Healthy Oakland Teens Project
1995-1996 Curriculum

Developed by the Center for AIDS Prevention Studies (CAPS),
University of California San Francisco
www.caps.ucsf.edu

The Healthy Oakland Teens curriculum is divided into six Teacher Led Sessions and eight Peer Led Sessions.

Adult-Led AIDS Prevention Curriculum
Teacher-led Sessions
1. Sexuality Education
2. The Immune System & HIV
3. HIV & AIDS
4. Drugs and Alcohol
5. Preventing STDs
6. Preventing AIDS

Based on the Healthy San Francisco Teens Curriculum, Spring, 1992

To obtain a copy of this curriculum, please visit the Center for AIDS Prevention Studies (CAPS) website at http://www.caps.ucsf.edu/curricula/hotcurr.html.
UNIT ☽ : SEXUALITY EDUCATION

★ Objectives ★

1. Set up guidelines for the language and behavior that will be acceptable during this curriculum.

2. Explain the basic sexual anatomy of males and females.

3. Talk about the changes of puberty and how they affect people physically and emotionally. Understand the biological aspects of sex and becoming pregnant. Talk about different ways of expressing affection and different forms of sexual activity.

OUTLINE

Activity : Introduction and Ground Rules
   1. Poster: Ground Rules

Activity : Discussion: Your Body, Sex, and Pregnancy
   1. Warm-up Questions
   2. Handout: Sexuality Facts - Anatomy Drawings
   3. Lecture Material: Your Body, Sex, & Pregnancy

You can download the rest of Unit 1.
UNIT 10 - CURRICULUM

ACTIVITY

INTRODUCTION AND GROUND RULES:

TEACHING PLAN:

The establishment of ground rules at the beginning of a class accomplishes several purposes. Ground rules make it clear to students what type of language and behavior is considered acceptable. Students are more likely to behave appropriately when they know what is expected of them. Once ground rules have been clearly stated, the teacher can refer to them when dealing with difficult classroom situations. Finally, ground rules help students feel more comfortable by making them aware of expectations and limitations on themselves, their peers, and the teacher.

INSTRUCTIONS:

When setting the ground rules at the beginning of the class, start by having a different student volunteer read each rule aloud and explain what the rule means in his or her own words. The teacher can also have the students brainstorm a list of rules they think will make the class more successful, then let everyone vote on the ones they want to keep. Feel free to add any important rules that the students may have omitted. The ground rules should be kept visible for all sessions and referred to as needed throughout the curriculum. The following is a suggested list of ground rules. Teachers are encouraged to select those which are important to them. (See POSTER)

INTRODUCTION:

Today our class will be starting a unit on the prevention of pregnancy, AIDS, and other STD's. Before talking about these issues, it is important to talk about human sexuality and drug abuse. This will help us to understand pregnancy, how AIDS and STD's are transmitted, and what you can do to protect yourself.

First we will be discussing the ways our bodies change when we go through adolescence and how these changes affect our feelings and actions. This is a very personal subject and people sometimes feel awkward or embarrassed talking about it. Throughout these units there will be a QUESTION BOX at the front of the class. You may anonymously write down any questions you may have, and I will answer them later. [The teacher will read and answer the questions in class as appropriate.]
**POSTER**

✶ **Ground Rules ✶

1. All points of view are worthy of being discussed. No preaching or putting down someone else’s values or ideas. Insults are not allowed.

2. Respect the person speaking by giving your full attention. If you wish to speak, raise your hand and wait to be called upon.

3. Questions are encouraged and may be asked at any time. **There is no such thing as a dumb question.** Questions only indicate a desire for knowledge; they do not tell you anything else about the person asking the question. There will also be a question box at the front of the room, if you have a question you prefer not to ask out loud.

4. It is O.K. for the teachers and students to blush, feel embarrassed, or not know the answers to all the questions.

5. Try to use common or medical terms in class discussions so that everyone can understand. It’s okay for students to bring up slang terms, but make sure that everyone also knows the medical term.

6. Everyone has the right to “pass” on answering questions or participating in activities that make them feel uncomfortable. You may be asked to give a reason why you are passing.

7. The teacher also may choose not to answer a question in front of the entire class.

8. This classroom is a safe place to be yourself and talk about things that are personal to you. Things you share with the class will be kept strictly confidential. They **will not be discussed outside the classroom.**

9. Teachers will respect the confidentiality ground rule as well, except in cases where they are required by law to disclose information, e.g. sexual or physical abuse. In this event, the teacher will discuss privately with the student exactly what he/she is legally obliged to do.

10. If you or people you know have a complaint about the class, come directly to the teacher to discuss it.

11. Students are encouraged to discuss the issues raised in class with their parents and give an accurate account of what the class is about. Do not sensationalize.
ACTIVITY
DISCUSSION: YOUR BODY, SEX, AND PREGNANCY

OUTLINE:
1. WARM-UP QUESTIONS
2. HANDOUT: Sexuality Facts - Anatomy Drawings
3. LECTURE MATERIAL: Your Body, Sex, & Pregnancy

INSTRUCTIONS:
Using material from the WARM-UP QUESTIONS, introduce the discussion by asking the students to think about ways they have changed physically, mentally and emotionally during the last year. Distribute the HANDOUT for students to fill in and refer to during the LECTURE MATERIAL and discussion.

INTRODUCTION:
The teen years are a time of many changes. Today we're going to spend some time talking about what it's like to be in your teen years, and the kinds of physical, emotional and mental changes that people go through during this time.

1. WARM-UP QUESTIONS:

a. What is it like to be in junior high? Ask students to describe it. For many people, being in junior high makes the highs seem higher and the lows seem lower. Why do you think these years are so wonderful and so awful? Comment briefly about the ideas shared by the students, pointing out feelings of being caught or confused between the feelings of a child and the feelings of an adult, or being expected to act like a child one minute and an adult the next.

b. What do we mean by adolescence? Adolescence literally means becoming an adult. It means that you are moving from the thoughts, feelings, body, and relationships of a child to an adult’s thoughts, feelings, body, and relationships.

c. What is puberty? Puberty refers specifically to the physical and mental changes people go through during adolescence.
2. **HANDOUT**

Distribute the handouts **SEXUALITY FACTS: ANATOMY DRAWINGS** (all students get both male and female drawings).

Write the terms from the **TEACHER’S COPY** on the board, go over them one at a time, and have students fill them in on their own handouts.

**NOTE:** Many students will know only the slang terms but may not know precisely to what they refer. You might first ask for some slang words (this may release some embarrassment and giggling) but then elicit the biological terms and write these down. Be sure to define other phrases or words that the students use in explaining the anatomical terms (eg. sexual intercourse).

3. **LECTURE MATERIAL**

Cover the following pages on Your Body, Sex, and Pregnancy, and take questions.
LECTURE MATERIAL - YOUR BODY, SEX AND PREGNANCY

The physical changes of puberty

Briefly review the physical changes of puberty, emphasizing the following points:

- Increased size and coordination so that adult roles can be mastered
- Preparation of the body to become a parent before you "feel ready" to actually do so

Note any slang your students use and make sure that they also know the correct biological terms.

The changes of puberty are controlled primarily by the body's endocrine system.

The major visible physical changes usually occur in the following sequence:

- **Girls:** height increases, breasts develop, hips widen, pubic hair grows, under arm hair
- **Boys:** height increases, testicles enlarge, penis grows, pubic hair grows, under arm hair

The changes of puberty make it possible for men and women to become fathers and mothers. Egg cells develop in her ovaries even before a girl is born. At puberty, they begin to be released one at a time, once a month. Also once a month, the lining of the uterus thickens and is richly fed by blood, in order to prepare a hospitable environment for an egg which has been fertilized. If no egg is fertilized, this lining sheds and is eliminated through the vagina during the monthly menstruation. Once a girl has started to menstruate (or "have a monthly period," she is physically able to become pregnant. But the body (and emotions) take several more years to fully develop into adulthood, even after menstruation begins.

Sperm cells begin to develop in the testes or testicles at the time of puberty. At puberty, they are released in the white, thick secretion called "semen." This occurs through an ejaculation from the penis which has temporarily become engorged and erect. Erection and ejaculation occur not only during sexual activity but also can occur during sleep, known as "wet dreams," or while awake while thinking about sex. Once a boy begins to have ejaculations, he is physically able to make a female pregnant. Just as in girls, however, it takes several more years for the body (and mind) to develop fully into adulthood, even after ejaculations begin.
Expressing Affection

Intro: Ask students to list on the board any emotional or personal changes that they have noticed in themselves or others in the last year. Do you have the same kinds of close friends now as you did when you were 8 or 9? Do you feel like your parents treat you the same way as they used to?

- Changes in the way you feel about yourself
- Changes in what you do and want to do
- Changes in your relationship with your parents
- Changes in friendships and love

There are many kinds of love, and lots of ways to express love and affection for another person. Love between parents and children, brothers and sisters, love between friends, and romantic love are some of the kinds of love. How do you show someone that you love them? How would you show your parents? Your brother or sister? Your friend? A boyfriend or girlfriend? Talking, smiling, kissing, hugging and touching are ways of expressing affection. Sexual activity is one of the ways that people can show romantic love for each other. All human beings are sexual creatures who need to touch and be touched and express affection. However, showing love does not have to result in sexual activity, and having sex with someone doesn't necessarily mean that he or she will fall in love with you. Love does not equal sex.

Sexual Intercourse

The act of penile-vaginal intercourse involves insertion of a man's erect penis into a woman's vagina and rhythmic movements which heighten sexual excitement until orgasm occurs. The organ of maximum sexual pleasure in males is the penis, particularly the head of the penis. The organ of maximum sexual pleasure in females is not the vagina but the clitoris, the small hooded bump above the urinary opening. Male orgasm involves ejaculation of semen into the vagina during rhythmic contractions over about 5 to 20 seconds. Female orgasm involves the rhythmic contractions of the vagina for 5 - 20 seconds. Female orgasm is not required in order for conception to occur.

Anal intercourse involves the insertion of the erect penis into the anus/rectum of another person. Oral sex involves the contact between the mouth of one person and the genitals of another person.
"Unsafe" sexual activity
We call sexual activity "unprotected" or "unsafe" when it involves the mingling of the natural secretions that arise because of sexual pleasure, including the clear lubricants secreted from the penis and vagina before orgasm, and the thick white semen ejaculated during male orgasm. It’s considered unsafe because it is through these fluids that AIDS and other STD’s are passed from one person to another. It is also through contact between semen and vaginal fluids that a female can get pregnant.

Getting pregnant
Once the semen has been deposited in the vagina, the sperm in the semen travel up through the female’s cervix (bottom opening of the uterus), into the uterus, and out through one of the two fallopian tubes toward the ovary. Near the ovary, the sperm find the egg which has been recently released ("ovulated") and surround it. The egg is many times larger than each sperm. Only one sperm penetrates ("fertilizes") the egg. The fertilized egg travels down the fallopian tube for about 8 days and then buries itself ("implants") under the surface of the uterine lining. Once safely implanted, the fertilized egg begins to grow. Pregnancy has begun.

How do you know if you’re pregnant?
Soon after implantation of the egg, hormones are secreted from the ovary and the sac from which the egg was released ("corpus luteum") to prevent menstruation from occurring and to enhance development of the new embryo. These hormones gradually increase in quantity. They can be detected in the blood and urine of pregnant women and are the basis for the pregnancy tests which can be done at home or at a doctor’s office. These tests may be "positive" in pregnancy as early as 1 - 2 weeks after a women fails to menstruate ("misses her period"). Many women know they are pregnant even before the hormone levels are high enough to be detected through the tests, because they do not menstruate or because they notice body changes like weight gain and breast swelling or tenderness.
UNIT 10 - HANDOUTS

HANDOUT: SEXUALITY FACTS - ANATOMY DRAWINGS

Need to scan anatomy drawings.
UNIT 9: THE IMMUNE SYSTEM & HIV

✱ Objectives ❁

1 ✦ Discuss the basic functioning of the immune system.

2 ✦ Explain how diseases, and particularly viruses can infect the body and are transmitted between carriers.

3 ✦ Begin preliminary discussion of HIV. Explain the difference between exposure, infection, being a carrier, and feeling or looking sick.

OUTLINE

Activity : Discussion: The Immune System & HIV

1. Lecture Material: The Immune System & HIV
2. Handout: Word Match Game

Portions of this unit are adapted with permission from Teaching AIDS. Network Publications. Santa Cruz, CA.

You can download Unit 2.
UNIT 7 - CURRICULUM

ACTIVITY
DISCUSSION: THE IMMUNE SYSTEM & HIV

OUTLINE:
1. LECTURE MATERIAL: The Immune System & HIV
2. HANDOUT: Word Match Game

INSTRUCTIONS:
1. Present and discuss the material included in The Immune System & HIV.

Sub-topics: What is a disease?
How are we protected against disease?
What is the immune system?
What causes diseases?
What are viruses? What is HIV? How are they different?
How are diseases passed?
What happens when someone gets infected with a virus?
How does the body fight off infection once a virus is inside?
What can doctors do to help fight infections?
What happens when the immune system breaks down?
What happens to people who get infected with HIV?

2. HANDOUT: WORD MATCH GAME
Hand out the Word Match Game and explain its instructions.
The Immune System and HIV

Your body has many ways of protecting you from dangers that you encounter every day. You are probably aware of a lot of the ways your body can protect you: your legs can carry you away if somebody is chasing you, your brain tells you to pull your hand away if you are about to touch a hot stove... How else does your body protect you? Your immune system is protecting you from germs and diseases all the time, without you even knowing it. Today we’re going to talk about how your immune system works to protect you against common and not-so-common diseases, and how a virus called HIV (the Human Immunodeficiency Virus) can make it hard for your immune system to do what it’s supposed to do.

What is a disease?
A disease is a sickness that occurs when there is an upset or breakdown in the way your body usually functions. Most diseases make you feel sick or like something isn’t quite right with your body, but some diseases upset places in your body that you can’t really feel, like your blood, your bones, or your internal organs. Symptoms are the changes that you can see or feel when you have a disease. Coughing can be a symptom of having a cold. People recover from some diseases in a short time. Others last a long time. Some leave permanent damage. Other diseases can cause death.

How are we protected against diseases?
Our bodies have ways of protecting us. Our skin is strong and keeps out many germs and viruses. In the bloodstream, the white blood cells also protect us and repair damaged tissue. For example, when you scrape your knee, white blood cells kill the germs and repair the skin. Your immune system also protects you against diseases.

What is the immune system?
There are many types of white blood cells and other agents in the body to protect it and repair it. Together, they are called the immune system.
What causes diseases?
Diseases can be caused by pathogens. These are organisms or germs which can invade the body from outside it and cause illness. Viruses, bacteria, fungi, and protozoa can all be pathogens. All of these organisms are very small living creatures and cannot be seen with the naked eye.

What are viruses? What is the Human Immunodeficiency Virus? How is it different?
What’s a virus? A virus is a tiny organism which carries instruction for reproducing itself (called the genetic material). But it must invade a living cell (such as one in a person’s body) to reproduce. Have you ever been invaded by a virus? You have, if you have ever had a cold or chicken pox.

HIV (the Human Immunodeficiency Virus) is a virus which attacks the immune system. You may also hear it called the AIDS virus, because it is the virus that causes AIDS, which stands for Aquired Immune Deficiency Syndrome. HIV is different from other viruses because it hurts the body’s ability to fight off many other diseases. When a person with HIV gets sick from one of those other diseases, then that person AIDS. We will talk more later about what it means to have AIDS.

How are diseases passed?
Diseases that can be passed, or transmitted, from one person to another are called infectious or contagious, like the common cold. Illnesses like a heart attack or cancer are not contagious.

If a person is around someone else who has an infectious disease, we say that person has been exposed. Very often, symptoms appear much later so that the person never knows when he or she was exposed to the illness. When the infectious agent, like chicken pox or a cold actually enters the body and causes illness, that person has become infected.
Some kinds of viruses can only live in blood and the other fluids in our bodies. They cannot be passed by people touching the same surfaces or by breathing the same air. They can only be passed if the blood or body fluid of an infected person enters the body of another person. HIV is this kind of virus.

What happens when someone gets infected with a virus?
Some people who become infected never know it, because their bodies fight off the virus so effectively. These people still may be carriers. A carrier may still be contagious and transmit the infection to others, even though she or he feels and looks perfectly healthy. Carriers can be called asymptomatic, that is, without any symptoms of illness, or symptomatic, which means having symptoms of the illness.

The same kind of infection can affect people in different ways. Some people become sick only very briefly, then get better, because their immune systems fight off the infection well. Some people become very ill after infection with a virus. Some persons die from infection. Have you ever noticed a time when someone in your family has gotten a cold and only had a runny nose, while other people in your house were infected with the same cold stayed sick longer, or felt much sicker, with a cough and sore throat?

How does the body fight off infections once a virus is inside?
After a virus enters the body, the immune system produces substances called antibodies. Antibodies are like soldiers guarding a castle. As soon as they see that the virus does not belong in the body, they chase after it and fight it off. Antibodies and also lymphocytes, a type of white blood cell, are always on guard circulating in the blood stream to protect the body against infection.
LECTURE MATERIAL - THE IMMUNE SYSTEM & HIV (CONT')

What can doctors do to help fight infections?
Another way for the body to get antibodies is through a vaccine. Scientists have created substances which make the body produce antibodies to protect against a particular pathogen. Vaccines are usually delivered as "shots," injected under your skin by a doctor or nurses. Sometimes a booster shot has to be given several years later, because the antibody wears off and has to be reminded to be on guard against infection. We do not have a vaccine for AIDS that works yet. Scientists are working hard on this.

Along with the immune system, medicines like penicillin can help fight infectious diseases. But most viruses cannot be cured with medicines. There is no cure for AIDS, meaning that scientists haven't found a way to stop the virus from breaking down the immune system. However, some of the other infections that AIDS patients get can be treated with medicines.

What happens when the immune system breaks down?
When the immune system fails, or is deficient (that is, lacking some elements), the body is more likely to become infected by pathogens and more likely to become sick as a result of infection. The AIDS virus is particularly dangerous because one of its main targets is the immune system. It kills the cells which protect the body, and leave it defenseless against harmful organisms which are often in our environment. So while a healthy person who was infected with a cold virus might just get a runny nose, someone with AIDS might develop pneumonia. If you feel healthy and spend time with a person with the AIDS virus, that person is more likely to get sick from you than the other way around. That is because you might be feeling fine and carrying a harmful organism which your immune system is fighting off, but the person with HIV can't fight it off.
WORD MATCH GAME

DIRECTIONS: On this page are terms from today’s discussion. The words and definitions on each line below are mixed up. Beside each word below, write the number of the correct definition.

1. Transfer germs from one person to another
2. A name for the AIDS virus
3. Someone who has been infected but doesn’t necessarily feel or look sick
4. A substance which causes the body to produce antibodies to protect against a disease
5. A body system that works to fight off infection and repair injuries
6. What we call a body that has been invaded by
7. What the body produces to fight off a virus
WORD MATCH GAME

DIRECTIONS: On this page are terms from today’s discussion. The words and definitions on each line below are mixed up. Beside each word below, write the number of the correct definition.

HIV 1. Transfer germs from one person to another

Immune System 2. A name for the AIDS virus

Transmit 3. Someone who has been infected but doesn’t necessarily feel or look sick

Infected 4. A substance which causes the body to produce antibodies to protect against a disease

Carrier 5. A body system that works to fight off infection and repair injuries

Antibodies 6. What we call a body that has been invaded by

Vaccine 7. What the body produces to fight off a virus
UNIT ①: HIV & AIDS

✵ Objectives ✵

1. Help students make the distinction between rumors and facts about AIDS.

2. Discuss the effects of AIDS, the HIV test, and specific ways of preventing AIDS.

3. Assign reading to help students review concepts from the discussion.

OUTLINE

Activity : Brainstorming Myths and Facts About AIDS

1. Discussion

Activity : Discussion: What is AIDS?

1. Lecture Material:  What is AIDS?
2. Homework:  Take-Home Reading:  Know About AIDS!

Portions of this unit are adapted with permission from Teaching AIDS. Network Publications. Santa Cruz, CA.

You can download Unit 3.
UNIT 1 - CURRICULUM

ACTIVITY
BRAINSTORMING MYTHS & FACTS ABOUT AIDS

INSTRUCTIONS:
Introduce the activity by noting that we have all been hearing a lot about AIDS, on TV, in newspapers and magazines, from friends, and in school. The subject of AIDS arouses many feelings in all of us, particularly fear and anger. Some of what we hear is true, some is based on fears, misinformation, and rumors.

1. Ask students to think about what kinds of rumors or jokes you have heard about AIDS, and the concerns or questions you have.

2. Instruct students to take out a piece of paper. In one or two sentences, make up a believable rumor about AIDS. They can also write rumors they’ve heard, or something that is true.

3. Collect the papers and read several to the class, writing them on the board organized as follows: Rumors about who gets AIDS
   Rumors about how you get AIDS
   Rumors about cures, etc.

4. Have the kids vote on which rumors they think are myths, and which are facts.

5. Tell the class that today you will be discussing what AIDS is, what it does, and how to reduce your chances of getting it.
ACTIVITY

CLASSROOM PRESENTATION: WHAT IS AIDS?:

INSTRUCTIONS:

1. Present and discuss the following lecture material: **What is AIDS?**

   Sub-topics: What happens to people who get exposed to the AIDS virus?  
   What happens to people who get infected with the AIDS virus?  
   Does everyone who gets HIV or AIDS die?  
   What are doctors doing about AIDS?  
   How can people protect themselves from getting AIDS?  

   How do people get HIV?  
   How is HIV not transmitted?  

   How do you know if someone has HIV?  
   How do you know if someone has AIDS?  
   How can we test for HIV? What does a positive test mean?  

   Who gets AIDS?  
   How can we protect ourselves from getting HIV?  

2. **TAKE-HOME READING: KNOW ABOUT AIDS!**  
   Pass out reading assignment for students to take home and read. Ask them to circle any terms they don’t understand and write down at least 1 question about the reading to ask during class next time.
LECTURE MATERIAL: WHAT IS AIDS?

What are AIDS and HIV?

What is AIDS?
AIDS stands for Acquired Immune Deficiency Syndrome. Acquired, in that it is not genetically inherited (for example, David, the boy who lived in the bubble, had an immune deficiency syndrome inherited from his parents). Immune deficiency means that some parts of the immune system, (such as lymphocytes, antibodies, macrophages, or polymorphonuclear neutrophils) do not function properly or have decreased in number. AIDS is not a single disease but rather a syndrome, comprised of several serious manifestations of the breakdown in the body’s immune system. AIDS is the most serious illness that occurs in people who have been infected with the Human Immunodeficiency Virus.

Although the exact group of diseases included in the syndrome of AIDS is evolving, the most common ones are opportunistic infections (that is, infections by organisms which cause disease in people whose immune systems are compromised but would not ordinarily cause illness in people with functioning immunity). Also fairly common are certain cancers (although most cancers are not related to HIV infection). Other manifestations of AIDS include direct effects of the HIV virus on the brain, causing declining mental function, and wasting or severe weight loss and reduction in muscle mass.

The most common opportunistic infections include:

pneumocystis carinii, a protozoan which is common in the air. Almost all children have been exposed to this organism but few ever become infected. In AIDS, infection with pneumocystis carinii usually develops as a severe pneumonia, called pneumocystis.

toxoplasma, an intracellular parasite which is commonly found in the feces of cats and other animals. In AIDS, infection with toxoplasma usually develops as a brain infection.
The most common AIDS related malignancies are:

*Kaposi’s sarcoma*, a type of cancer that primarily affects the skin. Extremely rare in the general population. In AIDS, this usually develops as purplish spots on the skin and throughout the mouth and gastrointestinal tract.

*Lymphoma*, a cancer of the lymph glands. Although this also occurs in non-AIDS patients, it also can be caused by the HIV virus.

How can you tell if someone has AIDS?
You cannot tell just by looking at a person if he or she has AIDS or has been infected with the HIV virus. The only ways to tell are to get blood tests for the HIV virus and document presence of the AIDS diseases (opportunistic infections, cancers, or symptoms like wasting or dementia). Note that presence of HIV virus or antibodies in the bloodstream alone do not mean that a person has AIDS. They simply mean that a person has been infected with the HIV virus. The person may be asymptomatic, have symptoms of early HIV infection, or have AIDS itself.

How do people get AIDS?
The AIDS virus is transmitted only when the semen, vaginal secretions, or blood of someone infected with HIV directly enters the bloodstream of someone who is not infected. Here are some ways this might happen:

1. During vaginal or anal intercourse, and oral - genital or oral - anal sex, when semen and blood might be transferred.

2. During the sharing of needles for drug use, tattoos or piercing.

3. From blood transfusions between an HIV infected donor and a non-infected recipient. In the United States, this form of transmission took place primarily before 1985, when a highly accurate screening test for HIV was instituted.
4. From transfusion of blood products between an HIV infected donor and a non-infected recipient. This primarily occurred in hemophiliacs, who receive clotting factors. One transfusion of clotting factors are pooled from many different donors so that they have higher likelihood of infection with HIV. Since 1985, clotting factors in the U.S. have all been "heat - treated" to kill any possible HIV virus.

5. Pregnant women infected with the AIDS virus can pass it on to their unborn children.

How is AIDS not transmitted?
There are lots of rumors and myths around about how you can catch AIDS. Actually, AIDS is very difficult to get, because it requires the transfer of blood, semen, or vaginal secretions. Most every day activities put you at no risk for catching the HIV virus.

So, you cannot contract AIDS from:

- beds
- breathing
- chewing pencils
- clothing
- combs or hairbrushes
- coughing or sneezing
- drinking fountains
- door knobs
- giving or donating blood
- gum
- hot tubs
- hugging
- kissing
- nail files
- shaking hands
- sharing food or drinks
- silverware
- sitting in the same classroom
- swimming pools
- tears
- telephones
- toilet seats
- touching
- towels
LECTURE MATERIAL: WHAT IS AIDS? (CONT.)

How do we test for AIDS? What does a positive AIDS test mean?
There are several AIDS tests now. The most common one is the HIV antibody test, which checks for presence of a person’s own antibodies which have formed after infection with the HIV virus. A positive test here means that the person has HIV antibodies in his or her blood and therefore that he or she has been infected with the HIV virus. It does not mean automatically that the person has AIDS. Formal diagnosis of AIDS requires the presence of certain symptoms or diseases caused by the HIV virus.

When taking the HIV antibody test, it is important to note the incubation period of the virus, that is, how long after one has become infected it takes for that person to develop antibodies or to become ill. Typically, HIV antibody develops within 2 - 6 months after infection. An HIV antibody test performed after infection but before the 2-6 month incubation period is complete may not detect the presence of the virus. Illness with AIDS often begins within the first 5 years after infection. However, it may take 10 years or more before a person infected with the AIDS virus to become ill.

What happens to people who get infected with the AIDS virus?
Some people remain asymptomatic, that is, looking and feeling healthy, for long periods of time. These people, however, can still be contagious and can transmit the virus to sexual partners or those who share needles.

Other people develop early signs of HIV infection. These include heavy sweating, fevers, weight loss, chronic diarrhea, chronically enlarged lymph glands, fatigue, oral thrush (mouth infection with the yeast organism, candida). These symptoms may be fairly non-specific, that is, they are commly found in people with many different types of illnesses -- like the flu. Almost everyone has had some of these symptoms at one time or another. It is the intensity of these symptoms and their persistence over time (more than 1 or 2 months) that should raise concerns about HIV infection.

People with AIDS have one of the most serious illnesses associated with HIV infection, including pneumocystis carinii pneumonia, toxoplasmosis encephalitis (brain infection), Kaposi’s sarcoma, HIV - caused dementia, or severe muscle wasting.
Does everyone who gets HIV or AIDS die?
We do not yet know how many people who have been infected with HIV will die. Several people have survived more than 10 years with the infection and have no symptoms. As symptoms increase, the illness becomes more serious and death more likely. Usually, the first episodes of infections related to AIDS can be treated and persons improve. As time goes on, these persons often get more infections or develop other illnesses more difficult to treat, such as brain infections, Kaposi’s sarcoma, lymphoma, and dementia. 361,509 persons had been diagnosed with AIDS in the United States as of December, 1993 and 220,871 had died. No one has been "cured", that is, no one has been shown to no longer carry the HIV virus or antibody.

What are doctors doing about HIV infections and AIDS?
Even though AIDS and HIV infection cannot be cured yet, doctors and other scientists are doing a lot for their patients and for everyone else.

Doctors monitor their patients with any stage of HIV infection to look for signs of treatable diseases, that is, the infections or cancers that might develop. These diseases are treated with various medicines, some fairly standard and others newer and more experimental. Doctors also pay close attention to the nutrition of the patients, because it is very important to stay well nourished to keep the body as strong as possible.

Researchers are experimenting with a wide range of medicines to treat the specific infections and cancers associated with HIV, and to try to suppress the HIV virus itself. All types of patients, those with symptoms already and those who feel healthy, are involved in these experiments.

Researchers are also experimenting with vaccines to try to prevent persons from becoming infected with the AIDS virus in the first place, and by bolstering their immune systems of people who are infected already. It will take many years before we know whether the vaccines are safe and effective.

Finally, and most importantly, doctors, along with nurses, public health officials, parents, and teachers are working hard to teach everyone how to prevent spreading the HIV virus.
How can people protect themselves from getting AIDS?
As long as people do not share the secretions which can transmit the HIV virus, they are protected from getting AIDS. So how is this done?

Abstinence
Not having sex and not sharing needles to shoot drugs is the safest way to avoid getting the HIV virus. In fact, abstinence is only fool proof method which prevents getting the virus.

Safer sex
For people who are having sexual relations, certain guidelines can make it very unlikely that the HIV virus will be passed.

If both sexual partners are not infected with the HIV virus and are completely monogamous (that is, have sex only with each other and never with anyone else and never use intraveous needles) then they are safe from getting the HIV virus.

If either one partner is already infected with the HIV virus or if either partner ever has sex with another person, then they can practice "safer sex." Safer sex means have sex in ways that make it less likely that the HIV virus will be transmitted. For persons who are already infected with HIV, or are not completely sure about their sexual partners, there is no such thing as absolutely guaranteed safe sex.

So what is safer sex? This is sexual activity, vaginal intercourse, anal intercourse, or oral sex performed without any sharing of "body secretions" such as semen, vaginal secretions, or blood. That means using a condom or rubber from start to finish of the sexual activity. Not using drugs or alcohol before sexual activity is also safer, because these can impair judgement and make it likely that persons will forget to use condoms appropriately and avoid secretions.

Don’t share needles
That means during drug use, gang rituals, tattooing or piercing.
UNIT ① - HOMEWORK

ASSIGNMENT
TAKE-HOME READING: KNOW ABOUT AIDS!

KNOW ABOUT AIDS!

What does AIDS stand for?
AIDS stands for Acquired Immune Deficiency Syndrome. Acquired means that you get it or obtain it, rather than inheriting it from your parents’ genes. A baby can be born with AIDS, but that is because the mother’s body fluids mix with the baby’s body fluids while she is pregnant. Immune refers to the immune system: the part of our body which protects us from infections. Immune deficiency means that some part of the immune system is damaged so that it can no longer work right. Syndrome is another word for an illness or a group of symptoms.

What is HIV?
HIV stands for Human Immunodeficiency Virus. This virus lives in blood and body fluids. It attacks the immune system, so that a person with HIV cannot fight off diseases as well as a healthy person.

What is AIDS?
When a person who is infected with HIV gets a disease that their immune system cannot fight off, we say that person has AIDS. AIDS is the most serious illness that occurs in people who have been infected with the HIV virus. The most common diseases that strike people with HIV are called opportunistic infections. These infections are caused by organisms which attack people with damaged immune systems. People with healthy immune systems are able to fight off the organisms which cause disease in people with HIV. People with HIV can also get certain kinds of cancer. However, most of the time, cancer doesn’t have anything to do with HIV. We also say that a person has AIDS when the HIV virus damages the brain or causes severe weight loss.
ASSIGNMENT - TAKE-HOME READING: KNOW ABOUT AIDS!

How many people have AIDS?
As of December, 1993 more than 361,500 people had been diagnosed with AIDS in the United States, and more than 220,800 people had died of AIDS.

How can you tell if someone has AIDS?
You cannot tell just by looking at a person if he or she has AIDS or has been infected with the HIV virus. So just because someone "looks" gay or like a drug user doesn't mean that they have AIDS. The only way to tell if a person has HIV to get a blood test for the HIV virus. You can only tell if a person has AIDS by finding HIV in their blood and discovering that the person has one of the AIDS diseases.

How do we test for HIV? What does a positive HIV test mean?
There are several HIV tests now. The most common one is the HIV antibody test. Antibodies are a part of the immune system that the body produces to help fight off diseases. When a person is infected with HIV, their body produces antibodies to fight the virus. The HIV antibody test checks for a person’s own antibodies against HIV. HIV antibodies usually develop within 2 - 6 months after infection. A positive test means that the person has been infected with the HIV virus. Testing positive does NOT mean that you have AIDS and it is not the end of your life. AIDS usually begins several years after infection. It may take 10 years or more for a person infected with HIV to get AIDS, and some people may never get it.

When you take an HIV test, a counselor at the test site answers your questions. Then your blood is taken and sent to a laboratory. After about 2 weeks, a counselor gives you the results and helps you to decide what your next step should be.

Who gets AIDS?
AIDS is not a disease of gay white men only. It can happen to anybody who does things which put them at risk of contact with the HIV virus. It’s not who you are, but what you do.
How can you get AIDS?
The AIDS virus is transmitted only when the semen, vaginal secretions, or blood of someone infected with HIV directly enter the bloodstream of another person. Here are some ways this might happen:

1. During unprotected sexual intercourse (putting the penis in the mouth, anus, or vagina of another person without a condom) when semen, vaginal fluids and blood can be exchanged.
2. During the sharing of needles used for shooting drugs or for tattoos or piercing.
3. Blood transfusions from someone who is infected with HIV to a person who is not HIV-infected. In the United States, this happened mostly before a screening test for HIV began to be used, in 1985. HIV transmission by blood transfusion still takes place in other parts of the world.
4. Pregnant women infected with the AIDS virus can pass it on to their unborn children.
5. Mothers can pass it to their babies while breastfeeding.

How is AIDS not transmitted?
There are lots of rumors and myths around about how you get AIDS. Actually, AIDS is very difficult to get, because it requires the transfer of blood, semen, or vaginal secretions from an infected person to someone who is not infected. Most everyday activities put you at no risk for catching the HIV virus.

So, you cannot contract AIDS from:
- beds, breathing, chewing pencils, clothing, combs or hairbrushes, coughing, drinking fountains, door knobs, giving blood, gum, hot tubs, hugging, kissing, nail files, shaking hands, sharing food or drinks, silverware, sitting in the same classroom, sneezing, swimming pools, tears, telephones, toilet seats, touching, or towels!
ASSIGNMENT - TAKE-HOME READING: KNOW ABOUT AIDS!

How can people protect themselves from getting AIDS?
As long as people do not share blood or the body fluids which can transmit the HIV virus, they are protected from getting AIDS. So how is this done?

Abstinence
Not having sex and not sharing needles are the safest ways to avoid getting the HIV virus. In fact, abstinence from sex and never injecting drugs is the only 100% certain method of preventing HIV infection.

Safer sex
For people who are having sex, certain guidelines called "safer sex" can make it less likely that the HIV virus will be passed.

So what is safer sex? Safer sex is sexual activity without any transfer of semen, vaginal fluids, or blood. That includes touching, kissing, hugging, and many other ways of expressing affection. For having sexual intercourse, safer sex means using a condom or rubber from start to finish. Not using drugs or alcohol before sex is also safer, because these can lead to poor judgment. Using drugs or alcohol can cause people to forget to use condoms or fail to use them correctly.

Don’t share needles
That means during drug use, gang rituals, tattooing, or piercing.
UNIT \: DRUGS AND ALCOHOL

★ Objectives ★

1  Discuss reasons why people use drugs and alcohol and alternative ways of fulfilling those needs.

2  Overview the drugs that are most commonly used in your community, and their physical and behavioral effects, emphasizing impaired judgment.

3  Have students draw think about how the sale and use of illegal drugs can affect families and communities.

OUTLINE

Activity  : Discussion: Why Do People Use Drugs?
   1. Warm-Up Questions
   3. Brainstorm/Discussion: Reasons for Using and Not Using Drugs
   2. Lecture and Discussion: Kinds of Drugs, Effects of Drugs

Activity  : What Drugs Do to Families and Communities
   1. Discussion

You can download Unit 4.
UNIT  ❯ - CURRICULUM

ACTIVITY

DISCUSSION: WHY DO PEOPLE USE DRUGS?

OUTLINE

1. WARM-UP QUESTIONS
2. LECTURE AND DISCUSSION: Kinds of Drugs, Effects of Drugs
3. BRAINSTORM/DISCUSSION: Reasons for Using and Not Using Drugs

INSTRUCTIONS:

1. Start the sessions with WARM-UP QUESTIONS about drugs and drug use in their communities.

2. BRAINSTORM reasons people use drugs and alternatives for each reason. (OPTIONAL: Break into small groups for this activity, if you prefer.)

3. Use the Overview of Drugs LECTURE MATERIAL (Unit  ❯ Teacher Resources Section) as a guide for presenting basic categories of drugs and clarifying positive and negative effects. Note: you need not cover all drugs listed. Emphasize the drugs that are commonly used by kids in your community.

4. To facilitate DISCUSSION, list the headings on the board: Class of Drug, Effects. For each drug category you choose to cover, have students volunteer information to fill in the columns, and talk about whether these are positive or negative effects. As you discuss the effects of each drug, emphasize ways that judgment and behavior are affected. Help students draw conclusions from their own descriptions of people on drugs: Any drug is dangerous to your physical health and keeps you from thinking clearly and making good decisions. Using drugs and alcohol increases the chances of having sex without protection and exposing yourself to the AIDS virus.
ACTIVITY: WHY DO PEOPLE USE DRUGS? (CONT')

INTRODUCTION:
Today we are going to talk about the drug connection -- the connection between using drugs and getting AIDS. We have already talked about people who use needles to shoot drugs being directly at risk for getting AIDS. But kids who drink alcohol or use drugs of any kind are also increasing their risks. Drugs affect your judgment. It's easier to forget about using condoms and protecting yourself if you are drunk or high, so kids who use drugs are more likely to get AIDS by having unprotected sex.

WARM-UP QUESTIONS:
1. Define the term "drug." Ask students if they think alcohol is a drug.

2. Ask the class to name drugs they think are the most commonly used by young people in their community (eg. alcohol, marijuana, crack, cocaine, heroin, PCP, quaaludes).

3. Why do people use drugs?

BRAINSTORM/DISCUSSION:
1. Ask students to BRAINSTORM reasons people use drugs. Write the reasons they offer on the board. Make sure the following reasons have been mentioned:

   - curiosity
   - pleasure (get high)
   - relaxation
   - escape problems, relieve anxiety or stress
   - rebel against parents or other authority
   - experimentation (curiosity)
   - peer pressure
   - be sociable
   - feel mature
   - relieve boredom
   - addiction
ACTIVITY: WHY DO PEOPLE USE DRUGS? (CONT')

2. Next, ask the students to mention some alternatives. For every reason to use a drug, there is an alternative way to achieve that goal without the drug. Write these on the board next to the reasons. For example:

- Pleasure: Become aware of the things that you really like to do, and pursue your interests and skills in these interests. If you can't think of any, find new activities!
- Relieve stress: exercise, relaxation
- Cope with painful problems: Get help
- Belonging: Do things together with your friends and family that you like.
- Experimentation: Try new activities.
- Feel mature: Take on more responsibilities, like being a peer leader or heading an organization in your community or school.

* This discussion is adapted with permission from New Perspectives on Drug Abuse Prevention, New Perspectives, Larkspur, CA.

4. Finally, discuss reasons for not using drugs.

- impaired judgement: it's difficult to think clearly and make good decisions when you're on drugs. You may do things that you don't really mean to do, like having sex when you're not ready to, failing to protect yourself from pregnancy or disease, or driving dangerously
- drugs are illegal
- drugs impair your physical health
- some drugs are addictive
- drugs can harm your relationships with friends and family
- drugs can interfere with your school work and your motivation to do things that you like (sports, music, etc.)
- drugs cost a lot of money: getting money to keep up a drug habit can lead people to robbery or prostitution
- to get drugs you may have to come into contact with people who may be dangerous
ACTIVITY: KINDS OF DRUGS, EFFECTS OF DRUGS

LECTURE AND DISCUSSION

1. Focus on needle use: In followup to our unit on AIDS, ask students how drug users shoot up, describing the process. Drug users who shoot up inject a drug directly into their veins or under the skin ("skin popping") with a needle. During this process, some of the blood from the drug user’s vein may be drawn up into the needle and syringe. When the "works" are passed from one person to another, small amounts of blood stay on the needle and syringe and get injected into the next person’s vein. Make it clear that the AIDS virus can be transmitted in this way. Drug use with needles is very dangerous, and can cause many different and fatal illnesses, including AIDS. Ask students if there are any ways to tell if someone has been using needles to shoot drugs.

OVERVIEW OF DRUGS

Drugs of abuse can be categorized by two general schemes: their mental and physical effects on people, and their routes of administration.

Drugs categorized by types of mental and physical effects

"Uppers" or stimulants
Includes amphetamines (eg. cocaine, "crack," and "ice") nicotine, caffeine
These drugs act by stimulating the nervous system so that the body feels excited, revved up.

Some of the reasons why people take uppers are to:
- increase alertness and concentration
- increase energy
- elevate mood
- suppress appetite
ACTIVITY: KINDS OF DRUGS, EFFECTS OF DRUGS (CONT')

Some of the negative side effects of uppers are that they:
• are very addicting*
• make it hard to sleep or relax
• increase paranoia (the fear that "someone is out to get me")
• strain the heart and lungs, and can cause heart attacks and death

"Downers" or depressants
Includes alcohol, barbiturates or sedatives (eg. Quaaludes), opiates (eg. heroin, morphine), and tranquilizers (eg. Valium, Librium).
These drugs act by depressing the nervous system so that the body slows down.
Some of the reasons why people take downers are to:
• relax
• lower anxiety or fears
• forget worries
• increase sleepiness
• decrease inhibitions

Some of the negative side effects of downers are that they:
• are very addicting
• dull emotions, so that people don't feel much sadness, but also
  don't feel much happiness
• confuse one's thinking and slurs one's speech
• slow reaction time and ability to control one's body

* ADDICTION is defined as a "continued use despite major negative consequences to self or others, combined with a lack of control over use." (New Perspectives on Drug Abuse Prevention, New Perspectives, Larkspur, CA)
ACTIVITY: KINDS OF DRUGS, EFFECTS OF DRUGS (CONT’)

Hallucinogens or psychedelics
Includes marijuana, hashish, LSD, mescaline, MDA, MDMA (ecstasy), PCP, peyote, psilocybin mushrooms
These drugs act by scrambling the patterns of nerve firing in the brain. Some act as downers (marijuana, hashish) while others act as uppers (LSD, mescaline, MDA, ecstasy, PCP, peyote, and psilocybin mushrooms).

Some of the reasons why people take hallucinogens are to:
•experience hallucinations
•heighten senses
•forget worries
•decrease inhibitions

Some of the negative side effects of hallucinogens are to cause:
•confusion or disorientation
•agitation, anxiety, or extreme fear
•paranoid thinking or "bad trips"
•apathy about events going on in the real world

Other negative side effects of drugs
Because some drugs are expensive, people who use them have to have a continuous source of cash. How can they keep the money coming? They can work, but very often the drugs mess them up so much that they lose their jobs. They can steal. Or they can prostitute themselves (sell their bodies for sexual favors) for money or drugs. Having a drug habit is a very difficult lifestyle to sustain.
ACTIVITY: KINDS OF DRUGS, EFFECTS OF DRUGS (CONT')

Drugs categorized by route of administration

*Smoked or inhaled into the lungs*

marijuana, hashish, opium, heroin, crack, ice, nicotine

*Snorted into the nose*

cocaine, heroin

*Eaten or drunk*

marijuana, peyote, alcohol, caffeine, amphetamines, barbiturates, sedatives, tranquilizers, LSD, mescaline, MDA, MDMA (ecstasy), PCP, peyote, psilocybin mushrooms

*Injected under the skin (skin popping) or in the vein (intravenous, IV)*

cocaine, crack, opium, heroin
INTRODUCTION:
Students who are "running" drugs for local dealers may not think they are doing any harm since they themselves don't experience the physical effects of the drugs. For these students, it is important to explore the family and community impacts of drug dealing.

DISCUSSION:

- What do drugs do to families?
  1. destroy love, trust, respect, and friendship
  2. make people act unpredictably
  3. make other family members angry and ashamed of the one who is using or selling drugs
  4. increase the chance that robbery or violence will occur between family members or by drug dealers against someone in the family
  5. set bad examples for children living in the home trying to grow up healthy and strong

- What do drugs do to a community?
  1. destroy love, trust, respect, and friendship
  2. make people act unpredictably
  3. increase robbery and vandalism
  4. increase murder
  5. increase prostitution
  6. destroy community pride and morale
  7. set bad examples for children living in the community trying to grow up healthy and strong
UNIT 4: PREVENTING STD’S

★ Objectives ★

1 Explan AIDS risk behaviors, emphasizing that it’s not who you are but what you do that puts you at risk for HIV infection.

2 Talk about various STD’s, their symptoms, how they are transmitted, and how they can be prevented.

3 Use a story about two young people to get students thinking about situations in which AIDS could affect them personally.

OUTLINE

Activity : Choices Chart
   1. Handout: Choices Chart

Activity : Classroom Presentation: STD’s
   1. Lecture Material: STD’s

Activity : What Does This Have To Do With Me?
   1. Handout: The Story of Samuel and Shari

You can download Unit 5.
ACTIVITY
CHOICES CHART

INSTRUCTIONS:

1. Write the blank CHOICES CHART (see Unit 5 Handout section) on the board for the class to complete out loud. Give students copies of the HANDOUT also, to complete along with the classroom discussion.

2. Explain when it comes to AIDS, it’s not who you are, but what you do that puts you at risk. Most of the time, the choices you make decide whether or not you are risking becoming infected with the HIV virus. Ask the class to identify the few exceptions to that rule (eg. babies infected during pregnancy).

3. In completing the chart, ask what choices about sex and drugs the students could make that are 100% safe, less safe, and not safe. Sample answers are given on the teacher’s copy of the chart.

4. The preceding AIDS prevention information can be reinforced when discussing the chart.
ACTIVITY
CLASSROOM PRESENTATION: STD’S

INSTRUCTIONS:
Briefly present the following information on STD’s.¹

1. Define STD’s: ("sexually transmitted diseases") a group of communicable diseases that are contractible.
2. Young people are at risk for STD’s. Currently, 1 in 7 US teens has an STD.
3. Many STD’s are not serious or life-threatening but just cause discomfort and are easily treated.
4. Some common early symptoms are sores, bumps, itching, burning, or unusual discharge. Sometimes, these symptoms may be accompanied by fever.
5. Some common STD’s are gonorrhea, chlamydia, genital herpes, trichomonas, syphilis, pubic lice. AIDS cannot be cured.
6. The best ways to cut down the risk of getting STD’s are:
   a. abstinence
   b. get tested for STD’s and have sex with only 1 person who never has sex with anyone else and who has also been tested for STD’s
   c. use a condom every time you have sexual intercourse
7. If you think you might have an STD, call your doctor or your local Planned Parenthood Clinic. AIDS is currently the most serious STD. In this session, we will be talking about what AIDS is, and how you can keep yourself from getting AIDS.

¹ For this discussion, refer to supplementary materials in "Educator’s Guide to AIDS and Other STD’s."
LECTURE MATERIAL - STD’s

Sexually Transmitted Diseases (STD’s)

STD’s (Sexually Transmitted Diseases) is name given to a particular group of infections caused by contagious microorganisms. Most commonly, these infections are passed ("transmitted") from one person to another during sexual activity (vaginal - penile intercourse, penile - anal intercourse, or oral sex). Mothers can also transmit some of these infections to their unborn children during pregnancy or birth. There are many different STD’s, some causing only minor symptoms or no symptoms at all, and others causing serious illness.

AIDS (Acquired Immune Deficiency Syndrome) is the most serious STD, because we have no cure for it and because can be fatal. You will be learning a lot more about AIDS in the next few weeks. Other STD’s include gonorrhea, herpes, chlamydia, syphilis, trichomonas, and gardnerella (there are others, too). Most of these infections involve symptoms of abnormal genital secretions, itching, pain, or sores. However, they also can occur without any symptoms at all, so that one person may get sick while his or her sexual partner is also infected but feels healthy. Each of these STD’s can be diagnosed by a doctor and has special treatment which can be obtained through a prescription at a pharmacy.

Most STD’s are not caused by viruses (including gonorrhea, chlamydia, syphilis, trichomonas, and gardnerella). These are curable and, if caught early and treated, do not cause serious damage to the body.

The three STD’s caused by viruses are herpes, AIDS, and HPV (Human Papilloma Virus). These are not curable. Fortunately, herpes, caused by the herpes viruses, rarely produces serious illness in adults, although it can be very dangerous for a baby if the mother has active lesions during birth. HPV is a virus which puts the carrier at risk for cervical cancer.

AIDS is the most serious STD we know of today. AIDS is not a single disease but can take the form of a number of different illnesses. AIDS is caused by the Human Immunodeficiency Virus (HIV). The HIV virus usually does not produce any symptoms right away. A person who has HIV could feel perfectly healthy for as long as 10 years or more, or they could get sick and die much sooner. The virus attacks the immune system, leaving the infected person more susceptible to other diseases and infections. When a person who has HIV (or is "HIV positive") gets sick with one of these other diseases or infections, ONLY then do we say that he or she has AIDS.
Preventing STD's

A few simple rules will lower your risk of getting STD’s and keep you healthy:

1. Abstain from sex. This means you simply wouldn’t have sexual intercourse. You can still express love and affection for people in many ways, including hugging, kissing, holding hands, tickling, playing football with, cooking dinner for, watching movies with, etc.

2. For people who are sexually active, it is best to practice "safer sex," every time you have sex. This means using a condom from start to finish of the sexual activity. A condom is a thin balloon - like sheath which covers the erect penis, capturing the semen and preventing contact between the penis and vaginal, oral, or anal secretions. Why? Because this is the best way to prevent passing any infections from one person to another.

You cannot tell just by looking at someone whether or not they have an STD. With some STD’s the only way to detect them is to be examined by a doctor or to have your blood tested. After infection with the HIV virus, there is a period of up to several months where a person could be infected, but a test would not be able to detect the presence of the virus. This is because it takes a little while for the virus to reproduce and for the body to produce enough antibodies for an HIV test to recognize.

So unless you abstain from sex, or practice ONLY safe sex ALL THE TIME, and NEVER use needles for drugs, you can’t always know if you’ve been infected with an STD or not. Since it’s hard to be absolutely sure about yourself AND your partner, it’s safer to use condoms every time! Besides, using condoms does something else very important. In addition to helping protect against STD’s, condoms also are "contraceptives," that is, they prevent conception or pregnancy.
ACTIVITY
WHAT DOES THIS HAVE TO DO WITH ME?

INSTRUCTIONS:

1. Ask students how they think the AIDS epidemic might affect them.
2. Hand out The Story of Samuel and Shari.
3. Have students work in pairs or small groups reading the story of Samuel & Shari and answering the questions that follow.
4. Bring the class back together to discuss the activity.
# CHOICES CHART

<table>
<thead>
<tr>
<th>CHOICES ABOUT SEX</th>
<th>CHOICES ABOUT DRUGS</th>
<th>CONTACT WITH HIV-INFECTED PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% SAFE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not having sex</td>
<td>Never drinking alcohol</td>
<td>Being a good friend</td>
</tr>
<tr>
<td>Not &quot;going all the way&quot;</td>
<td>Never using drugs</td>
<td>Having fun together</td>
</tr>
<tr>
<td>Touching, kissing</td>
<td>Never using needles to shoot drugs</td>
<td>Casual contact is safe</td>
</tr>
<tr>
<td><strong>SAFER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postponing sex</td>
<td>Talking to an adult or counselor</td>
<td>Intimate contact only</td>
</tr>
<tr>
<td>other</td>
<td>if you are using drugs</td>
<td>with condoms or barriers</td>
</tr>
<tr>
<td>Limiting your # of partners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having protected sex: using condoms &amp; spermicide every time you have sex</td>
<td>If you use needles to shoot drugs, never share needles. Use needles only once, or else clean them twice with bleach and rinse with water.</td>
<td></td>
</tr>
<tr>
<td><strong>NOT SAFE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unprotected sex</td>
<td>Sharing needles</td>
<td>Unprotected sex</td>
</tr>
<tr>
<td>Having many partners</td>
<td>Having sex while drunk or high</td>
<td>Needle sharing</td>
</tr>
<tr>
<td>Using condoms incorrectly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHOICES ABOUT SEX</td>
<td>CHOICES ABOUT DRUGS</td>
<td>CONTACT WITH HIV-INFECTED PERSON</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>100% SAFE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAFER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOT SAFE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Story of Samuel and Shari

Samuel is a junior high school student in Oakland. One night he goes to a party where three of his buddies urge him to shoot (inject) some drugs. Samuel has never used drugs before but decides he will try it just once, sharing one needle between the four of them. Samuel doesn't know it, but one of the other guys he is shooting with has been infected with the AIDS virus. Samuel becomes infected, too, but he doesn't know it.

Samuel's girlfriend Shari has sex with Samuel. They don't use condoms. She also becomes infected with the AIDS virus, but she doesn't know it. Both Samuel and Shari feel and look perfectly healthy.

Several months later, Samuel and Shari break up and start dating other people.

Three years go by. You move into their neighborhood. You don't know Samuel. But some of your friends may have had sex with Shari or Samuel, and some may have tried shooting drugs, sharing a needle. Everyone looks and feels perfectly healthy. No one thinks he or she is "at risk" for having the AIDS virus.

Answer the questions on the next 2 pages about this story.
Questions about Samuel and Shari

1. List at least 2 ways that Shari could have become infected with the AIDS virus.
   a. having sex with Samuel, who carries the virus.
   b. sharing a needle with Samuel or someone else who carries the virus.

2. List at least 3 ways that you could catch AIDS after you move into the neighborhood.
   a. having sex or sharing needles with Samuel.
   b. having sex or sharing needles with Shari.
   c. having sex or sharing needles with anyone else who had sex or shared needles with Samuel or Shari.

3. How can you tell which of your new friends might have the AIDS virus?
   You can’t tell!

4. List at least 3 ways you can be sure you are protected from getting the AIDS virus.
   a. Don’t use drugs.
   b. Don’t share needles.
   c. Abstain from sex.
   d. If you do have sex, have "safer sex" -- ALWAYS use condoms.

5. Suppose Samuel has unprotected sex with two more girlfriends this year. He also shoots up drugs with two other people, sharing needles each time. Suppose also that each of his girlfriends has unprotected sex with one other person each. And suppose that each of the people Samuel has shared needles with has unprotected sex with one other person each. Draw a diagram showing how the AIDS virus might have spread to other people from the initial four boys at the party that night three years ago.
Questions about Samuel and Shari

1. List at least 2 ways that Shari could have become infected with the AIDS virus.

2. List at least 3 ways that you could catch AIDS after you move into the neighborhood.

3. How can you tell which of your new friends might have the AIDS virus?

4. List at least 3 ways you can be sure you are protected from getting the AIDS virus.

TURN TO THE NEXT PAGE FOR THE FINAL QUESTION.

5. Suppose Samuel has two more girlfriends this year and shoots up drugs with two other people, sharing needles each time. Suppose also that each of his girlfriends has sex with one other person each. And suppose that each of the people Samuel has shared needles with shares with one other person each.

Draw a diagram showing how the AIDS virus might have spread to other people from the initial four boys at the party that night three years ago.
UNIT ★ : PREVENTING AIDS

✿ Objectives ✿

1 ✿ Discuss the different forms of contraception and how they work to prevent pregnancy. Talking about which forms of contraception also protect against AIDS and STD’s.

2 ✿ Discuss why condoms should be used, and go through the steps for correct condom use. Emphasize how doing each step correctly can help keep condoms from breaking or failing.

3 ✿ Discuss issues surrounding obtaining condoms and taking responsibility for discussing and using them.

OUTLINE

Activity : Discussion: Birth Control Myths and Methods

- 1. Question Box
- 2. Lecture Material: Contraception
- 3. Handout: Protection Check

Activity : Debate: Who’s Responsible For Condom Use?

- 1. Warm-up Questions
- 2. Student Debate

You can download Unit 6.
UNIT ★ : CURRICULUM

ACTIVITY

BIRTH CONTROL: MYTHS AND METHODS

OUTLINE:
1. QUESTION BOX
2. LECTURE MATERIAL: Contraception
3. HANDOUT: Protection Check

INSTRUCTIONS:
1. QUESTION BOX: Ask all students to write down one question they think of during today’s material and place it in the QUESTION BOX on their way out of class. NO NAMES PLEASE!

2. LECTURE MATERIAL: Cover the following pages on contraception.

3. HANDOUT: PROTECTION CHECK
Have students fill out whether each method of contraception protects against pregnancy, STD’s and AIDS. Go over the correct answers in class, and discuss misconceptions. This would also be a good time to discuss HOW effective different methods are in preventing disease. (For example, spermicide helps protect against HIV when used with condoms, however it is not considered effective against AIDS or pregnancy when used alone, and it does nothing to protect against some STD’s, like herpes.)

INTRODUCTION:
Some of the risks of having intercourse are getting pregnant or contracting an STD or AIDS. Abstinence is the only 100% sure way to avoid these risks, and that most young people under 17 years old are not having sexual intercourse. For those who are having intercourse, it is VERY important to know how to protect yourselves against pregnancy and disease. Now we will look at some of the ways you can protect yourself.
ACTIVITY - LECTURE MATERIAL: CONTRACEPTION

Preventing Pregnancy and Sexually Transmitted Diseases (STD’s)
There are only two ways which prevent both sexually transmitted diseases (STD’s) and pregnancy at the same time. The most effective method is total abstinence, that is, not having sexual intercourse at all (oral, anal or vaginal). For sexually active people, using condoms is the only other way to prevent both STD’s and pregnancy.

Abstinence
Abstinence simply means not engaging in any sexual activity which could result in the exchange of bodily fluids such as semen or vaginal fluids. A person who is abstinent can choose to express affection other ways than by having sex, such as talking, holding hands, kissing, hugging, touching, and spending time together.

Male Condoms
A condom is a sheath of latex which is unrolled to cover a man’s erect penis before sexual intercourse begins. When the man ejaculates, the semen is caught in the space left at the tip of the condom, so that the fluid does not come into contact with the other person. Before the man loses his erection, he must carefully pull away from his partner and remove the condom so that the semen doesn’t spill out. Then the condom is thrown away - a new one must be used every time. Using extra lubrication can help keep the condom from tearing, but only if the lubricant is not oil-based. Vaseline, hand lotion, and other oils will create holes in the condom. Condoms are available in drug or grocery stores for about $1 apiece, and family planning clinics often have condoms available at no charge.

Female Condoms (Reality)
The female condom (called Reality) is a latex sheath that fits inside the women’s vagina and prevents the transmission of bodily fluids between partners during sexual intercourse. The female condom is about 7 inches long and has flexible rings on both ends. One end is inserted into the vagina like a diaphragm while the other remains on the outside of the vaginal opening and covers the vulva. A new female condom should be used each time. For maximum protection, a spermicide should be inserted into the vagina before the condom is inserted. The female
condom and the male condom cannot be used at the same time. As of August, 1994, female condoms are available in drug stores and cost about $3.00 for one.

- LECTURE MATERIAL (CONT.): CONTRACEPTION

There are several other ways to prevent pregnancy, but these do not protect you against STD’s. These include:

Hormones

   Birth Control Pills (the "Pill")

   The Pill contains one or more hormones which interfere with the normal pattern of hormone production in females. Taken over 21 or 28 days of a typical monthly cycle, they suppress ovulation. Additionally, the Pill makes the mucus in the cervix very thick, so that sperm have trouble passing into the uterus. The lining of the uterus is also thinned, making it difficult for a fertilized egg to implant. Women still have menstrual periods while on the Pill, because the levels of hormone in some of the pills varies, so that the uterus does build up a small lining and then sheds it at the end of the cycle. Pills have to be taken very regularly. If a woman misses even 2 or 3 days of pills during the month, she must use another form of contraception until the next cycle, because her own body might override the pill and produce an egg. A woman needs a doctor’s prescription to take the Pill. One month’s worth of Pills costs anywhere from $5 to $25 dollars.

   Injectable Progestin (Depo-Provera)

   Injectable Progestin is a synthetic hormone that is given as a shot into the muscle every three months. It works the same way as the Pill. The main type of this contraceptive used in the United States is called Depo-Provera. A woman needs a prescription for the shots, and they must be given by a doctor. One injection costs about $30.

   Norplant

   Norplant consists of 6 matchstick sized capsules filled with progestin (a hormone) that are implanted under the skin of the woman’s upper arm by a doctor. The capsules release a steady amount of hormone into the bloodstream and work the
same way as the Pill. The Norplant capsules can be left in place for up to five years or can be removed at any time. Norplant costs about $500 to $800.
- LECTURE MATERIAL (CONT.): CONTRACEPTION

Diaphragm/Cervical Cap
The diaphragm is a flexible metal ring with a rubber cup. The cervical cap is a cup-shaped rubber or plastic device. The main difference between the two is the size; the cervical cap fits more snugly over the cervix. Each woman must be "fitted" for a diaphragm or cervical cap by a physician, because it must be the correct size to cover the cervix without slipping during intercourse. Inserted properly in the vagina, it covers the cervix and prevents any semen which is deposited in the vagina from entering the uterus and finding its way to an egg. It causes no discomfort and is worn from the time of sexual intercourse until about 8 hours later. The diaphragm and cervical cap must be used with a spermicidal cream or jelly (see below). The diaphragm and cervical cap cost about $10 to $20 plus the cost of the doctor’s visit to have it fitted.

Intrauterine Device ("IUD")
These devices are small pieces of metal or plastic which are inserted into the woman’s uterus from the vagina by a physician and remain there. They probably prevent pregnancy by causing mild irritation to the uterus and thus preventing the egg from implanting even if it is fertilized. The cost of an IUD is $350 to $500.

Contraceptive Jellies, Foams, Suppositories, Vaginal Contraceptive Film and Sponges
These all contain chemicals which kill sperm ("spermicides"). Inserted into the vagina before sexual intercourse, they are used along with condoms and diaphragms to add extra protection. Some of these, like nonoxynol-9, also help to kill the HIV virus. However, some people are allergic to nonoxynol-9, and the allergic reaction can actually make a person more susceptible to HIV transmission. Therefore, it's good to test for allergic reactions by putting some of the spermicide on the underside of your arm and checking to see if a rash develops. Spermicides can be bought in a drug store and cost about $1 to $12 depending on the type.
Rhythm Method

This "natural" form of birth control involves timing sexual intercourse so as to miss the most fertile time of month, when the egg has just been released. It requires that the woman have very regular periods, so that the time of ovulation can be predicted accurately. It also requires sexual restraint or self control, because sexual intercourse must be avoided for approximately 7 days each cycle. This method of birth control has a very high failure rate.
ACTIVITY
DEBATE: WHO’S RESPONSIBLE FOR CONDOM USE?

OUTLINE:
1. WARM-UP QUESTIONS
2. STUDENT DEBATE

INSTRUCTIONS:
1. Start with WARM-UP QUESTIONS.

2. Set up a DEBATE on whose job it is to buy condoms and make sure they are used. Divide the class in half. Half will argue that condoms are the boy’s responsibility. The other half will argue that both the girl and boy are responsible. The groups must support their arguments with convincing reasons, being able to explain why they give the answers they do.

3. Discuss some of the following questions after the debate.
   a. How would a girl feel about going into a store and buying condoms? Would a boy feel differently?
   b. What would kids think of a girl who bought condoms?
   c. Why might it be embarrassing to buy condoms?
   d. Where do you buy them? Can teenagers buy them legally? How much do they cost? Are they worth the price?
   e. What do you think keeps people from using condoms?

INTRODUCTION:
Many teens know about condoms and know that they can protect themselves from pregnancy and STD’s by using them. Yet most people do not practice what they know. The next activity will explore feelings surrounding condom use.
- DEBATE: WHO’S RESPONSIBLE FOR CONDOM USE?(CONT.)

WARM-UP QUESTIONS:
1. Referring to the discussion of sexuality and birth control, ask the class what a condom does. (A condom prevents semen from entering the body of another person).

2. Ask why you should use a condom. There are 2 reasons to use a condom if you’re having sexual intercourse: a) to prevent pregnancy; and b) to reduce risks of getting STD’s. Define STD’s and tell the class that these will be discussed later.

3. Ask the class if condoms are 100% safe in preventing pregnancy or disease. Emphasize that although sexual abstinence is the only 100% effective way of not getting pregnant and not getting an STD, condoms are the next best protection if they are used properly.

This means:
   a. Use a condom every time you have sexual intercourse.
   b. Use a latex (rubber) condom with a spermicide (like nonoxynol-9).
   c. Use a condom only once, then throw it away.
   d. Use fresh condoms, not ones that are old, or have been stored in the sun.
   e. Proper use of a condom means putting the condom on the erect penis before intercourse and leaving it on until after sex is over.
**UNIT ★ : HANDOUTS**

**HANDOUT : PROTECTION CHECK - (Teacher’s Master)**

✅ **PROTECTION CHECK ✅**

Check whether these methods of contraception can protect you against pregnancy, STD’s and AIDS:

<table>
<thead>
<tr>
<th>Method</th>
<th>Prevents Pregnancy</th>
<th>Prevents Sexually Transmitted Diseases (like syphilis, herpes, chlamydia)</th>
<th>Prevents HIV/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth control pills</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinence</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhythm Method</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condoms</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>&quot;Safe Sex&quot;</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Check whether these methods of contraception can protect you against pregnancy, STD’s and AIDS:

<table>
<thead>
<tr>
<th>Method</th>
<th>Prevents Pregnancy</th>
<th>Prevents Sexually Transmitted Diseases (like syphilis, herpes, chlamydia)</th>
<th>Prevents HIV/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth control pills</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Abstinence</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Rhythm Method</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Condoms</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>&quot;Safe Sex&quot;</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>
UNIT © - TEACHER RESOURCES
Talking About AIDS and Sexuality in the Classroom

Note: "It is important that students understand the magnitude and seriousness of the STD problem without being so overwhelmed or frightened that they feel powerless to do anything about it" (Bignell S. Sex Education, Teachers Guide and Resource Manual, p. 199).

1. Personal boundaries need to be respected. No one should be asked to disclose personal opinions about sexuality if they do not wish to. No one, teachers or students, are expected to reveal personal experiences.

2. Recognize that each person has his or her own values about sexuality. Differences should be acknowledged and accepted, not ridiculed.

3. Distinguish statements of fact ("It is true that") from statements of belief ("I believe that"). This is especially important in discussing how to prevent spreading AIDS.

4. Confidentiality rules should be discussed with the class. Students and teachers should not share personal experiences and feeling discussed in class with anyone else (unless illegal activities such as child abuse are revealed).

5. Acknowledge that some of the material and feelings generated about sexuality may be embarrassing, for both the teacher and the students. This is quite normal.

6. There is no such thing as a stupid question. Even students who ask questions seemingly to provoke reactions or deflect anxiety genuinely may want to know the answers.

7. If any students have any complaints about the class, they should be encouraged to discuss them directly with the teacher.
UNIT ® - TEACHER RESOURCES

Sexual Anatomy

Females:

External genitals

Vulva
name for the collective external female genitals

Pubic hair
hair that grows around the sexual organs

Major lip ("outer labia," "labia majora")
the larger outer lip-like structures that surrounds and cover the opening of the vagina

Minor lip ("inner labia," "labia minora")
the smaller inner lip-like structures

Urethral opening
the open end of the tube which connects the bladder to the outside; the hole through which urine passes

Hymen
thin membrane (layer of tissue) which partly covers the opening to the vagina

Opening of vagina
the outermost part of the vagina, through which babies are born and menstrual blood flows

Clitoris
small, sexually sensitive organ located in the center at the top of the inner lips above the urethral opening

Anus
outer opening of the digestive tract, through which bulk waste (feces) passes out of the body
### UNIT ➊ - TEACHER RESOURCES

**Sexual Anatomy (Cont’)**

<table>
<thead>
<tr>
<th>Females:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal structures</strong></td>
<td></td>
</tr>
<tr>
<td>Vagina (&quot;birth canal&quot;)</td>
<td>muscular tube passageway through which menstrual blood flows, babies travel during birth, and which surrounds the penis during sexual intercourse</td>
</tr>
<tr>
<td>Cervix</td>
<td>the lower opening of the uterus at the top of the vagina</td>
</tr>
<tr>
<td>Uterus</td>
<td>the muscular organ in which fertilized eggs are deposited and grow throughout pregnancy</td>
</tr>
<tr>
<td>Fallopian tubes</td>
<td>the hollow tubes at either side of the uterus, providing a passageway from the uterus to the ovary</td>
</tr>
<tr>
<td>Ovaries</td>
<td>the female reproductive organ which secretes hormones and produces eggs (&quot;ova&quot;)</td>
</tr>
<tr>
<td>Urethra</td>
<td>the hollow tube which connects the bladder to the outside, through which urine passes</td>
</tr>
<tr>
<td>Bladder</td>
<td>the muscular sac which accepts and stores urine from the kidneys until it is released during urination</td>
</tr>
</tbody>
</table>
UNIT 6 - TEACHER RESOURCES

Sexual Anatomy (Cont')

Males:

External genitals

Pubic hair  
hair that grows around the sexual organs

Penis  
the male sex organ through which urine and semen pass

Opening of urethra  
the open end of the tube which connects the bladder to the outside;  
the hole through which urine passes

Scrotum  
the external pouch of skin below the penis that contains the 2 testes  
(testicles)

Anus  
the rear opening of the digestive tract through which bulk waste  
(feces) passes out of the body

Internal structures

Testis  
("testicle") the two male reproductive glands located in the scrotum  
that produce hormones and sperm

Vas deferens  
the hollow tube through which sperm travel from the testis to join  
the other secretions and together form the semen

Prostate gland  
a gland lying at the base of the bladder that produces most of the  
fluid which mixes with sperm to form semen before leaving the body

Urethra  
the hollow tube which connects the bladder to the outside, through  
which urine and semen pass

Bladder  
the muscular sac which accepts and stores urine from the kidneys  
until it is released during urination
UNIT 9 - TEACHER RESOURCES

General Guidelines for Teaching About AIDS

1. Present information simply.

2. Be explicit and specific. Your discussions will include information about body functions, sexual activities, and drug use. People need to hear about specific activities which increase risk of exposure, as well as exactly what they can do to protect themselves.

3. Remember that it is O.K. for the teacher not to be able to answer every question the students raise on the spot. There are many resources for finding out answers to these questions, including the supplemental materials we have provided, and those listed in the resources guide.
Similar types of ground rules apply when discussing drugs in the classroom as when talking about sexuality and AIDS.

1. Present information simply.

2. Be explicit and specific. Your discussion will include information about drugs injected with needles, drugs that are inhaled or ingested, and their pleasurable and dangerous effects. People need to hear about the specific dangers of drugs not just in the abstract, but as they relate to:
   - increasing risk of becoming ill or dysfunctional from the drugs themselves
   - increasing risk of transmitting infectious diseases through sharing needles
   - having unsafe sex
   - using poor judgement about engaging in other risky behaviors

3. Remember that it is O.K. for the teacher not to be able to answer every question that the students raise on the spot. There are many resources for finding out answers to these questions, including the supplemental materials we have provided, and those listed in the resources guide.

4. Personal boundaries should be respected. No one should be asked to disclose personal opinions about drug use if they do not wish to. No one, teachers or students, are expected to reveal personal experiences.

5. Distinguish statements of fact ("It is true that") from statements of belief ("I believe that"). This is especially important in discussing why people choose to use or not use drugs and why they choose to sell or not sell drugs.
6. Confidentiality rules should be discussed with the class. Students and teachers should not share personal experiences and feelings discussed in class with anyone else (unless illegal activities like coercion in selling or using drugs are revealed).

7. Acknowledge that some of the material and feelings generated about drug use may be embarrassing for both the teacher and the students. This is normal.

8. Acknowledge that some of the effects of drugs can be temporarily pleasant and desirable, even though they are overshadowed by their negative impacts. Any student with experience using a recreational drug or seeing others use one will not be convinced that drugs are categorically all bad and always dangerous.

9. There is no such thing as a stupid question. Even students who ask questions seemingly to provoke reactions or deflect anxiety genuinely may want to know the answers.

10. If any students have any complaints about the class, they should be encouraged to discuss them directly with the teacher.
UNIT ★ - TEACHER RESOURCES
Why People Sell Illegal Drugs
Why People DON’T Sell Illegal Drugs

For those students who are "running" drugs for local dealers, it may not be apparent to them what harm this does, since they themselves don’t experience the physical effects of the drugs. For these students, it is important to mention the family and community impacts of drug dealing, and what dealing drugs says about how these students view their own futures.

**Some reasons why people sell drugs**
- to make money
- because someone they admire asked them to
- because they are afraid to say no to the dealers
- to feel "cool" and important
- to be attractive to members of the opposite sex

**Some reasons why people don’t sell drugs**
- because they have more important or worthwhile things to do
- because they don’t want to put their own lives in danger or their family’s lives in danger
- because drugs hurt people
- because it’s illegal
- because they don’t want to give up their education, family, friends, job, or other ambitions