual dating violence.
- Over 30% of teenagers do not tell anyone about being victimized by their partner.
- Native women are raped at a rate more than double that for all races.
- 1 in 3 Native American women will be raped in her lifetime.
- Twice as many urban Native women report that the first time they had sex it was forced (17% vs. 8% for whites)

HEALTH IMPACT OF DATING VIOLENCE

- 70% of girls and 52% of boys in high school report direct injuries from dating violence.
- 9% of girls and 8% of boys have been to the emergency room as a result of dating violence.
- People who are victims of dating violence are more likely to attempt suicide and engage in dangerous binge drinking and drug activities.
- Dating violence can lead to mental health problems, especially if the violence is emotional or psychological in nature. These problems can lead to substance abuse, depression and other problems later in life.
- Victims of dating violence are more likely to engage in unhealthy sexual behaviors, leading to health problems, STDs and teen pregnancy.

SAY SOMETHING!

- When you see abuse happening to a friend the best thing to do—believe it or not—is just to **SAY SOMETHING**. One of the reasons abusers continue to abuse is because they can get away with it—most of the time no one says anything to them. And one of the reasons victims stay in these relationships is they think it is normal—no one has said anything to make them think otherwise. The simple act of someone saying something and naming this behavior “abuse” is enough to get people thinking about how they treat the people around them.
- How do you know when to speak up? Relationships aren’t perfect. Everyone has fights, miscommunications, and rough times, so how do you know when a relationship is on the road to being abusive? The key is to know the warning signs, watch for a pattern, and then be willing to act if necessary. Trust your instincts. If you see or hear something that makes you feel uncomfortable or that you think crosses the line, chances are it’s a warning sign and should not be ignored.
- The other thing to do is talk to your friend about telling a counselor or getting help from another trusted adult. Dealing with an abusive partner is usually **VERY** hard to do, and even dangerous. Support your friend, but don’t get in the middle!



Teen Dating Bill of Rights and Pledge

I have the right:

To always be treated with respect. In a respectful relationship, you should be treated as an equal.

To be in a healthy relationship. A healthy relationship is not controlling, manipulative, or jealous. A healthy relationship involves honesty, trust, and communication.

To not be hurt physically or emotionally. You should feel safe in your relationship at all times. Abuse is never deserved and is never your fault. Conflicts should be resolved in a peaceful and rational way.

To refuse sex or affection at any time.

A healthy relationship involves making consensual sexual decisions. You have the right to not have sex. Even if you have had sex before, you have the right to refuse sex for any reason.

To have friends and activities apart from my boyfriend or girlfriend.

To end a relationship.

I pledge to:

Always treat my boyfriend or girlfriend with respect.

Never hurt my boyfriend or girlfriend physically, verbally, or emotionally.

Respect my girlfriend's or boyfriend's decisions concerning sex and affection.

Not be controlling or manipulative in my relationship.

Accept responsibility for myself and my actions.

Signature

Date

Healthy Conflict

- In most relationships, there will be some conflict. Since no two people have the same wants, needs, values, and beliefs, at some point those differences will cause them to disagree.
- Conflict itself is not the problem. Confrontation and releasing one's feelings—even when negative—are healthy in any relationship. What causes the problem between two people is the way they choose to deal with the conflict.

Life is 10% what happens to you and 90% how you react to it.

- Most of us have never learned how to handle negative emotions in a positive or constructive way.
- Because many couples don't know how to handle conflict, they may get hostile, or defensive; they may hold back their true feelings and avoid talking about the issues. Eventually, they may pull away from each other and the relationship loses its meaning and importance.

If some issue is bothering you, ask yourself these questions before you start a fight over it:

- Do I really have a valid complaint or am I just looking for a fight?
- Is my partner's behavior bad for the relationship? Or do I just want him or her to think or act the same way I do?
- What does this fight really mean to me? If I "win", what do I really win? Or will I just put more distance between us?
- Am I overreacting to the situation?
- How will my partner respond? Will taking a stand be worth the price I pay?
- Will my partner hear and understand my message the way I am saying it? Or am I too upset to make my point clearly?

Guidelines for a fair fight:

- Schedule your fights. This means when you both have time, when other people aren't around, and when you're both in the mood to handle conflict.



Risk & Protective Factors for Your Journey Along Life's Path

○ **Risk factors hinder you on your path**

- Examples of risk factors:
 - substance abuse
 - dropping out of school
 - losing connection with your family
 - criminal activity
 - gangs
- Risk Factors are detours and potholes that can cause you to stumble off the path.
- Some people become so lost and hopeless that they give up hope of ever finding their way back or of reaching their destination—instead, they may choose to end their journey forever.¹

○ **Protective factors help you along the way on your path**

- Examples of protective factors:
 - Connection to and support your family, your school, your community, your spirituality
 - Access to health care and mental health services
 - Skills in problem-solving, conflict resolution, and nonviolent handling of disputes
- One of the strongest factors that protect Native youth against suicide is their sense of belonging to their community and culture.²

¹ DHHS/SAMHSA. To Live to See the Great Day That Dawns: Preventing Suicide by AI/AN Youth and Young Adults. 2010.

² DHHS/SAMHSA. To Live to See the Great Day That Dawns: Preventing Suicide by AI/AN Youth and Young Adults. 2010.

Cultural and religious beliefs & traditions and practices that keep you on the path

- o Learning about family structure and traditions
- o Maintaining strong family ties
- o Hearing or telling family stories (knowing your family/cultural history)
- o Making traditional arts and crafts
- o Gathering, harvesting, planting, growing, preserving, or cooking traditional foods
- o Hunting, fishing
- o Knowing plants, bark, roots, herbs, medicines
- o Attending a powwow, dancing, drumming, singing
- o Learning lyrics or specific dances and the history behind songs and dances
- o Learning song etiquette: where and when a song can be sung
- o Playing culture-specific games such as hand/stick games
- o Playing indigenous sports such as lacrosse
- o Participating in rituals, knowing how to act
- o Practicing spirituality, knowing and practicing protocols for handling sacred or traditional items
- o Showing respect for beliefs at ceremony
- o Seeing traditional healers for help
- o Understanding people's interconnectedness with the natural world
- o Knowing tribal history, laws, treaty rights, reservations, clans
- o Knowing the meaning of sovereignty
- o Learning Indian names for places
- o Speaking a Native language
- o Knowing sacred places—protecting them as cultural monuments
- o Learning about traditional living houses/buildings/lodges
- o Learning to tell tribal stories and legends
- o Taking care of Mother Earth

Research shows that being able to function in both Native and mainstream culture is a protective factor.³

“It may be that an important protective factor for many AI/AN youth and young adults is to have a solid foot in both worlds and to feel that this dual identity is acceptable to their peers and community.”

Communities should “encourage and support life skills and coping skills that help prepare youth to live successfully in a bicultural world.”

³ DHHS/SAMHSA. To Live to See the Great Day That Dawns: Preventing Suicide by AI/AN Youth and Young Adults. 2010.

RESOURCES

Break the Cycle

<http://www.breakthecycle.org>

A national nonprofit organization addressing teen dating violence.

Know the Red Flags

<http://www.knowtheredflags.org>

Website created by a survivor of intimate partner violence; lists some common red flags of an abusive partner/relationship.

Maze of Injustice: The failure to protect indigenous women from sexual violence in the USA

<http://www.amnestyusa.org/women/maze/report.pdf>

A report on sexual assault in Indian Country produced by Amnesty International.

Love Is Not Abuse

<http://www.loveisnotabuse.com>

Love Is Not Abuse has developed a teen dating abuse prevention curriculum, hand books and innovative research to help teens, teachers, parents, and domestic violence organizations. It is a project of Liz Claiborne Inc.

Love Is Respect

1-866-331-9474 (National Teen Dating Abuse Helpline)

<http://www.loveisrespect.org>

Provides resources for teens, parents, friends and family, Peer Advocates, government officials, law enforcement officials and the general public. All communication is confidential and anonymous. A project of Liz Claiborne, Inc.

Men Can Stop Rape

<http://www.mencanstoprape.org>

Men Can Stop Rape mobilizes male youth to prevent men's violence against women. They strive to build young men's capacity to challenge harmful aspects of traditional masculinity, to value alternative visions of male strength, and to embrace their vital role as allies with women and girls in fostering healthy relationships and gender equity.

National Child Abuse Hotline

1-800-4-A-CHILD—available 24/7

<http://www.childhelp.org>

The hotline offers crisis intervention, information, literature, and referrals to thousands of emergency, social service, and support resources. All calls are anonymous and confidential. A project of Childhelp, a national non-profit organization dedicated to helping victims of child abuse and neglect.

21: Drugs & Alcohol

Words of Wisdom

Drugs & Alcohol Myths & Statements

Additional Drug & Alcohol Resources

Drugs and Alcohol Resource List

Touch not the
poisonous firewater
that makes wise men
turn to fools and robs
the spirit of its vision.

Tecumseh, Shawnee, 1800

Drugs & Alcohol Myths & Fact Statements

1. Caffeine is the most widely used drug in the world.	2. It is rare for a teenager to be an alcoholic.
3. One out of every five people in the U.S. die from causes linked to cigarette smoking	4. When people stop smoking cigarettes, they can reverse some of the damage to their body.
5. Babies exposed to secondhand smoke after birth have double the risk of Sudden Infant Death Syndrome (SIDS).	6. Drug addiction is a voluntary behavior.
7. Marijuana is not harmful because it is natural and comes from a plant.	8. You have to “huff” a lot of fumes (like glue, paint, gasoline, etc.) before it can hurt you.
9. Hallucinogens (like acid and “magic mushrooms” can affect you for a long time after taking them.	10. Methamphetamine is less harmful than crack, cocaine, and heroin.
11. Smoking marijuana is less dangerous than smoking cigarettes.	12. Beer and wine are safer than liquor.
13. Half of Native Americans over 12 years old currently use tobacco more than any other racial/ethnic group.	14. Taking someone else’s prescription drugs is safer than taking illegal drugs, like cocaine or heroin.

15. It's safe to drink household products with alcohol in them to get high.	16. Meth causes brain damage, including damage to memory, information processing, and decision-making.
17. If you smoke during childhood and teenage years, you are more likely to have a heart attack as an adult.	18. Cocaine is addictive.
19. Serious infections can be passed between people if they share needles to inject drugs.	20. Over-the-counter cold medicines are a safe way to get high.
21. Smokeless tobacco is safe.	22. It's OK to share needles to shoot up drugs if you know the other person doesn't have HIV.
23. Huffing kills your brain cells.	24. Most teens do drugs.
25. If a friend passes out from drinking too much, you should just let them sleep it off.	26. Using drugs and alcohol can make you more at risk for catching an STD.
27. You can't overdose on pot.	28. It's safer to eat pot than to smoke it.
29. If you get too "up" on weed, you should take a downer to balance you out.	30. Three times as many Native American high school students have tried meth compared to all other race/ethnicities.

1. **FACT.** Caffeine is in coffee, tea, sodas, energy drinks, chocolate . . . 80% of adults in the western world consume caffeine on a regular basis.¹
2. **MYTH.** Anyone can develop a serious alcohol problem, including a teenager.^{2,3}
3. **FACT.** According to the Centers for Disease Control and Prevention (CDC), cigarette smoking results in more than 400,000 premature deaths in the United States each year—about 1 in every 5 U.S. deaths.⁴
4. **FACT.** Quitting smoking reduces the risk of cancer and other diseases, such as heart disease and lung disease, caused by smoking. People who quit smoking, regardless of their age, are less likely than those who continue to smoke to die from smoking-related illness.⁵
5. **FACT.** SIDS is the leading cause of death in otherwise healthy infants—secondhand smoke increases the risk for SIDS.^{6,7} Native American babies are three times as likely to die from SIDS than white babies.⁸
6. **MYTH.** Over time, continued use of addictive drugs changes your brain—at times in dramatic, toxic ways, at others in more subtle ways, but virtually always in ways that result in compulsive and even uncontrollable drug use.⁹
7. **MYTH.** Marijuana smoke contains some of the same cancer-causing compounds as tobacco, sometimes in higher concentrations.¹⁰
8. **MYTH.** The first “huff” can kill you . . . or the 10th or the 100th. Even if you have huffed before without experiencing a problem, there's no way of knowing how the next huff will affect you.¹¹; Sniffing highly concentrated amounts of the chemicals in solvents or aerosol sprays can directly induce heart failure and death within minutes of a session of repeated inhalation. This syndrome, known as “sudden sniffing death,” can result from a single session of inhalant use by an otherwise healthy young person.¹²
9. **FACT.** In addition to flashbacks, long-term effects may include decreased motivation, prolonged depression, anxiety, increased delusions and panic, and psychosis.¹³

¹ http://www.camh.net/about_addiction_mental_health/drug_and_addiction_information/caffeine_dyk.html

² <http://www.niaaa.nih.gov/NR/rdonlyres/3F7A2293-C695-4B82-882D-9A19BF2782E6/0/Children.pdf>

³ <http://www.cdc.gov/nchs/data/nhsr/nhsr015.pdf>

⁴ http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking

⁵ <http://www.cancer.gov/cancertopics/factsheet/Tobacco/cessation>

⁶ http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects

⁷ http://www.cdc.gov/tobacco/data_statistics/sgr/2004/pdfs/whatitmeanstoyou.pdf

⁸ http://www.nichd.nih.gov/publications/pubs/upload/BTS_AIAN_brochure.pdf

⁹ http://archives.drugabuse.gov/published_articles/myths.html

¹⁰ <http://www.helpthemknow.com/myth.php>

¹¹ <http://ncadi.samhsa.gov/govpubs/phd631>

¹² <http://www.drugabuse.gov/infofacts/inhalants.html>

¹³ <http://ncadi.samhsa.gov/govpubs/phd642>

10. **FACT.** Some users get hooked the first time they snort, smoke, or inject meth. Because it can be made from lethal ingredients like battery acid, drain cleaner, lantern fuel, and antifreeze, there is a greater chance of suffering a heart attack, stroke, or serious brain damage with this drug than with other drugs.¹⁴
11. **MYTH.** It's even worse. One joint affects the lungs as much as four cigarettes.¹⁵
12. **MYTH.** One 12-ounce bottle of beer or a 5-ounce glass of wine (about a half-cup) has as much alcohol as a 1.5-ounce shot of liquor. Alcohol can make you drunk and cause you problems no matter how you consume it.¹⁶
13. **FACT.** In 2008, the prevalence of current use of a tobacco product among persons aged 12 or older was 13.9 percent for Asians, 21.3 percent for Hispanics, 28.6 percent for blacks, 30.4 percent for whites, 37.3 percent for persons who reported two or more races, and 48.7 percent for American Indians or Alaska Natives.¹⁷
14. **MYTH.** Many people think that abusing prescription drugs is safer than abusing illicit drugs like heroin because the manufacturing of prescription drugs is regulated or because they are prescribed by doctors. But that doesn't mean these drugs are safe for someone other than the person with the prescription to use. Many prescription drugs can have powerful effects in the brain and body—and people sometimes take them in ways that can be just as dangerous (e.g., crushing pills and snorting or injecting the contents) as illicit drug abuse.¹⁸
15. **MYTH.** Many household products contain alcohol, but not the kind of alcohol meant to be consumed by people. Drinking products such as hand sanitizer, hair spray, cologne, mouthwash, sterno, etc. may make you feel high, but it can also depress the central nervous system; cause nausea and vomiting; impair motor and sensory function; decrease blood flow to the brain; make you pass out; poison or even KILL you.^{19, 20}
16. **FACT.** In the short term, meth causes mind and mood changes such as anxiety, euphoria, and depression. Long-term effects can include chronic fatigue, paranoid or delusional thinking, and permanent psychological damage.²¹
17. **FACT.** If kids and teens smoke cigarettes, later in life it will become a major risk factor for coronary heart disease, which leads to heart attack. Among

¹⁴ <http://ncadi.samhsa.gov/govpubs/PHD861>

¹⁵ <http://ncadi.samhsa.gov/govpubs/phd641>

¹⁶ <http://ncadi.samhsa.gov/govpubs/ph323>

¹⁷ <http://www.oas.samhsa.gov/2k8/2k8Results.pdf>

¹⁸ <http://www.nida.nih.gov/ResearchReports/Prescription/Prescription.html>

¹⁹ <http://www.ncbi.nlm.nih.gov/pubmed/4087909>

²⁰ <http://www.ncbi.nlm.nih.gov/pubmed/17681034>

²¹ <http://ncadi.samhsa.gov/govpubs/phd861>

young men and women—who are otherwise at very low risk of developing coronary heart disease—cigarette smokers are two to four times more likely to develop coronary heart disease. The longer a person smokes, the higher the risk of coronary heart disease.²²

18. **FACT.** Cocaine is psychologically addictive. Crack cocaine is especially addictive, sometimes creating dependence after only a few weeks.^{23, 24}
19. **FACT.** Injection drug users are at risk for Hepatitis B, Hepatitis C, and HIV through the sharing of needles and drug-preparation equipment.²⁵
20. **MYTH.** There have been several fatal overdoses associated with DXM, an ingredient in many cough and cold medicines. High amounts can shut down the central nervous system. Also, combination cold and flu drugs often contain many other active ingredients (e.g., cough suppressants, decongestants, antihistamines, and painkillers). When taken at high doses, these other drugs—like acetaminophen—can be toxic; they can cause liver damage, heart attack, stroke, and even death.²⁶
21. **MYTH.** Many people who chew tobacco or dip snuff think it's safer than smoking. But you don't have to smoke tobacco for it to be dangerous. Chewing or dipping carries risks like: cancer of the mouth, decay of exposed tooth roots, pulling away of the gums from the teeth, and white patches or red sores in the mouth that can turn to cancer. Recent research shows the dangers of smokeless tobacco may go beyond the mouth. It might also play a role in other cancers, heart disease and stroke. Smokeless tobacco contains more nicotine than cigarettes. Nicotine is a highly addictive drug that makes it hard to stop using tobacco once you start.²⁷
22. **MYTH.** Sharing drug equipment (or "works") is a major risk factor for spreading HIV.²⁸
23. **FACT.** Inhalants damage brain cells by preventing them from receiving enough oxygen. The effects of this condition, also known as brain hypoxia, depend on the area of the brain affected. The hippocampus, for example, helps control memory, so someone who repeatedly uses inhalants may lose the ability to learn new things or may have a hard time carrying on simple conversations. If the cerebral cortex is affected, the ability to solve complex problems and plan ahead will be compromised. And, if the cerebellum is affected, it can cause a person to move slowly or clumsily.²⁹

²² http://www.cdc.gov/tobacco/data_statistics/sgr/2004/pdfs/whatitmeanstoyou.pdf

²³ <http://www.drugabuse.gov/infofacts/cocaine.html>

²⁴ Advocates for Youth, *Life Planning Education*.

²⁵ <http://www.cdc.gov/hepatitis/Populations/idu.htm>

²⁶ <http://www.webmd.com/parenting/teen-abuse-cough-medicine-9/teens-and-dxm-drug-abuse?page=3>

²⁷ <http://www.nlm.nih.gov/medlineplus/smokelesstobacco.html>

²⁸ <http://aids.gov/hiv-aids-basics/prevention/reduce-your-risk/substance-abuse-use>

²⁹ http://teens.drugabuse.gov/facts/facts_inhale2.php

24. **MYTH.** While drug use among teenagers in the U.S. is a serious concern, it's important to point out that the majority of teens do not use drugs. In 2003 students in 9th-12th grade indicated that 40% had used marijuana, 12% had used inhalants, 11% had used ecstasy), 9% had used cocaine, 8% had used methamphetamine, 6% had illegally used steroids, 3% had used heroin, and 3% had injected an illegal drug one or more times during their lifetime.³⁰
25. **MYTH.** If your friend falls asleep from drinking too much, someone needs to stay with them and check continually to ensure that they are breathing normally. Many people don't realize the difference between someone who is sleeping and one who is at risk for (or already is) becoming unconscious. If someone is tired after drinking, that may be normal. Alcohol is a depressant. Therefore, it slows all of the body's functions down. If a person is sleeping, s/he can be woken up, and perhaps moved to a safe location or talked with. Someone who is unconscious will not respond to gentle shaking or being spoken to. You may notice that the person is breathing slowly or shallowly. S/he may feel cold to the touch or have blue-ish lips. An unconscious individual needs immediate medical attention. In large amounts, alcohol will dull the nerves that regulate one's breathing, heartbeat, and gag reflex. This could lead to injury, or even death.³¹
26. **FACT.** Substance use can definitely impact ones (safer) sex practices. Research has shown a significant relationship between drugs and alcohol and unsafe sex (e.g., no condom, multiple partners).³²
27. **MYTH.** You can overdose on pot. Symptoms may include disorientation, feeling delirious or feverish, and can be followed by hangover or stupor. In some severe cases, people who overdose may also become extremely paranoid, hallucinate, or have panic attacks (which may make them harmful to themselves or others).³³
28. **MYTH.** Compared to smoking pot, you may have worse side effects from eating marijuana. It's common to feel nauseated or physically uncomfortable after eating marijuana. Because the stomach doesn't absorb marijuana evenly, it's harder for people to estimate how much they need to eat to get high. There's also a delay in the time it takes for the drug to have its effect. This can cause people to think that they haven't eaten enough marijuana to get high, so they continue to scarf down more of it. There is a greater risk of overdosing from eating marijuana, and the effects may be more severe and last longer when food is spiked with marijuana because marijuana has a stronger, more prolonged effect on the body when it's eaten.³⁴
29. **MYTH.** Taking a downer while on stimulants can be an incredibly risky habit. One drug is telling the body to speed up heart rate and elevate blood

³⁰ <http://www.justice.gov/ndic/pubs11/12430/index.htm>

³¹ <http://www.goaskalice.columbia.edu/2244.html>

³² <http://www.goaskalice.columbia.edu/0399.html>

³³ <http://www.goaskalice.columbia.edu/6155.html>

³⁴ <http://www.goaskalice.columbia.edu/6155.html>

pressure, while the other is telling the body to do just the opposite. Under this kind of stress, the body can react in unpredictable and dramatic ways.³⁵

30. FACT. Three times as many Native American high school students have tried meth compared to all other race/ethnicities (11% vs. 4%, respectively).³⁶

³⁵ <http://www.goaskalice.columbia.edu/5260.html>

³⁶ <http://apps.nccd.cdc.gov/youthonline>

Drugs & Alcohol

What counts as 1 drink?

$\frac{1}{2}$ ounce (oz) of alcohol = 1 standard drink =



1 12-oz beer



1 5-oz glass wine



1 1.5-oz shot of liquor

Does everyone get equally drunk with the same amount of alcohol?

No, and here's why:

- Drinking alcohol on an empty stomach irritates your digestive system, and results in more rapid absorption of alcohol.
- People who drink quickly (chug) rather than slowly (sip) will become more intoxicated in a shorter period of time.
- Women often get drunker faster because of their typically smaller body size and weight. Also, women have about half as much of the enzymes used to metabolize alcohol than men do.
- Smaller people have less body mass to absorb the alcohol, so they will have more alcohol in their bloodstreams.
- Alcohol absorbs more rapidly when someone is stressed, as opposed to when they are more relaxed.
- Other drugs and medications can have adverse effects and unpredictable interactions with alcohol.
- People with certain health conditions may be affected more quickly by alcohol (e.g., genetic enzyme deficiencies, diabetes, hypertension, thiamine deficiency, depression, seizure disorder).

The body can process about one drink per hour, depending on the variables we just discussed. So, if you have three drinks, it will take approximately three hours after your last drink to sober up.

There are no tricks to speeding up the time needed to process alcohol. Nothing you do (vomiting, drinking coffee, showering, etc.) can speed this process up and make your liver work faster. Only time can sober you up.

Source: Stanford University Alcohol Awareness Program

Blood Alcohol Content (BAC)

ALCOHOL IMPAIRMENT CHART-- FEMALES										
APPROXIMATE BLOOD ALCOHOL PERCENTAGE										
	Body Weight in Pounds									
Drinks	90	100	120	140	160	180	200	220	240	
0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ONLY SAFE DRIVING LIMIT
1	0.05	0.05	0.04	0.03	0.03	0.03	0.02	0.02	0.02	IMPAIRMENT BEGINS
2	0.10	0.09	0.08	0.07	0.06	0.05	0.05	0.04	0.04	DRIVING SKILLS AFFECTED
3	0.15	0.14	0.11	0.10	0.09	0.08	0.07	0.06	0.06	LEGALLY INTOXICATED-- CRIMINAL PENALTIES
4	0.20	0.18	0.15	0.13	0.11	0.10	0.09	0.08	0.08	
5	0.25	0.23	0.19	0.16	0.14	0.13	0.11	0.10	0.09	
6	0.30	0.27	0.23	0.19	0.17	0.15	0.14	0.12	0.11	
7	0.36	0.32	0.27	0.23	0.20	0.18	0.16	0.14	0.13	
8	0.40	0.36	0.30	0.26	0.23	0.20	0.18	0.17	0.15	
9	0.45	0.41	0.34	0.29	0.26	0.23	0.20	0.19	0.17	
10	0.51	0.45	0.38	0.32	0.28	0.25	0.23	0.21	0.19	

ALCOHOL IMPAIRMENT CHART-- MALES										
APPROXIMATE BLOOD ALCOHOL PERCENTAGE										
	Body Weight in Pounds									
Drinks	100	120	140	160	180	200	220	240		
0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ONLY SAFE DRIVING LIMIT
1	0.04	0.03	0.03	0.02	0.02	0.02	0.02	0.02	0.02	IMPAIRMENT BEGINS
2	0.08	0.06	0.05	0.05	0.04	0.04	0.03	0.03	0.03	DRIVING SKILLS AFFECTED
3	0.11	0.09	0.08	0.07	0.06	0.06	0.05	0.05	0.05	
4	0.15	0.12	0.11	0.09	0.08	0.08	0.07	0.06	0.06	LEGALLY INTOXICATED-- CRIMINAL PENALTIES
5	0.19	0.16	0.13	0.12	0.11	0.09	0.09	0.08	0.08	
6	0.23	0.19	0.16	0.14	0.13	0.11	0.10	0.09	0.09	
7	0.26	0.22	0.19	0.16	0.15	0.13	0.12	0.11	0.11	
8	0.30	0.25	0.21	0.19	0.17	0.15	0.14	0.13	0.13	
9	0.34	0.28	0.24	0.21	0.19	0.17	0.15	0.14	0.14	
10	0.38	0.31	0.27	0.23	0.21	0.19	0.17	0.16	0.16	

Source: <http://www.addict-help.com/drinking.asp>

Effects of alcohol at various Blood Alcohol Concentration (BAC) levels:

BAC (%)	Physical and mental effects
.01 - .03	No apparent effects. Slight mood elevation.
.04 - .06	Feeling of relaxation. Sensation of warmth. Minor impairment of reasoning and memory.
.07 - .09	Mild impairment of balance, speech, vision, control. It is illegal to drive anywhere in the U.S. with a 08% BAC >.08%.
.10 - .12	Significant impairment of motor coordination and loss of judgment. Speech may be slurred.
.13 - .15	Gross impairment of motor control. Blurred vision and major loss of balance. Anxiety, restlessness.
.16 - .20	Extreme anxiety and restlessness Drinker has the appearance of "sloppy drunk".
.25 - .30	Severe intoxication. Needs assistance walking. Mental confusion. Anxiety, restlessness, with nausea and some vomiting.
.35 - .40	Loss of consciousness. Brink of coma.
.40 and up	Onset of coma. Likelihood of death due to respiratory failure.

What is alcohol poisoning?

Alcohol poisoning is a **SERIOUS** problem and must be treated as a medical emergency.

Alcohol poisoning is caused by an alcohol overdose or binge drinking. When someone drinks too much alcohol, oxygen stops going to the brain. The brain eventually shuts down basic functions that control breathing and heart rate, and the person can die or be seriously impacted.

Symptoms of alcohol poisoning include:

- o Vomiting repeatedly
- o Unconsciousness
- o Cold, clammy, pale or bluish skin
- o Slow or irregular breathing

If someone has these symptoms, you need to:

- o Get help
- o Place them on their side with their knees bent to prevent them from choking from vomit
- o Do not leave them alone until help comes

Source: Canoe Journey; UC Davis Safe Party website

Does alcohol always equal fun? Does fun always equal alcohol?

How do I know if a friend has a drinking problem?

If your friend can answer “yes” to even one of these questions, he or she may have a drinking problem:

- **Have you ever felt you should cut down on your drinking?**
- **Have people annoyed you by bugging you about your drinking?**
- **Have you ever felt bad or guilty about your drinking?**
- **Have you ever had a drink first thing in the morning to calm yourself down or to get rid of a hangover?**

More than one “yes” means a problem is highly likely. You should refer your friend to a counselor or health care provider for additional assessments and referral.

Source: Canoe Journey

Sudden Sniffing Death Syndrome & Other Risks of Death

Abuse of butane, propane, and chemicals in aerosols can lead to “sudden sniffing death syndrome”—this is the heart begins to overwork, beating quickly and unevenly, which can lead to a heart attack.

A person using inhalants also can die from choking or lack of oxygen. This can happen the 1st time, the 10th time, or the 100th time a person uses inhalants.

Source: SAMHSA, <http://family.samhsa.gov/talk/poisons.aspx>

Source for drug info: Canoe Journey; Partnership for a Drug-Free America; Lachenmeier article, Egbert article

DRUG	SHORT-TERM EFFECTS	LONG-TERM EFFECTS
Alcohol (<i>beer, wine, distilled spirits/hard liquor</i>) Fermented or distilled liquids that contain low levels of ethanol—alcohol is absorbed directly through the walls of the stomach and the small intestine, enters the bloodstream, and travels through the body to the brain	- o Carefree feelings - o euphoria, relaxation - o Dizziness - o Talkativeness - o Slurred speech - o Disturbed sleep - o Nausea, and vomiting - o Impairs judgment and coordination - o Aggression, including domestic violence and child abuse - o Hangover (headache, nausea, thirst, dizziness, fatigue)	- o Addiction (alcoholism) - o Intense withdrawal symptoms, including severe anxiety, tremors, hallucinations and convulsions - o Permanent damage to vital organs such as the brain and liver - o Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome
Alcohol (<i>ethanol—pure alcohol, grain alcohol</i>) Psychoactive drug that causes changes in perception, mood, consciousness, cognition, and behavior—found in beer, wine, hard liquor, “moonshine”, cologne, aftershave lotion, cough syrup, hairspray, sterno, flavoring extracts, cold remedies, mouthwash	- o Depresses the central nervous system - o Nausea, vomiting - o Impaired motor and sensory function - o Decreased blood flow to the brain - o Stupefaction, loss of consciousness - o Accidental poisoning - o Death can occur at a toxic dose	- o Significant permanent damage to the brain and other organs (including liver) - o Accidental poisoning from chronic toxicity with contaminants such as lead

DRUG	SHORT-TERM EFFECTS	LONG-TERM EFFECTS
Alcohol <i>(isopropanol—rubbing alcohol)</i> Found in over-the-counter rubbing alcohol, antifreeze, skin lotions, and some home cleaning products—2-3 times the potency of ethanol	- o Headache - o Abdominal pain, severe gastritis, vomiting, severe gastrointestinal hemorrhage - o Slowing down of central nervous system, breathing, heart rate, gag reflex, blood sugar - o Anemia, impaired blood flow throughout the body - o Low body temperature, hypothermia - o Dizziness, seizures - o Uncoordinated movements - o Unconsciousness - o Heart attack - o Unresponsive reflexes - o Death	o Unknown
Alcohol <i>(Methanol)</i> A common ingredient found in solvents, paint thinners, shellacs, antifreeze, sterno, denatured alcohol, windshield washer fluid	- o Minimal intoxication - o Delayed onset of visual symptoms - o Metabolic acidosis - o Gastrointestinal upset - o Central nervous system depression - o Liver, retinal, and renal damage - o Accidental poisoning	- o Blindness - o Rigidity - o Spasticity

DRUG	SHORT-TERM EFFECTS	LONG-TERM EFFECTS
Club Drugs <i>(ecstasy, ketamine--date rape drugs [rohypnol, GHB])</i> Includes stimulants, depressants, and hallucinogens	Ecstasy: - o A stimulant and hallucinogen - o Relaxed and euphoric state - o Enhanced emotions, self-acceptance - o Lifts mood, blood pressure, heart rate Ketamine: - o Produces a dissociative state—feeling of detachment from surroundings - o Reported “near death” experiences - o Seizures - o Respiratory depression - o Impaired motor function Rohypnol: - o A sedative and known date rape drug - o Decreased blood pressure - o Impaired memory and vision - o Drowsiness, confusion - o Dizziness - o Gastrointestinal pain - o Aggressiveness - o Complete blackout GHB: - o A known date rape drug - o Effects are similar to alcohol - o Euphoria, relaxation, calm - o Nausea, dizziness, headaches - o Drowsiness, loss of consciousness - o Respiratory distress - o Seizures - o Difficulty thinking - o Hallucinations - o Slurred speech	Ecstasy: - o Anxiety, depression - o Heart or kidney damage - o Brain injury (esp. thinking and memory) Ketamine: - o High blood pressure - o Brain damage--impaired attention, learning ability, memory, amnesia - o Depression - o potentially fatal respiratory problems Rohypnol: - o physical and psychological dependence GHB: - o Loss of memory during the hours after ingesting it - o Coma, death
Slang: - o <u>Ecstasy</u>: bean, burgers, clarity, disco biscuits, doves, E, eccies, echoes, essence, fantasy, hug drug, lovers speed, MDMA, roll, Stacy, X XTC - o <u>Ketamine</u>: fat valium, K, ket, Special K, Vitamin K - o <u>Rohypnol</u>: fircles, forget me pill, La Rocha, lunch money, Mexican valium, pingus, roach, roach-2, roopies, robutal, roche, rolfies, roofies, rope, rophies, row-shay, ruffles		

DRUG	SHORT-TERM EFFECTS	LONG-TERM EFFECTS
Depressants <i>(barbiturates, Quaaludes)</i> Effect is similar to alcohol intoxication—they slow down central nervous system	- Lower breathing and heart rate, lower blood pressure - Calmness, relaxed muscles, sleepiness - Sense of well-being - Clammy skin - Dilated pupils - Slight dizziness, impaired coordination, staggering, stumbling, slow reactions - Reduced sex drive - Release of inhibitions - Difficulty concentrating, confusion - Impaired thinking and perception, clouded judgment - Slurred speech, babbling - Weak control of emotions, depression, paranoia, hostility, suicidal thoughts - Overdose can cause coma or death	- Impaired sexual function - Chronic sleep problems - Respiratory depression and respiratory arrest - Death Slang: Barbiturates: Barbs, Barbies, Bluebirds, Blues, downers Quaaludes: 'Ludes, Q's, quas, quaaas, quacks, quakers, Quads, Vitamin Q
Hallucinogens <i>(ecstasy, ketamine, LSD, PCP, peyote, psilocybin)</i> Drugs that act on the central nervous system to produce altered states of perception, feeling, and consciousness	- Nausea, dizziness, Dilated pupils - Increased heart rate and blood pressure - Irregular breathing, inability to reason - Muscle weakness or muscle rigidity - Slurred or blocked speech, loss of coordination, numbness - Loss of appetite - Distorted vision and hearing - Disassociation—feeling of detachment from surroundings - Sense of strength and invulnerability - Aggressive and violent behavior - Inability to separate fact from fantasy - Rapid mood swings, panic attacks, paranoia, fear, hysteria	“Flashbacks” (reoccurrences of hallucinations long after ingesting the drug) - Some are addictive (PCP) - PCP causes memory loss, difficulties with speech and thinking, depression, mood disorders, weight loss - Ecstasy may damage cells that regulate mood, appetite, pain, learning and memory

DRUG	SHORT-TERM EFFECTS	LONG-TERM EFFECTS
	<u>Slang:</u> ○ Ecstasy: bean, burgers, clarity, disco biscuits, doves, E, eccies, echoes, essence, fantasy, hug drug, lovers speed, MDMA, roll, Stacy, X XTC ○ Ketamine: Cat Valium, K, Ket, Special K, Vitamin K ○ LSD: acid, Alice, blotters, blotter acid, micro dots, tabs, trips, windowpane ○ PCP: amoeba, angel dust, crystal	○ <u>Peyote</u>: mescaline, peyote buttons ○ Psilocybin: boomers, caps, cubes, gods flesh, liberty caps, little smoke, magic mushrooms, Mexican mushrooms, sherm, shrooms, musk, sacred mushroom, silly cybin, silly putty, simple simon
Inhalants (gas, solvents, chemical vapors) Intentional breathing (“huffing”) of chemical vapors <u>Slang:</u> air blast, amies, bang, bullet bolt, heart on, hippie crack, kick, Medusa, moon gas, Oz, poor man’s pot, poppers, quicksilver, rush, Satan’s secret, snappers, sniff, spray, thrust, toilet water, toncho, whippets, white out	○ “Sudden Sniffing Death” ○ Suffocation ○ Heart attack ○ Red, runny nose; nosebleeds ○ Headaches ○ Dilated pupils ○ Difficulty concentrating ○ Sudden memory loss ○ Slowing of body’s functions ○ Loss of coordination ○ Nausea, vomiting ○ Spacey ○ Loss of consciousness ○ Violent behavior	○ Death ○ Permanent brain damage—results in personality changes, loss of memory, learning disabilities, loss of coordination, slurred speech, tremors) ○ Damage to the lungs, heart, liver, kidneys, blood, bone marrow, and other organs ○ Chronic cough ○ Sores on mouth and nose ○ Physical and psychological addiction ○ Muscle weakness, numbing nerve damage to back and legs ○ weight loss ○ Disorientation, inattentiveness, lack of coordination, irritability, and depression

DRUG	SHORT-TERM EFFECTS	LONG-TERM EFFECTS
Marijuana The most often used illegal drug in the US—the main active chemical is THC	- problems with memory and learning - distorted perception (sights, sounds, time, touch) - trouble with thinking and problem solving - loss of motor coordination - increased heart rate, and anxiety - dry mouth and throat <u>Slang:</u> Colombian, dope, dough, ganja, grass, hemp, home-grown, jive, joint, Mary Jane, Maui-Wowie, Mexican, Panama Gold, Panama Red, pot, ragweed, reefer, sinsemilla, skunk, stiva, weed	Cancer—marijuana smoke contains some of the same cancer-causing compounds as tobacco, sometimes in higher concentrations—studies show that someone who smokes five joints per week may be taking in as many cancer-causing chemicals as someone who smokes a full pack of cigarettes every day
Methamphetamine Addictive stimulant that strongly activates certain systems in the brain <u>Slang:</u> crank, crystal, G, glass, meth, speed, Tina, tweak	- Intense rush of energy and euphoria, followed by a devastating crash - Wakefulness - Increased physical activity - Low appetite - Fast breathing - High fever - Irritability, aggressiveness - Tremors, convulsions - Intense cravings for more - Heart attack	- Death, heart attack, stroke - Body movement disorders, muscle spasms and twitches - Brain cell loss, brain damage—damage to memory, information processing, decision-making - Delusions, hallucinations (esp. of parasites or insects crawling under the skin) - Sleeplessness - Toxic psychosis, violent or psychotic behavior - mood swings, anxiety, confusion, paranoia - Repetitive behavior (such as compulsively cleaning, grooming or disassembling and assembling objects) - Homicidal and suicidal thoughts

DRUG	SHORT-TERM EFFECTS	LONG-TERM EFFECTS
Nicotine <i>(cigarettes, chewing tobacco, cigars)</i> Causes brain to release dopamine, which triggers pleasure	- o Raises heart rate and blood pressure - o Narrows arteries - o Reduces amount of oxygen blood can carry - o Reduces hunger - o Increases stomach acid - o Causes diarrhea - o Boosts alertness, concentration - o Sores in the mouth (from chewing tobacco)	- o Causes cancer of the lung, mouth, pharynx, larynx, esophagus - o Gum damage, tooth loss - o Emphysema - o Bronchial disorders - o Cardiovascular disease
Opiates <i>(heroin, codeine, methadone, morphine, oxycodone)</i> Depresses the central nervous system	- o Euphoria - o Reduced hunger and sex drive - o Shallow breathing - o Drowsiness and heavy limbs - o Cramps, constipation, nausea, vomiting - o Itching, scratching - o <u>Methadone</u>: Dollies, Dolls, Dolly, Mud, Phylamps, Red Rock, Tootsie Roll, Amidone, Fizzies, Balloons, Breaze, Burdock, Buzz Bomb, Cartridges, Jungle Juice, Junk - o <u>Morphine</u>: M, morf, white stuff - o <u>Oxycodone</u>: Hillbilly Heroin, Killers, O.C.'s, Oxy, Oxycet, Oxycottons, Oxy 80's	- o Malnutrition – extreme loss of appetite and weight - o Needle tracks, punctures, scars along veins - o Bruises from skin popping - o Poor vision and concentration - o Tremors, irritability, apathy - o Loss of judgment and self-control - o Tolerance and addiction - o Heart valve infection and cardiac disease - o Congested lungs and pneumonia - o Skin abscesses, vein inflammation - o Increased risk for HIV, hepatitis - o Liver disease, hepatitis, anemia - o Overdose, coma, death
Slang: - o <u>Codeine</u>: schoolboy - o <u>Heroin</u>: Antifreeze, Big H, black tar, brown sugar, China white, dope, dust, golden girls, H, horse, junk, Mexican mud, poison, shit, skag, smack, sweet dreams, tar, train		

DRUG	SHORT-TERM EFFECTS	LONG-TERM EFFECTS
Over-the-Counter (OTC) Medicines <i>(mostly cough and cold medicines containing DXM, but also diet pills; pain relievers; motion sickness pills; sexual performance pills)</i>	DXM: - Nearly half of OTC drugs, more than 140 products, contain an ingredient called dextromethorphan (or DXM). - Has both depressant and mild hallucinogenic effects - Impaired judgment and mental functioning - Loss of coordination, slowed reflexes - Dizziness, nausea, vomiting - Hot flashes - Hallucinations - Dose-dependent "plateaus", from mild mind and body dissociation ("out-of-body" experience) - Seizure - Death	DXM: - Organ damage and even death from high quantities of drugs combined with DXM in OTC medicines - Acetaminophen—liver damage - Chlorpheniramine—increased heart rate, lack of coordination, seizures, and coma
Prescription Pain Relievers <i>(Codeine, OxyContin, Percocet and Vicodin)</i> Analgesics to treat pain	- Relief from pain - euphoria or feelings of well being - drowsiness - constipation - slowed breathing - severe respiratory depression - death Slang: - Codeine: schoolboy - Oxycodone: Hillbilly Heroin, Killers, O.C.'s, Oxy, Oxycet, Oxycottons, Oxy 80's - Vicodin: Vikings	- physical dependence and addiction - withdrawal symptoms (restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, and cold flashes with goose bumps)

DRUG	SHORT-TERM EFFECTS	LONG-TERM EFFECTS
Prescription Stimulants <i>(Adderall, Dexedrine, Ritalin)</i> See “Stimulants”—Used to treat narcolepsy, attention-deficit hyperactivity disorder and short-term treatment of obesity	○ increased norepinephrine and dopamine in the brain ○ increased blood pressure and heart rate ○ Constricted blood vessels, increased blood glucose, and increased breathing ○ increased alertness, attention, and energy ○ sense of euphoria ○ potential for cardiovascular failure (heart attack) or lethal seizures	○ Addiction ○ feelings of hostility or paranoia ○ high body temperatures ○ irregular heartbeat ○ potential for cardiovascular failure (heart attack) or lethal seizures Slang: Kibbles & Bits, pineapple, West Coast, Vitamin R
Steroids <i>(anabolic steroids)</i> Synthetically made substance from the male hormone, testosterone Slang: Go-Go Juice, juice, Red Power Ranger, ‘Roids, sauce, slop	○ Increase in muscle and athletic performance ○ Mood swings, depression, irritability, delusions, impaired judgment	○ Damage to growth areas at end of bones, permanently stunting growth ○ Weakened tendons causing tears and ruptures ○ Headaches from hormonal imbalances ○ High blood pressure, hardening of the arteries, heart palpitations, heart attack, stroke ○ Liver and kidney damage ○ Uncontrolled aggression and combativeness ○ Gender-related side effects (for women masculinization occurs: more hair on body & face, lower voice, irregular menstrual periods, skin problems; for men feminization occurs: breast enlargement, testicular shrinkage, tendency toward fatty deposits, soft muscles, balding, lower levels of testosterone)

DRUG	SHORT-TERM EFFECTS	LONG-TERM EFFECTS
Stimulants <i>(cocaine, crack, meth)</i> Speed up brain activity and heart rate, narrow blood vessels and reduce blood flow and oxygen to the heart	- Increased alertness, energy, confidence - Flushing or paleness - Tremors and/or seizures - Loss of coordination - Delusional thinking - Heart attack, stroke - Respiratory problems - Liver, kidney & lung damage - Possible death Slang: <u>Cocaine</u>: Angie, blow, C, Charlie, crack, coke, devil's dandruff, dust, flake, freebase, lady, marching powder, nose candy, pearl flake, powder, rock, rails, snow, snowbirds, toot, white, yahoo <u>Crack</u>: applejacks, base, baseball, bazooka, crackers, freebase, rock, ready rock, 3-inch sticks <u>Meth</u>: crank, crystal, G, glass, meth, speed, Tina, tweak	- Malnutrition and vitamin deficiencies - High blood pressure, irregular heart beat, stroke - Ulcers and skin disorders - Weight loss, possible anorexia - Depression, anxiety - Intense cravings - Respiratory problems (from smoking) - Permanent damage to nasal tissue (from snorting) - Depletion of dopamine (results in decreased mood, attention, motivation)

RESOURCES

Alcohol & Substance Abuse Treatment Locator

<http://dasis3.samhsa.gov>

Online resource for locating drug and alcohol abuse treatment programs sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Check Yourself

<http://checkyourself.com>

Teen-friendly site includes basic information, true stories, Q&A, quizzes, decision-making online games, and more. Developed by the Partnership for a Drug-Free America.

The Cool Spot

<http://www.thecoolspot.gov>

Youth-friendly, interactive website that gives teens a clearer picture about alcohol use among their peers and helps to develop skills to resist pressure to drink. Developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Go Ask Alice: Alcohol & Other Drugs

<http://www.goaskalice.columbia.edu/Cat2.html>

Columbia University's health Q&A Internet site.

NIDA for Teens

<http://teens.drugabuse.gov/facts/index.asp>

Teen-friendly site with drug facts, Q&A, brain games, true stories. Developed by the National Institute on Drug Abuse.

TeensHealth

http://kidshealth.org/teen/drug_alcohol

Website created for teens looking for honest, accurate information and advice about health, relationships, and growing up. Developed by Nemours, a leading pediatric health system.



Tips for Teens: The Truth About Alcohol

<http://ncadi.samhsa.gov/govpubs/ph323>

A component of the Substance Abuse and Mental Health Services Administration's (SAMHSA) national clearinghouse for alcohol and drug information.

Too Smart to Start

<http://www.toosmarttostart.samhsa.gov>

A public education initiative sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) to prevent underage alcohol use.

22: Negotiation & Refusal Skills

Words of Wisdom

Aggressive & Passive Communication Styles

Three Refusal Techniques

Pressure Lines

Pressure Lines with Assertive Responses

Condom Negotiation Scenarios

**Those who know how
to play can easily leap
over the adversaries
of life.**

Iglulik Proverb

Assertive, Aggressive & Passive Communication Styles

Assertive Speech and Behavior

- Speech and Voice
 - Honest statements; direct and to the point
 - Smooth, flowing speech pattern
 - Clear, firm, relaxed voice that is loud enough to hear but not too loud
 - Voice not monotonous
 - Eyes open, with direct, comfortable eye contact, but not staring
- Posture
 - Well-balanced, straight on; sitting or standing tall but relaxed
 - Hands relaxed motions; appropriate gestures
- Examples of Assertive Behavior
 - Giving compliments; accepting compliments
 - Asking for what you want; being willing and able to take “no” for an answer
 - Saying “yes” or “no” to requests, according to what you have decided is best
 - Controlling your temper when people get angry. . . so that you might yell, but you wouldn’t use putdowns, threats, or violence to get your way



Aggressive Speech and Behavior

- Speech and Voice
 - Loaded words and generalizations that start fights (such as “always” and “never”)
 - You messages (such as “You are so... ”)
 - Superior or putdown words (such as “prude”, “wimp” or slut” etc.)
 - Sarcasm (such as “I guess you never stole anything! ”)
 - Tense, loud voice or cold, deadly quiet voice
 - Eyes narrowed, cold, staring, not really seeing you
 - Rolling the eyes, refusing to look at you
- Posture
 - Hands on hips; feet apart; back turned; stiff and rigid
 - Hands clenched; fist pounding; finger pointing; abrupt gestures
 - Violent (shoving, grabbing, poking. etc.)
- Examples of Aggressive Behavior
 - Putdowns; name calling; interrupting; demanding; giving orders
 - Just taking things (touch, etc.) without asking; violence
 - Ignoring you; hanging up the phone on you; walking away when you’re talking

Passive Speech and Behavior

- **Speech and Voice**
 - Hesitant speech
 - Indirect speech
 - Avoidance of eye contact (NOTE: Avoiding direct eye contact is considered a sign of respect and deference in many cultures.)
 - A reluctance to value one's own feelings or desires
- **Posture**
 - Slumped posture
 - Arms folded
 - Slouching
- **Examples of Passive Behavior**
 - Just letting things happen
 - Not speaking up for oneself
 - Saying that you did not care about something, even if you really did



Three Refusal Techniques¹

1. Broken Record—say “NO” and just keep repeating it

My Parents aren't home, how about coming over?

No.

C'mon, we won't get another chance like this for a long time.

No, I'm not going to come.

But I really, really want you to. It means a lot to me.

No.

- If you keep saying “no” firmly enough, and clearly enough, the other person will usually get the message. Whatever you do, don't get tricked into giving a list of reasons, and don't give in threats.

2. Take the Offensive/Reverse the Pressure—tell the other person clearly what you think or how you feel

My parents aren't home. Wanna come over?

Uh...no.

Please . . .

No. I don't want to put myself in the position of being tempted to do something I would later regret. So I am not going to come over.

- If they continue to pressure you, you can also simply tell the other person clearly how their continuous pressure makes you feel.

When you keep asking me to come over—after I already said no—it makes me feel like you don't care about how I feel, just about what you want.

But I really want you to come over.

When you keep pressuring me like this, it makes me feel angry with you. You're asking me to do something I don't want to do. I already told you 'no' and that makes me feel that you don't respect my right to say 'no'.

- o You can reverse the pressure by questioning them about why they continue to pressure you after you have told them what you think or how you feel.

But if you really cared about me, you'd come over.

You know, if you really cared about me, then how come you keep pressuring me? I already told you 'no'. What are we really talking about here? Whether I care about you or whether I'll give in to what you want?

3. Walk Away—simply refuse to discuss the matter any further

You keep saying "no." Please come.

Look, I'm not going to talk about it anymore.

But...

I've already told you I'm not going to come over. That's all there is to it.

- If necessary, you may just remove yourself from the situation. Just simply walk away.

Putting It All Together

My parents aren't home. How about coming over?

No, I don't want to.

Oh, come on, please.

No.

Just for a little while.

This pressure is really making me uncomfortable.

If you really cared about me, you'd come over.

What are we talking about? Whether I care about you or whether I will give in to you?

Relax, don't be so uptight.

Look, I'm not going to talk about this anymore. I told you 'no' and that's all there is to it.

Pressure Lines

1. Line: C'mon . . . everybody's doing it.

Reply:

2. Line: If you love me, you'll have sex with me.

Reply:

3. Line: If you won't have sex with me, then I don't want to see you anymore.

Reply:

4. Line: I know you want to do it, you're just afraid of what people will say.

Reply:

5. Line: I just want to see how it feels without a condom on. Don't worry I'll pull out.

Reply:

6. Line: I want to marry you someday.

Reply:

7. Line: We had sex before, so what's the problem now?

Reply:

8. Line: You don't want people to think you're not a man (woman), do you?

Reply:

9. Line: Don't you want to try it to see what it's like?

Reply:

10. Line: But since you are on the pill, we really don't need to use a condom too.

Reply:

11. Line: If you want to be popular with the kids at school... you'll do it.

Reply:

12. Line: Don't worry if there is a pregnancy then we'll get married.

Reply:

13. Line: By saying you want to use a condom, are you suggesting that I have been with someone else?

Reply:

14. Line: You've gotten me all excited, if you really trust me, we don't need a condom.

Reply:

15. Line: You're really looking good today. Let me show you how to feel good too.

Reply:

16. Line: Come on, take a drink, it will get you in the mood.

Reply:

17. Line: But I don't want to go and buy condoms right now. Come on, we can do it just this one time without, okay?

Reply:

18. Line: A lot of your friends are doing it without a condom. It'll be okay, I promise.

Reply:

19. Line: I know you're feeling a little down right now. Let me make you feel better.

Reply:

20. Line: But I love you and I want to show you that you're special to me.

Reply:

Pressure Lines With Possible Responses

1. Line: Everybody's doing it.

Reply: Well, I'm not everybody, I'm me. Besides, I don't really believe everybody is doing it.

2. Line: If you love me, you'll have sex with me.

Reply: If you love me, you'll respect my feelings and not push me into doing something I'm not ready for.

3. Line: If you won't have sex with me, then I don't want to see you anymore.

Reply: Well, if that's the way you feel, I'm going to miss seeing you, but that's the way it's going to be.

4. Line: I know you want to do it, you're just afraid of what people will say.

Reply: If I wanted to, I wouldn't have said no.

5. Line: I just want to see how it feels without a condom on. Don't worry I'll pull out.

Reply: I'm uncomfortable with that. I want to use a condom.

6. Line: I want to marry you someday.

Reply: Marriage is a long way off for me. There is a lot I want to see and do. I want to wait until I'm older to have sex.

7. Line: We had sex before, so what's the problem now?

Reply: I have the right to change my mind. I want to wait until I am older to have sex.

8. Line: You don't want people to think you're not a man (woman), do you?

Reply: Having sex does not prove that you are a man (woman). It's not for me right now.

9. Line: Don't you want to try it to see what it's like?

Reply: I think that is a pretty poor reason to have sex, pretending to care, just so that you can see what it is like. No thanks.

10. Line: But since you are on the pill, we really don't need to use a condom too.

Reply: I want to have the safest sex possible and for me that means using two types of contraception.

11. Line: If you want to be popular with the kids at school... you'll do it.
Reply: I don't have to depend on sex to try to be popular. I have more to offer than that. People like you because of the kind of person you are, the kind of character you have.
12. Line: Don't worry if there is a pregnancy then we'll get married.
Reply: I don't want to risk getting involved in a pregnancy. I'm not ready for the responsibilities of either being married or being a parent.
13. Line: By saying you want to use a condom, are you suggesting that I have been with someone else and might have a disease or something?
Reply: I promised myself in Native STAND that would not have sex without a condom. That is my choice and it doesn't have anything to do with you or anyone else.
14. Line: You've gotten me all excited, if you really trust me, we don't need a condom.
Reply: If you really respect me you will respect my desire to have safer sex.
15. Line: You're really looking good today. Let me show you how to feel good too.
Reply: Thanks for the compliment, but my answer is still no.
16. Line: Come on, take a drink, it will get you in the mood.
Reply: No thanks! I don't want to get drunk and not know what I am doing.
17. Line: But I don't want to go and buy condoms right now. Come on, we can do it just this one time without, okay?
Reply: All it takes is one time and I am saying no to doing it without a condom.
18. Line: A lot of your friends are doing it without a condom. It'll be okay, I promise.
Reply: What my friends decide to do is their business. I make my own decisions.
19. Line: I know you're feeling a little down right now. Let me make you feel better.
Reply: No, having sex with you right now is not going to make the problem go away, and it might make me have a bigger one.
20. Line: But I love you and I want to show you that you're special to me.
Reply: If you really want me to show you that I am special to you then don't pressure me into something I am not ready for.

Condom Negotiation Scenarios

Hot Babe

It's Friday night and you are at a party at your friend's house. You've been flirting with Hot Babe all night. Everyone is drinking and getting crazy. You are dancing up close with the Hot Babe and the temperature is starting to rise. The two of you decide to step outside and get some fresh air. You start to make out and before you know it, you are starting to get down to business. You have a condom in your pocket. How will you talk to Hot Babe about this?

Snookems

You have been with your partner, Snookems, for four months. You've been having sex for the past two months. You are madly in love with each other, so you really don't think there are other sex partners involved on the side. You haven't been using condoms, but now you learned in Native STAND that there are lots of STDs you can get from the other person without them even knowing they gave anything to you. You don't want to get an incurable STD or HIV, so you think you should start using condoms. How will you talk to Snookems about this?

Nice Guy

You are just starting to date this Nice Guy you met at school. You've gone to the movies a few times and held hands. He kissed you goodnight once. He seems like a really Nice Guy and everything is going nice and slow. Now he's asked you to go camping this weekend. You are excited, but nervous that something more might happen between you. You are very serious about protecting yourself and always use condoms. How will you talk to Nice Guy about this?

Overly Friendly

You got high at a party and ended up in the back seat of your car with Overly Friendly. Overly Friendly wants to give you oral sex. You tell Overly Friendly that you need a condom (or a dental dam) for that, but Overly Friendly insists you can't catch anything from oral sex. What will you tell Overly Friendly?



23: Decision Making

Words of Wisdom

Feel-Act Scenarios

STAR Decision-Making Method

“I Promise”

**You already possess
everything you need
to become great.**

Crow

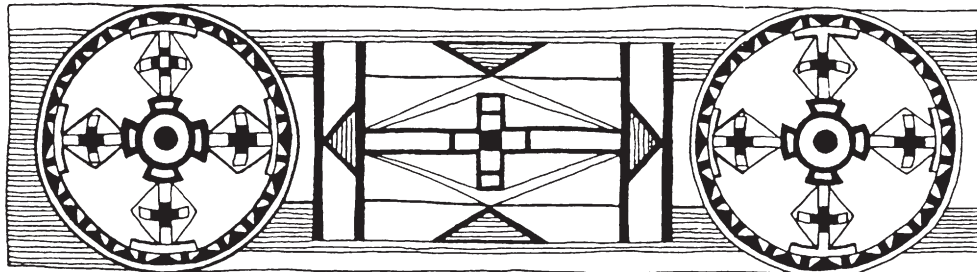
Feel-Act Scenarios

1. Linda had a really bad day. She got a C on her Biology exam, even though she had studied really hard. Her best friend Casey got mad at her because she cannot go to her birthday party. She was late to pick up her little brother from school and now her mom is mad at her too. She can't seem to do anything right. She feels as though she has disappointed everyone and so nobody cares about her.

John, a boy in her math class who is kind of annoying and not that attractive, keeps trying to talk to her. He calls her today and says his parents are not home and asks if she would like to come over. He says he thinks she is really sexy and would love to spend time just with her to get to know her better. Even though she doesn't really like him, it feels so nice to hear him say those things.

2. Ramon and Jerri have been going out for a few months. Ramon has wanted to have sex with Jerri for a long time. They started talking about having sex recently and decided they would do it tonight and use a condom because they don't want to worry about anything. Ramon just bought some condoms at the store this afternoon and now they are driving about 30 minutes away to a party at Mike's house because his parents will not be there. Ramon and Jerri go off to a room and start making out and getting really turned on. One thing leads to another and they are naked and ready to have sex. Ramon reaches into his jeans pocket where he thought he put a couple of the condoms he bought today. The condoms are not there!

3. Alexis and Grace drive out to the woods one night with Grace's older brother's friends. Some of the guys have brought some beer. Alexis does not want to drink and no one seems to mind. They hang out for a while talking, telling stories, and having fun. Alexis starts talking to one of Grace's brother's friends, Andy, and they really hit it off. Eventually it is time to go and they all start getting into the car to head home. Grace's brother gets into the driver's seat, even though he has had several beers. Alexis tells Grace that she feels uncomfortable riding with her brother driving. Grace gets upset and tells Alexis that if she doesn't want to come, she can stay alone in the woods. Alexis does not want her friend to be mad at her and she does not want to look stupid in front of Andy.



STAR Decision-Making Method

STAR is an acronym for the steps of this decision-making model: Stop, Think, Act, and Review.



1. Stop:

- Take time out to collect your thoughts before making a decision.

2. Think:

- Identify the problem
- Ask: What is the most important goal? *For example, is taking the risk getting pregnant and having a baby right now important or is going to college or being true to your values more important?*
- Generate alternatives: For example, could we only go out on group dates for a while, can I have an honest discussion with my partner and share my decision not to have sex until I'm older?
- Evaluate your choice: What is the choice that will help me reach my most important goals?

3. Act:

- Make that choice.

4. Review:

- Ask: How did that work out? How did my actions affect my relationship with my partner (and others)? How do I feel about myself for this action? How did my actions impact whether I can achieve my goals or not?

I Promise

Choose and circle one behavior to make a decision about:

Holding hands

Hugging and kissing

Touching above the waist

Touching below the waist

Having oral sex

Having vaginal sex

Having anal sex

Using birth control

Using a condom to prevent STDs

Being abstinent

Decisions to make about the behavior:

1. Is it okay for me to do this? (Now? In the future? Never?)
2. Under what circumstances is it okay for me to do this? (When? With whom?)

Setting My Own Limits

Consider the alternatives for the behavior you selected. Try to choose the alternative that reduces your risks of STDs and pregnancy as much as possible.

I promise to myself and to those who care about me to:

Signed: _____

Date: _____

24: Being a Peer Educator

Words of Wisdom

Dos and Don'ts of Being a Peer Educator

Would You Say...?

Peer Educator Brainstorm

When to Make a Referral

Learn how to talk,
then learn how to
teach.

Nez Perce

Dos and Don'ts of a Peer Educator

A Peer Educator Does	A Peer Educator Does Not
• Facilitate trust, openness, comfort, empathy • Accept people as they are • Listen, clarify and help people see alternatives • Give support and encouragement to take positive action • Validate people without being phony • Respect confidentiality • Realize that not all problems can be solved and not all people want to be helped • Refer extremely troubled youth to a professional person or group, such as a counselor, psychologist, or community agency	• Dominate, preach, tell people what to do • Judge people, try to change them • Give advice, offer solutions • Listen with a casual, wandering attitude • “Rescue”—do for a person what he/she should do independently • Put people down • Gossip about anything said to you or about other youth • Expect all problems to be resolved quickly and easily • Attempt to provide services beyond what he/she is qualified to provide

Adapted from ETR Associates' Resource Center for Adolescent Pregnancy Prevention

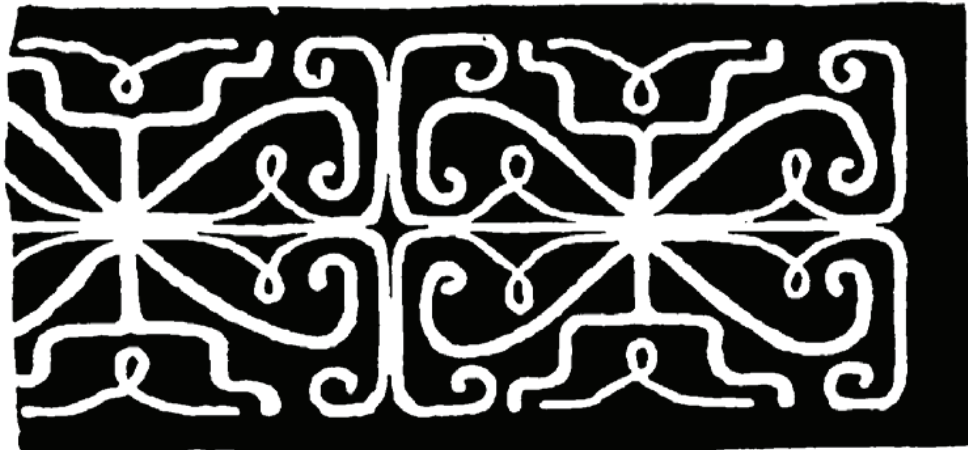
Would you say . . . ?

Read the following statements. Circle the ones you think would be appropriate to say to a fellow student as a peer educator X out those that would not.

1. You have got to stop having sex without a condom.
2. Mark has the same problem with his girlfriend.
3. Unprotected sex is really dangerous to your health.
4. You want to keep getting drunk on weekends? Why don't you want to stop? Don't you want to be safe?
5. I think you should just break it off with him if he keeps pushing you to have sex and you don't want to.
6. I know that will be hard, but I know you can do it!
7. You are really stupid to keep doing whatever she wants you to do.
8. The answer to your problem is to get a better group of friends.
9. You should get on the pill.
10. If you want, I'll call the clinic and make an appointment for you.
11. Are you still smoking weed? Didn't you tell me last week you were going to stop?
12. Are you really thinking about killing yourself? Let's talk about this and see how I can help you.
13. Man, that's a weird problem! I never heard of anybody feeling like that!
14. I'm sorry. I believe it's a sin to be gay. I can't help you.
15. What are some ways you can come up with to solve this problem?
16. I don't know the answer to that question.

Peer Education Brainstorm

1. I've been dating Joe for a couple of months. He says he loves me and he wants to have sex with me. Last night he said, "You love me enough to have sex with me, don't you?" I really like him and I really like "fooling around" but I am just not sure I want to have sex yet.
2. I've been dating my girlfriend for a long time. We've had sex a couple of times, but now I am not sure that it was such a good idea. I am afraid to bring it up with her because I am afraid of how she might react.
3. I'm going camping this weekend with a bunch of friends. This guy I've gone out with a few times, Alex, is going to be there. I think we're sharing the same tent. I am not sure what is going to happen or if he expects anything.
4. Jamie and I were invited to Sam's for a party this weekend. I heard he's going to have keg and some weed there. I've heard lots of rumors about Sam's parties, that people always go off and hook up at his house. I think it will be really fun, and Jamie really wants to go, but I'm not sure.
5. So, I met this guy online last night. He asked if I want to meet up and go clubbing one night. I really want to meet him in person, but I am little nervous.



When to Make a Referral

Some issues require more training to deal with than Native STAND peer educators receive. The best thing you can do when these issues come up is to get the person to the help they need. You can continue to be supportive as they deal with the problem with a professional, but you should not attempt to be the only helper they talk to.

Issue	Refer to . . .
Alcoholism	
Drug addiction	
Depression	
Suicidal thoughts*	
Quitting smoking	
Coming out/sexual orientation	
Plans to hurt others*	
Sexual abuse	
Physical abuse	
Rape	
Medical problems	

* Make every effort to go WITH the person to get help IMMEDIATELY.

25: The Stages of Change

Words of Wisdom

Stages of Change

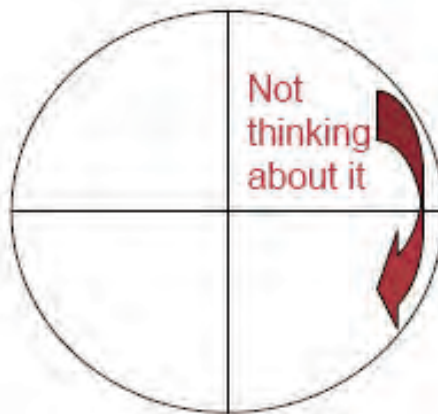
Whate Stage?

Tools for Promoting Change

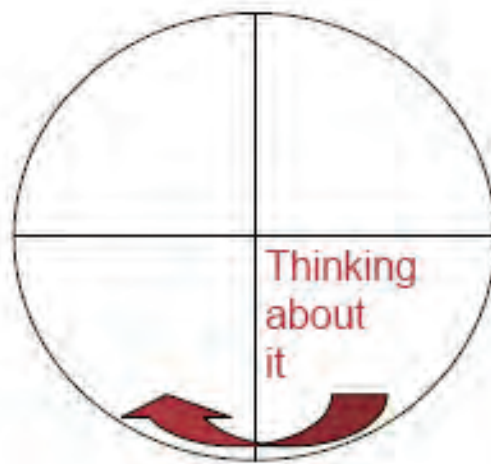
**We have't look the way we
were in the past, hang on to
it iwth our hearts and at the
same time change; accept
we're always changinto
survive.**

Dorothy Haberman, Yurok, 1992

Stages of Change



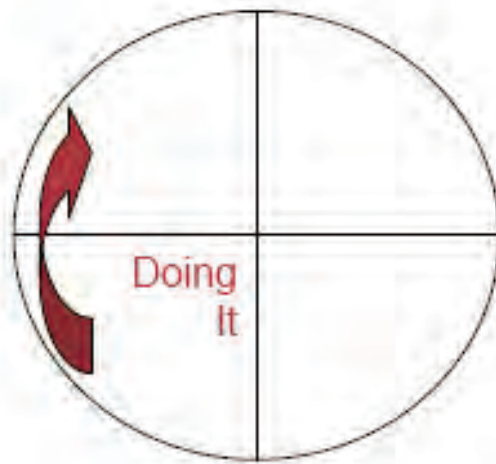
Not thinking about it:
not considering that I might need to
change what I'm doing



Should I
change
this?



Thinking about it:
considering a change



Doing it:
actively taking steps to change



This is
working! I'm
sticking with it!

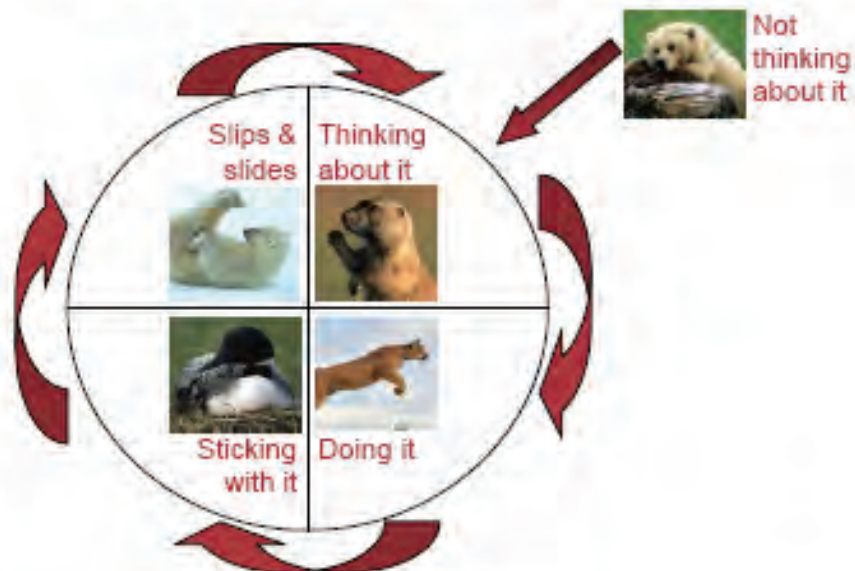
**Sticking with it:
maintaining new behavior at least 6 months**

Look out for . . .



Falling back into your old behavior

STAGES OF CHANGE



What Stage...?

Identify each person's stage.

1. Alicia has been having sex with Alex for a long time. Sometimes they use condoms and sometimes they don't. She wants to start using them, but is not sure how to bring up the conversation with Alex.

In which stage is Alicia?

2. Malcolm goes out and has a few beers every Friday after the football game. Lately, some of his friends don't want a ride home with Malcolm because they think he's had too many drinks to drive safely. Malcolm doesn't think there is any problem.

In which stage is Malcolm?

3. Jason had sex for the first time with Chris last week. He didn't have a condom then, but he decided that next time they do it, he is going to wear a condom. He talked about it with Chris last night and tonight they are going to use a condom.

In which stage is Jason?

4. Last year June quit smoking and now she is on the track team. She usually comes in first in the 400 meters. Her times have gotten worse since she started hanging out with Corey and smoking cigarettes again. She even lost a race last week.

In which stage is June?

5. Jessica and Zeke have been together almost two years. Last year they started having sex. Jessica decided to go to the health center and get the Depo shot so they could worry less about getting pregnant. Jessica has remembered to go get the shot every 3 months for the past year.

In which stage is Jessica?

Tools for Promoting Change¹

If you are talking with someone in the Not Thinking About It or the Thinking About It stage, use these tools:

Identifying the pros & cons: help your peer look at the pros and cons (the good things and the bad), of a situation but encourage them to tip the scales so the pros outweigh the cons.

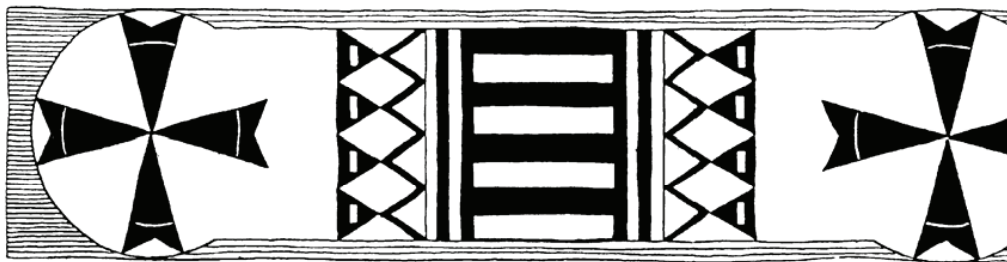
Getting information: Providing your peer with information, new facts, and suggestions to support the change they are thinking about.

Involving emotions: Encourage your peer to express their negative feelings about one's problems (such as worry or fear).

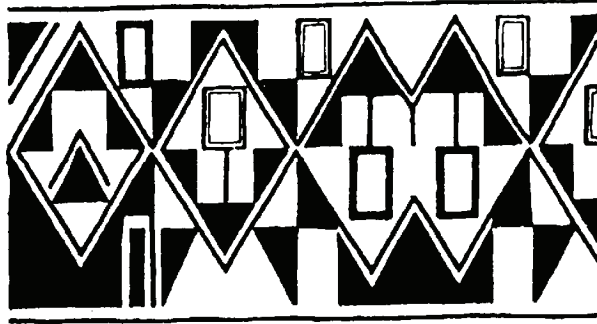
Thinking about how someone's actions affect others: Help your peer think about how their problem affects the physical environment.

Visualizing how you want to be: Encourage your peer to think about the behavioral change they are thinking about as a part of their identity.

Making a commitment: Support your peer to commit to the belief that change is possible and to take responsibility for changing.



¹ <http://www.etr.org/recapp/theories/StagesofChange/Processes.htm>



If you are working with someone in the Doing It, Sticking With It, or Slips & Slides stage, use these tools:

Using substitutes: Help your peer identify substitutes that are healthier alternatives for their problem behaviors.

Getting support from others: Encourage your peer to seek out and rely on a strong support system of family and friends.

Using reminders: Help your peer develop strategies to remind them to stick to their new behavior.

Avoiding temptations: Help your peer develop strategies to avoid triggers and cues (events that make your peer want to fall back on their old behaviors).

Building self-confidence: Support your peer to develop self-confidence to stick to their behavior change.

Rewarding yourself: Encourage your peer to provide themselves with rewards for positive behavior change (and decrease rewards for unhealthy behavior).

Helping others: Encourage your peer to reach out to and help others who may be struggling with behavior change.

Advocating safer norms: Support your peer to develop societal support for healthier behaviors.

26: Effective Communication

Words of Wisdom

What are Communication Jammers

Identifying Communication Jammers

I Messages

Tone of Voice Cards

Tone of Voice Role Play

Peer Educator Practice Scenarios

**Words are like arrows:
once released, they strike
their mark. Guard them
well or one day you may be
your own victim.**

Navajo

What are “Communication Jammers?”

1. Directing, ordering

- Telling someone to do something so they have no choice.
- Examples: *“You have to get to work by 8:00 am.” “Always use a condom.”*

2. Warning, threatening

- Telling someone that if a certain behavior continues, negative consequences will happen.
- Examples: *“If you’re not at work by 8:00am, your pay may be docked.” “If you have sex, you’re gonna be sorry.”*

3. Moralizing, preaching

- Telling someone what they *should* do.
- Examples: *“You should always do your best.” Having sex before you get married is a sin!”*

4. Persuading, arguing

- Trying to influence another person with facts, information, and logic.
- Examples: *“If you drop out of school, you won’t find a good job.”*

5. Advising, recommending

- Giving advice or providing answers for a problem.
- Examples: *“If I were you, I would quit being Jim’s friend and be Joe’s friend.” “You ought to quit doing that.”*

6. Evaluating, criticizing

- Making a negative interpretation of another person’s behavior.
- Example: *“You got into work late ... you must have been up to no good.”*

7. Ridiculing

- Blaming, name-calling, being sarcastic, shaming and making putdowns.
- Examples: *“You’re so stupid!” “You’re a spoiled brat.” “You’re not thinking straight.” “You’re being childish.”*

8. Analyzing

- Figuring it out for the other person.
- Example: *“The problem with you is you’re just feeling jealous.”*

9. Consoling

- Making light of the problem, dismissing it.
- Examples: *“It’s really not that bad.” “You’ll feel better in the morning.” “Don’t worry. It will all work out.”*

10. Lecturing

- Trying to prove your point with all the facts, giving lots of information you weren’t asked for.
- Examples: *“The facts show clearly that teens shouldn’t have sex. Don’t you know that 1 out of 4 who do will get an STD?”*

Identifying Communication Jammers

Example	Type of Communication Jammer
"You dummy, why can't you figure out your English? Speaking is so simple, and you are really stupid not to understand it."	
"I definitely would advise you not to take that job because you don't like math and have never done well in a job that involves math."	
"You should paint your room for the following reasons: 1) So it will look better; 2) It will look new; 3) I will like it better that way."	
"You better stop doing that. Don't you know that it's wrong?"	
"Your problem is that you don't study until the last minute for a test."	
"Man, you gotta start using condoms!"	
"I can't believe you got drunk!"	
"Don't try to figure it out. Just do it."	
"Don't you know that being gay is a wrong?"	
"Well, I think the best thing for you to do is to get on birth control pills."	
"If you don't start using a condom, you are going to up as a daddy!"	
"You gotta listen to me. One fourth of teens who have sex get an STD. So please stop."	
"Clean up your room."	
"Shut up!"	
"I think your problem is that you aren't a man—you're still a child."	
"Oh, don't worry about it, she's probably not really pregnant."	
"Oh, I'm sure everything will be alright."	
"I can't believe that you would have sex with him so fast—that is so slutty!"	

“I” Messages

Change the following blaming statements to “I” messages.

Example: Blaming statement:

“You forgot to return my tapes.”

Change to “I” message:

“I feel disrespected when you don’t return my things. I need you to return my tapes because I want to be able to trust you in the future.”

1. *You said I don’t really love you because I did not want to have sex yet.*

I feel _____
when you _____.
I need (or want) _____
because _____.

2. *You gotta start using condoms when we do it.*

I feel _____
when you _____.
I need (or want) _____
because _____.

3. *You always decide when we go out and where we go.*

I feel _____
when you _____.
I need (or want) _____
because _____.

4. *You are so stupid that you forgot to take your pill!*

I feel _____
when you _____.
I need (or want) _____
because _____.

5. *You said you were just going out with your friends. I did not know he was going out with you guys too!*

I feel _____
when you _____.
I need (or want) _____
because _____.

6. *You told everyone the secret I told you!*

I feel _____
when you _____.
I need (or want) _____
because _____.

7. *You act superior and like you don't care how I feel.*

I feel _____
when you _____.
I need (or want) _____
because _____.

8. *You said you would call me last night and you didn't!*

I feel _____
when you _____.
I need (or want) _____
because _____.

Tone of Voice Role Play Cards

[illegible]

Tone of Voice Role Play

Peer Educator: Hey, so you said you were going to talk to Jordan about using condoms last night. How did that go?

Peer: Well, we went to a movie and then we ran into some guys he knows from soccer and we never really had time to talk just the two of us.

Peer Educator: You didn't talk to him? Don't you still want to talk to him about it?

Peer: I do, but....

Peer Educator: When we talked the other day you said you were going to talk to him. You said you were concerned about STDs and HIV and that that you were going to use a condom. Doesn't that stuff matter to you anymore? Don't you want to be safe?

Peer: It does matter to me. But it just wasn't the right time to have the talk. And it's hard to bring it up.

Peer Educator: Well yeah, of course it's hard. But it doesn't mean you can't do it. You can at least think of a way to start the conversation, right?

Peer: I guess I could say something about how I heard that a friend of my cousin's got gonorrhea. I guess that might get his attention.

Peer Educator: Yeah, and if he doesn't want to listen, he's not worth your time anyway. When will you see him again?

Peer: We'll see each other tomorrow. He's going to pick me up so we can go to the game together.

Peer Educator: Well I am going to be at the game too and we can talk then. I'd better hear that you had the conversation with him by the time I see you. Good luck talking to him before that.

Peer Educator Practice Scenarios: James A

Read this scenario

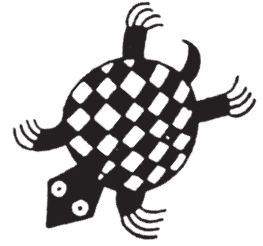
James is a 10th grader at Apache County High School. You two are good friends and you talk with each other about very private things sometimes. James is on the basketball team and is pretty popular; he's also a good student and very active in the tribal youth group. You and James usually hang out with a group of friends on weekends. James' girlfriend, Stephanie, is very pretty and popular—she's a cheerleader.

One day, you and James are talking and the subject turns to sex. You begin telling James some of the stuff that's going on in Native STAND and about the decision you've made to reduce your risk of getting STDs. James confides in you that he has fooled around with lots of girls, but hasn't had sex yet. James tells you he and Stephanie usually end up touching each others private parts when they're making out.

Here is some of your conversation:

- You: Are you gonna do it sometime soon, or have you decided, yet?
- James: I know it may sound stupid, I mean, sure I want to do it, but I think sex—*real* sex—should be a big deal. You know, with someone you really love, and I'm not ready yet.
- You: What if Stephanie really pushes you to do it?
- James: I hope that doesn't happen! It would be so hard to say no! But, even if Stephanie did that, I wouldn't do it. I don't think I want to go any farther until I'm older.
- You: Why not?
- James: Well, I just believe it's wrong. And, besides, I don't want to take any chances of becoming a father or getting AIDS or something.
- You: When did you decide you weren't gonna have sex yet—that you wanted to wait?
- James: About a month ago.
- You: I really appreciate you trusting me enough to tell me. You know you can trust me not to tell anybody else. It sounds to me like you've made a smart decision, bro. In Native STAND, we learned that 'The only 100% sure way to keep from getting a girl pregnant or from getting an STD is just not to have sex'. Believe me, I know how hard it is to stand by a decision like that and not give in when you get the chance. In Native STAND we also learned some things you can do to help make it easier. Want to hear about some of them?

Answer these questions:



1. What is the decision James is making?

2. At what stage of change is James?

3. What SOC tools could be used to help James stick to his decision?

4. What would you say to James to help support him and this decision?

Peer Educator Practice Scenarios: James B

Read this scenario

James is a 10th grader at Apache County High School. You two are good friends and you talk with each other about very private things sometimes. James is on the basketball team and is pretty popular; he's also a good student and very active in the tribal youth group. You and James usually hang out with a group of friends on weekends. James' girlfriend, Stephanie, is very pretty and popular—she's a cheerleader.

One day, you and James are talking and the subject turns to sex. You begin telling James some of the stuff that's going on in Native STAND and about the decision you've made to reduce your risk of getting STDs. James confides in you that he has fooled around with lots of girls, but hasn't had sex yet. James tells you he and Stephanie usually end up touching each others private parts when they're making out.

Here is some of your conversation:

- You: Are you gonna do it sometime soon, or have you decided, yet?
- James: Oh, I don't know. I'm really confused.
- You: Yeah, I know what you mean. It's a really big decision. Are you thinking about deciding one way or another or are you just gonna let it happen?
- James: I don't know . . . I've been thinking about it a lot lately. I've got to make a decision, 'cause I think Stephanie thinks we're gonna do it pretty soon.
- You: I really appreciate you trusting me enough to tell me. You know you can trust me not to tell anybody else. It sounds to me like you've made a smart decision, bro. In Native STAND, we learned that 'The only 100% sure way to keep from getting a girl pregnant or from getting an STD is just not to have sex'. Believe me, I know how hard it is to stand by a decision like that and not give in when you get the chance. In Native STAND we also learned some things you can do to help make it easier. Want to hear about some of them?



Answer these questions:



1. What is the decision James is making?

2. At what stage of change is James?

3. What SOC tools could be used to help James stick to his decision?

4. What would you say to James to help support him and this decision?

Peer Educator Practice Scenarios: James C

Read this scenario

James is a 10th grader at Apache County High School. You two are good friends and you talk with each other about very private things sometimes. James is on the basketball team and is pretty popular; he's also a good student and very active in the tribal youth group. You and James usually hang out with a group of friends on weekends. James' girlfriend, Jo, is very pretty and popular—she's a cheerleader.

One day, you and James are talking and the subject turns to sex. You begin telling James some of the stuff that's going on in Native STAND and about the decision you've made to reduce your risk of getting STDs. James confides in you that he has fooled around with lots of girls, but hasn't had sex yet. James tells you he and Jo usually end up touching each others private parts when they're making out.

Here is some of your conversation:

You: Are you gonna do it sometime soon, or have you decided, yet?

James: Oh, I don't know. I'm really confused.

You: Yeah, I know what you mean. It's a really big decision. Are you thinking about deciding one way or another or are you just gonna let it happen?

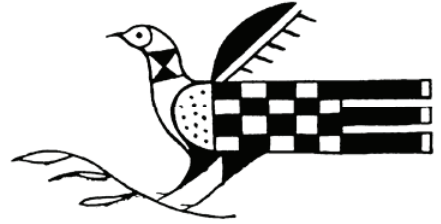
James: I don't know . . . I think I'm just gonna let whatever happens, happen.

You: I really appreciate you trusting me enough to tell me. You know you can trust me not to tell anybody else. You know, in Native STAND, we learned that 'The only 100% sure way to keep from getting a girl pregnant or from getting an STD is just not to have sex'. Believe me, I know how hard it is to make a decision like. In Native STAND we also learned some things you can do to help make a tough decision like this. Want to hear about some of them?



Answer these questions:

1. What is the decision James is making? Or is he still undecided?



2. At what stage of change is James?
3. What SOC tools could be used to help James think about not having sex or help him decide to reduce his risks?
4. If James said he has definitely decided to go ahead and have sex with Stephanie, what would you say next?

Peer Educator Practice Scenarios: Robin A

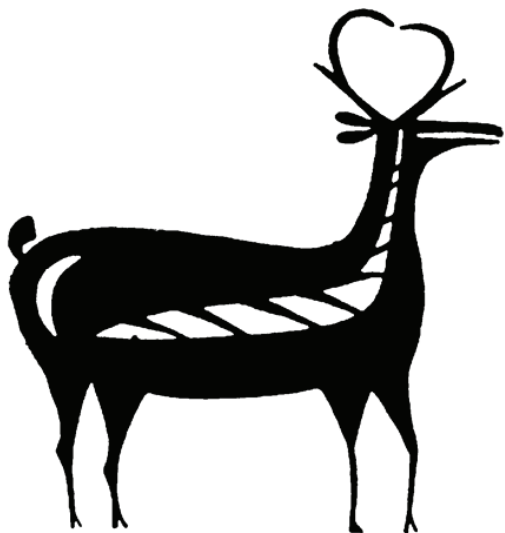
Read this scenario

Robin is a 10th grader at Big Sky High School. You have been best friends since the 3rd grade and you can talk to each other about very private things. Robin is cute and a really nice person, but not one of the most popular people in school. Robin works after school, makes good grades, and wants to go to college after graduation. Robin and Kyle have been going out for several months. Kyle is super cute.

One day, you and Robin are talking and the subject turns to sex. You begin talking about some of the stuff that's going on in Native STAND and about the decision you have made to reduce your risks of getting STDs. Robin tells you about being in love with Kyle and the amazing sex they have.

Here is some of your conversation:

- You: Wow! That's cool . . . but aren't you worried about getting an STD or HIV?
- Robin: Well, we've been lucky so far. I know we've got to start using some kind of protection, but I just don't know what to use or how to bring it up with Kyle. It hasn't come up yet, so maybe it won't. I seriously doubt Kyle has ever even thought about it.
- You: I really appreciate you trusting me enough to tell me. You know you can trust me not to tell anybody else. You know, in Native STAND, we learned that 'The only 100% sure way to keep from getting an STD or HIV is just not to have sex'. Believe me, I know how hard it is to make a tough decision, like using condoms. In Native STAND we also learned some things you can do to help make it easier. Want to hear about some of them?



Answer these questions:



1. What is the decision Robin is making?
2. At what stage of change is Robin?
3. At what stage do you assume Kyle is in?
4. What SOC tools could be used to help Robin move to the next stage?
5. What are some specific suggestions about how Robin could help Kyle move to the next stage?
6. What would you say to help Robin?

Peer Educator Practice Scenarios:

Robin B

Read this scenario

Robin is a 10th grader at Big Sky High School. You have been best friends since the 3rd grade and you can talk to each other about very private things. Robin is cute and a really nice person, but not one of the most popular people in school. Robin works after school, makes good grades, and wants to go to college after graduation. Robin and Kyle have been going out for several months. Kyle is super cute.

One day, you and Robin are talking and the subject turns to sex. You begin talking about some of the stuff that's going on in Native STAND and about the decision you have made to reduce your risks of getting STDs. Robin tells you about being in love with Kyle and the amazing sex they have.

Here is some of your conversation:

- You: Wow! That's cool . . . but aren't you worried about getting an STD or HIV?
- Robin: I know there is some risk, but we use condoms every time we have sex.
- You: Every time?
- Robin: Yeah.
- You: That's great! In Native STAND we learned that's the safest you can be, if you're going to have sex. How long have you been using condoms every time like that?
- Robin: We started using them regularly about 3 weeks ago.
- You: I really appreciate you trusting me enough to tell me. You know you can trust me not to tell anybody else. I'm really proud of your decision to use condoms every time you have sex. I know how hard it is to stand by a decision like that. In Native STAND we also learned some things you can do to help stick to your decision. Want to hear about some of them?

Answer these questions:

1. What is the decision Robin is making?
2. At what stage of change is Robin?
3. What SOC tools could be used to help Robin stick to her decision?
4. What would you say to help Robin?



Peer Educator Practice Scenarios: Robin C

Read this scenario

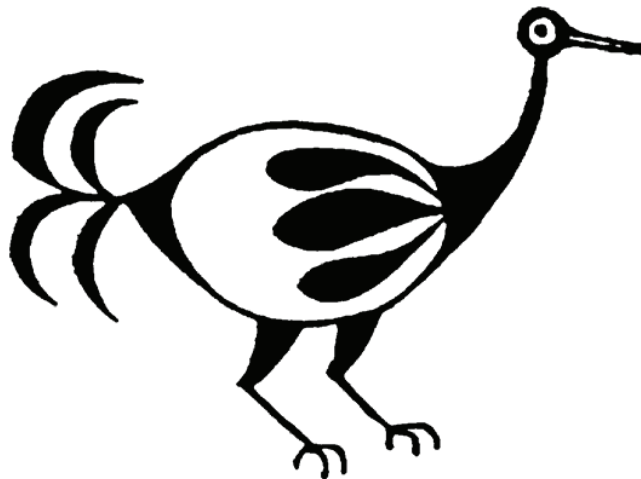
Robin is a 10th grader at Big Sky High School. You have been best friends since the 3rd grade and you can talk to each other about very private things. Robin is cute and a really nice person, but not one of the most popular people in school. Robin works after school, makes good grades, and wants to go to college after graduation. Robin and Kyle have been going out for several months. Kyle is super cute.

One day, you and Robin are talking and the subject turns to sex. You begin talking about some of the stuff that's going on in Native STAND and about the decision you have made to reduce your risks of getting STDs. Robin tells you about being in love with Kyle and the amazing sex they have.

Here is some of your conversation:

You: Wow! That's cool . . . but aren't you worried about getting an STD or HIV?

Robin: Nah, we're in love. I don't want to mess things up by worrying about stuff like that.



Answer these questions:

1. What is the decision Robin is making?

2. At what stage of change is Robin?

3. What SOC tools could be used to help Robin move to the next stage?

4. What would you say to help Robin?



27: Putting It All Together

Words of Wisdom

Putting It All Together Role Play I

Putting It All Together Role Play II

Peer Educator Self-Assessment Forms

Peer & Observer Reflection Forms

Contact Summary Sheet

**What is life? It is a flash of
a firefly in the night. It is the
breath of a buffalo in the
wintertime. It is the little
shadow that runs along the
grass and loses itself in the
sunset.**

Blackfoot

Putting it All Together: Role Play I

Peer Educator

The “part” you are to play here is YOU—the real person/peer educator that you are. What would you do in this situation to help move your friend toward being safer?

The two of you are close friends. Last night was Friday night. You didn’t see your friend because you went to the basketball game and they went to a party.

Now it’s Saturday afternoon and your friend drops by. You two are hanging out in your room talking ...



Putting it All Together: Role Play I

Peer

The two of you are close friends. Last night was a Friday night. You didn't see your friend because you went to a party and they went to the basketball game. You went to a party at a girl's house whose parents weren't home. As usual, you had a few beers—maybe 3 or 4—but not that many. You felt pretty sober. You drove a couple of people home after a party, which you do a lot.

Only this night things didn't go so smoothly. You got stopped by a tribal cop who made you get out, try to walk in a straight line, and take a Breathalyzer test. He said you were legally drunk, he called you names, and put the cuffs on you. He purposely embarrassed you in front of your friends.

The cop took you to jail and called your grandfather, who had to bail you out. You lost your license—your grandfather was really mad. You think everyone should lay off and should stop picking on you. You didn't do anything that wrong. You weren't really drunk—you were driving safely enough. (You have not thought at all about changing your behavior.)

Now it's Saturday afternoon and you have been thinking hard about all this. You are really mad at your grandfather and the cop. You go over to your friend's house to vent. You're hanging out in their room...

Option: You HAVE been thinking about not driving if you have been drinking.



Putting it All Together: Role Play II

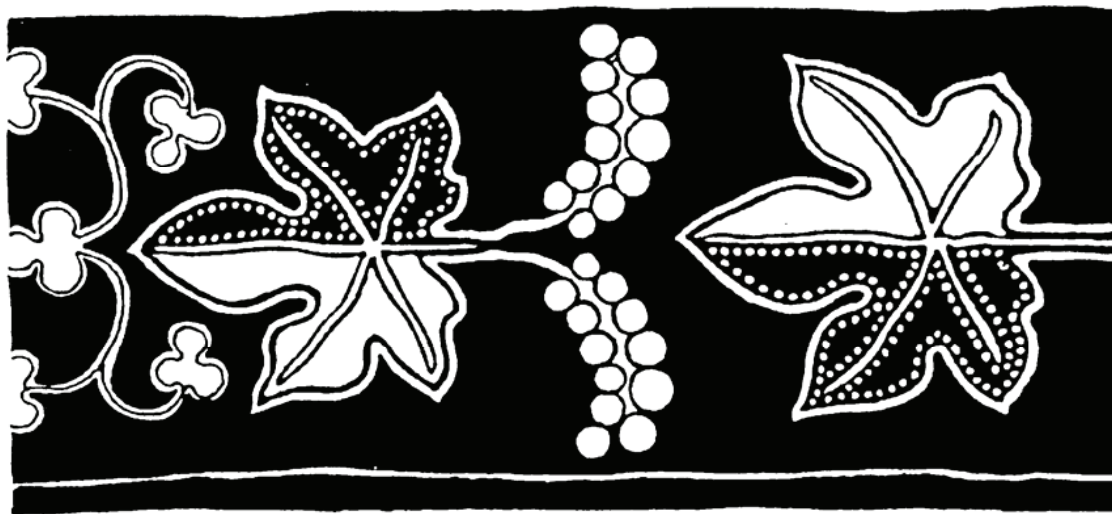
Peer Educator

The “part” you are to play here is YOU—the real person/peer educator that you are. What would you do in this situation to help move your friend toward being safer?

You two have been best friends for years. You see each other almost every day and you talk about everything. You know that your best friend has been dating a person in your class for almost a year and that they have oral and vaginal sex at least once a week. They are very happy together. You also know that she is on the pill.

You just found out that TWO girls who are also close friends of yours are pregnant and one has syphilis! You know the guys involved, too. Your friend worries that she might end up in the same boat.

It's Thursday afternoon after school and the two of you are hanging out, waiting for the bus.



Putting it All Together: Role Play II

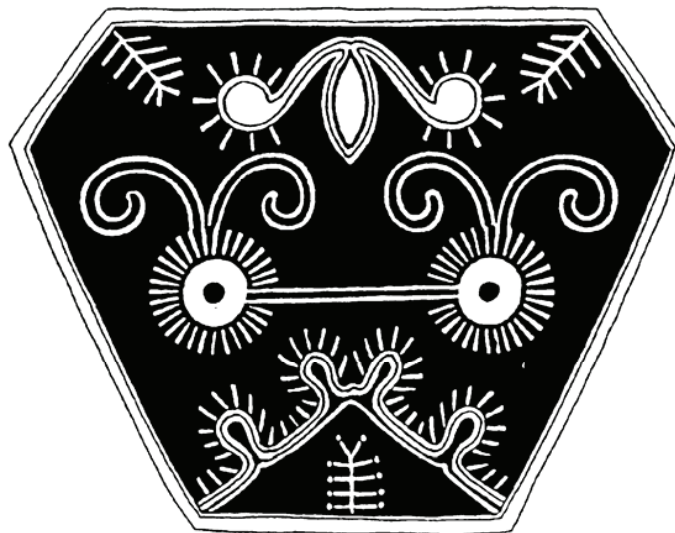
Peer

You two have been best friends for years. You see each other almost every day and you talk about everything. You have been dating a person in your class for almost a year, and you two have oral and vaginal sex at least once a week. You are very happy together. You (or your girlfriend) is on the pill but sometimes forget it 3 or 4 times a month. You use condoms sometimes, but sex just doesn't feel as good with a condom. Neither of you really like condoms, because you have to plan ahead (buy them, be sure they have one, etc.) and because stopping to put on a condom "breaks the mood."

You just found out that two girls in your class who are also close friends of yours are pregnant and one has syphilis! You know the guys involved too.

It's Thursday afternoon after school and you and your friend are hanging out, waiting for the bus. You're talking about how much you're looking forward to seeing your boyfriend (or girlfriend) this weekend, but you are very worried that you might end up in the same boat as your friends.

Option: You're not worried about yourself at all.



Role Play Feedback Sheet

SELF ASSESSMENT FOR PEER EDUCATOR

Decision/behavior change the person could make:

Peer's Current SOC Stage:

☐ Not thinking about change
☐ Stickin' with it

☐ Thinking about it
☐ Slips and slides

☐ Doin' It

SOC Tools you encouraged the person to use:

☐ Pros and Cons
☐ Reducing the cons
☐ Getting information
☐ Involving emotions
☐ Rewarding yourself
☐ Helping others
☐ Advocating safer norms
☐ Being a good role model

☐ Getting support from others
☐ Using reminders
☐ Avoiding temptations
☐ Building self-confidence
☐ Knowing WHO you are
☐ Making a commitment
☐ Using substitutes
☐ Thinking about how your actions affect others

Was I a good listener? Yes No

Were my tone, voice, and body language appropriate? Yes No

Did I use "blaming statements?" Yes No
(statements that begin with "you")

Did I use "I statements?" Yes No

Did I use any common "communication jammers?" Yes No

Which ones: _____

List three things that went well:

1. _____
2. _____
3. _____

What could have been better?

Role Play Feedback Sheet

PEER & OBSERVER REFLECTION

Decision/behavior change the person could make:

Peer's Current SOC Stage:

☐ Not thinking about change
☐ Stickin' with it

☐ Thinking about it
☐ Slips and slides

☐ Doin' It

SOC Tools the peer educator encouraged the person to use:

☐ Pros and Cons
☐ Reducing the cons
☐ Getting information
☐ Involving emotions
☐ Rewarding yourself
☐ Helping others
☐ Advocating safer norms
☐ Being a good role model

☐ Getting support from others
☐ Using reminders
☐ Avoiding temptations
☐ Building self-confidence
☐ Knowing WHO you are
☐ Making a commitment
☐ Using substitutes
☐ Thinking about how your actions affect others

Was the peer a good listener? Yes No

Were his/her tone, voice, and body language appropriate? Yes No

Did he/she use "blaming statements?" Yes No
(statements that begin with "you")

Did the peer educator use "I statements?" Yes No

Did he/she use any common "communication jammers?" Yes No

Which ones: _____

List three things that went well:

1. _____
2. _____
3. _____

What could have been better?

Contact Summary Form

Date: _____ Name of Peer Educator: _____

Decision/behavior change the person could make:

Peer's Current SOC Stage:

☐ Not thinking about change ☐ Thinking about it ☐ Doin' It
☐ Stickin' with it ☐ Slips and slides

SOC Tools the peer educator encouraged the person to use:

☐ Pros and Cons	☐ Getting support from others
☐ Reducing the cons	☐ Using reminders
☐ Getting information	☐ Avoiding temptations
☐ Involving emotions	☐ Building self-confidence
☐ Rewarding yourself	☐ Knowing WHO you are
☐ Helping others	☐ Making a commitment
☐ Advocating safer norms	☐ Using substitutes
☐ Being a good role model	☐ Thinking about how your actions affect others

Was the peer a good listener? Yes No

Were his/her tone, voice, and body language appropriate? Yes No

Did he/she use "blaming statements?" Yes No
(statements that begin with "you")

Did the peer educator use "I statements?" Yes No

Did he/she use any common "communication jammers?" Yes No

Which ones: _____

List three things that went well:

4. _____
5. _____
6. _____

What could have been better?