

Native American Prevention Project Against AIDS and Substance Abuse

Level II Youth Manual



Acknowledgements

THE PROJECT WAS MADE POSSIBLE THROUGH THE ACTIVE PARTICIPATION OF THE FOLLOWING COMMUNITY SCHOOLS WHOSE STUDENTS, TEACHERS, ADMINISTRATORS, AND SCHOOL BOARDS UNSELFISHLY CONTRIBUTED THEIR IDEAS, ENCOURAGEMENT, ENERGIES, AND LOGISTICAL RESOURCES SO THAT THE PREVENTION CURRICULUM COULD BE DEVELOPED AND EVALUATED.

Junior High Schools

Dilcon School
Hopi Junior High School
Kayenta Junior High School
Leupp Public School
Leupp Schools, Inc.
Tuba City Boarding School
Tuba City Junior High School
Winslow Junior High School

Senior High Schools

Chief Leschi School
Flagstaff BIA Dormitory
Greyhills High School
Hopi High School
Kayenta High School
Tuba City High School
Winslow BIA Dormitory
Winslow High School

Primary Creators / Editors of the 8th & 9th Grade NAPPASA Student Manual

Julie Baldwin, Ph.D. NAPPASA On-site Project Developer
Christine Benally, NAPPASA School Interventionist
Maria Jensen, NAPPASA Curriculum Developer
Jeannette Johnson, Ph.D. NAPPASA Curriculum Consultant
Aimee Quijano, NAPPASA Graduate Research Assistant
Jon Rolf, Ph.D, NAPPASA Director

Other Contributors

Christine Bendonie, NAPPASA Illustrator
Lynn Bergen, NAPPASA Illustrator
Dennis Bowen, NAPPASA Curriculum Consultant and Illustrator
Laura J. Hopkins, NAPPASA Graduate Research Assistant
Charles Secakuku, NAPPASA Graduate Research Assistant and Illustrator

Special Thanks are due to persons of other educational, health and community group and organization for their many forms of support.

The NAPPASA Advisory Board

The Navajo National Health Department

The Hopi Health Department

The Navajo Nation AIDS Network

The Tuba City, Winslow & Kearns Canyon HIS Units and Community Health Boards

White Bison

National Association for Children of Alcoholics

Ruth Warrick Enterprises

National Institute on Alcohol Abuse and Alcoholism

Center for Substance Abuse Prevention

University at Buffalo

Tonja Nansel, Ph.D.

Erin Danna-Bailey

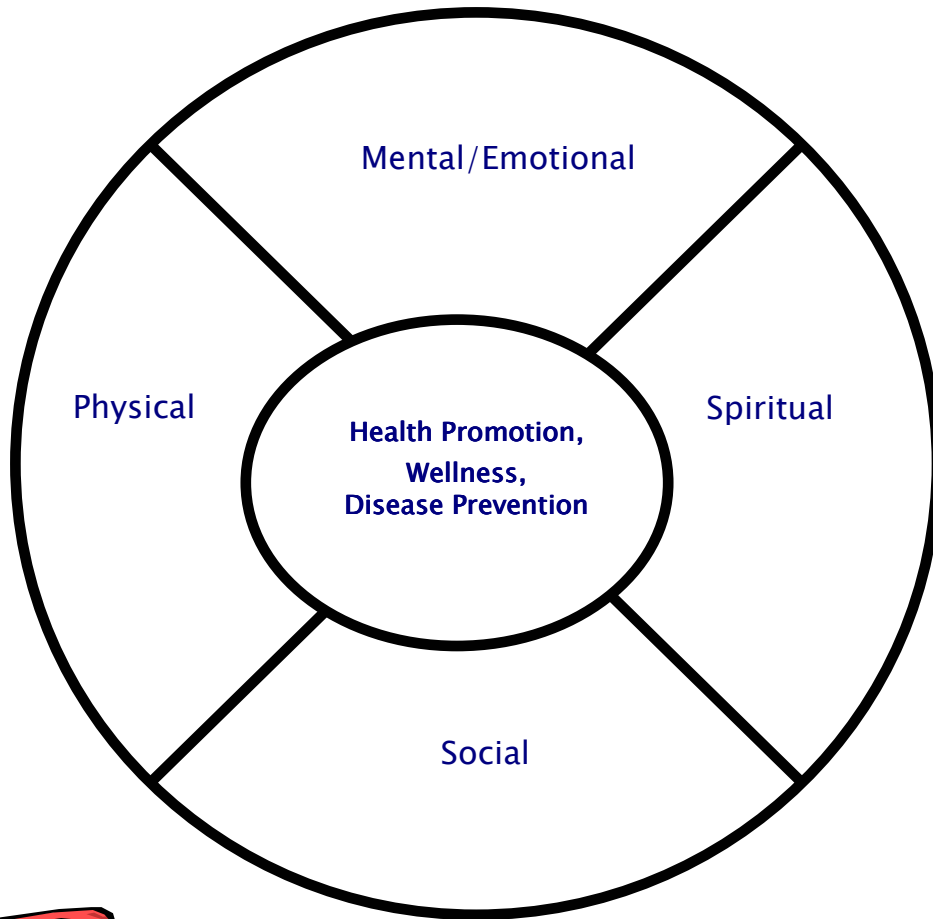
E. Marie Graczyk-Holt

Copyright © 2003 Active Guide, LLC. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form by any means, electronic, mechanical, photocopying or otherwise, without first obtaining the written permission of the copyright owner.

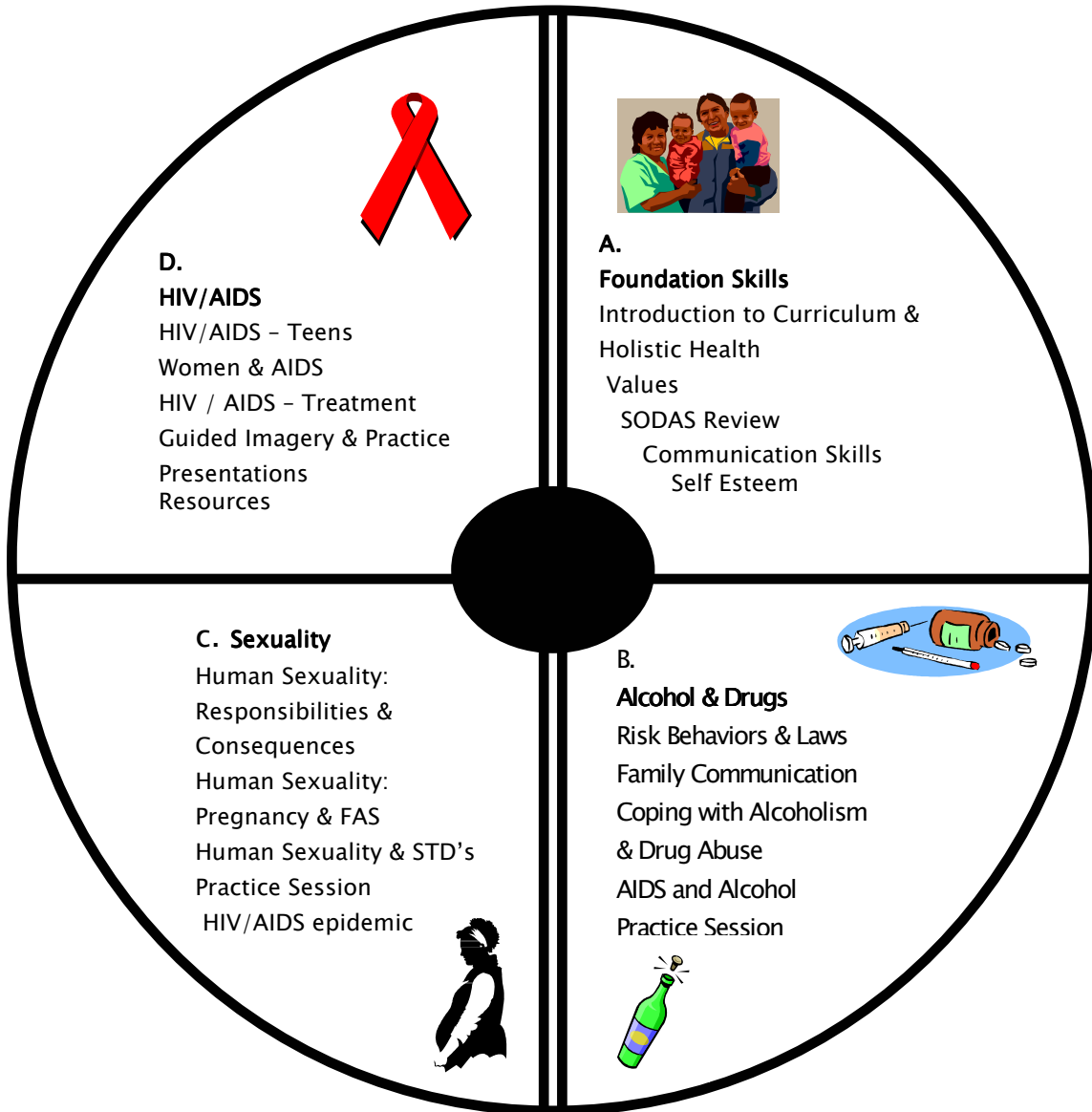
This page intentionally left blank as a reminder that the pre-session survey will take place.

Session 1
Introduction
Concepts of Health and Prevention

Holistic Health Wheel
Fill it in...



OUTLINE OF THE COURSE



Write down three things you want to change:

1)

2)

3)

Session 2



Values: Learning What's Important Culture: Our Source of Values



1. How do our values help us?
2. What can we learn by looking at the rules and values our culture teaches us? How can we understand these values help with prevention?
3. Give an example of a way a traditional teaching can control behavior.
4. How does it feel when your tribal ways (or family culture) are pressured from the outside by the drug culture? What values are being threatened?
5. The home and school have influenced youth in the past more than they do now. Think of ways youth are influenced now by television, music and their friends.

Make your own puzzle with the things that you learned from this session starting with the word CULTURE.

C
U
L
T
U
R
E

VALUES STATEMENTS

1. What my friends think of me at this point in time important than what my family thinks.



Agree

So-So



Disagree

2. Smoking marijuana and drinking alcohol are okay ways to have fun.



Agree

So-So



Disagree

3. Going to college is a good idea because there are so many things to learn.



Agree

So-So



Disagree

4. My goal in life is to make as much money as I can.



Agree

So-So



Disagree

5. It's a bad idea for teenagers to have sex with someone just for fun.



Agree

So-So



Disagree

6. Marijuana should be legalized since so many people smoke it.



Agree

So-So



Disagree

7. I don't like it when people start hurting each other when they disagree about something.



Agree

So-So



Disagree

8. People should always think of their families and others they care about when making important decisions.



Agree

So-So



Disagree

Session 3

SODAS: MAKING GOOD DECISIONS

You may use SODAS to create a skit to do with your group.

For example: You find out your younger brother has been getting high.

STOP What does your gut feeling tell you to do? You realize you have a tough decision to make

OPTIONS 1. Talk it over with an adult relative or counselor.
2. Tell your Parents
3. Confront your Brother

DECIDE Choose the best option based on the consequences

ACT Carry out your decision

SELF-PRAISE Tell yourself you did the right thing





THINKING AND WRITING SODAS

Read the example –

1. T – “Come on Babe. You say no but you’re having a good time so loosen up.

STOP

K’s stomach feels tight. She’s nervous from being pressured.

OPTIONS

K can say she likes T’s company and suggests going to the school dance, ball game, dinner, etc.

DECIDE

K decides to tell T she’s going home to eat unless he wants to go get something.

ACT

K gets up, tells T what she is going to do, and starts to walk away.

SELF-PRAISE

K tells herself “good going” and knows T will spend time with her if he really likes her.



Transparency
SODAS Scenario 2

Do the rest on your own:

2. "You're going to miss out on some good weed if you leave now."

STOP _____

OPTIONS _____

DECIDE _____

ACT _____

SELF-PRAISE _____

3. E: "My brother's home, and he's got beer. Blow off practice and come on over."

STOP _____

OPTIONS _____

DECIDE _____

ACT _____

SELF-PRAISE _____



4. R: "Here comes those chicks. Ask them to get some glue for us."

STOP _____

OPTIONS _____

DECIDE _____

ACT _____

SELF-PRAISE _____



Session 4

Communication Skills: More than Words

Non-Verbal communication expresses the truth sometimes. When words don't.



What can you tell about the people in the illustration above?

Our level of caring about ourselves, others, and life in general, is a factor in whether or not we choose to engage in risky behaviors.

Check the ones that describe you:

- I take time to listen to people
- Respecting others' feelings is important
- I try to be honest with friends
- The natural environment should be protected for future generations
- People who care about me are special
- People I care about know they mean a lot to me.

These statements describe someone who cares. And that someone is YOU!! Caring also means staying free of drugs and alcohol and saying "No" to risky behavior.

Seek 'N' Find

**FIND 13 WORDS RELATED TO TODAY'S DISCUSSION ON NON-VERBAL COMMUNICATION!
THE WORDS ARE HIDDEN ACROSS (HORIZONTALLY), AND UP AND DOWN (VERTICALLY),
AND DIAGONALLY.**



Message
Self-Esteem
Passive
Behavior
Communication

Assertive
Sense
Posture
Silence

Gesture
Non-Verbal
Observe
Stance



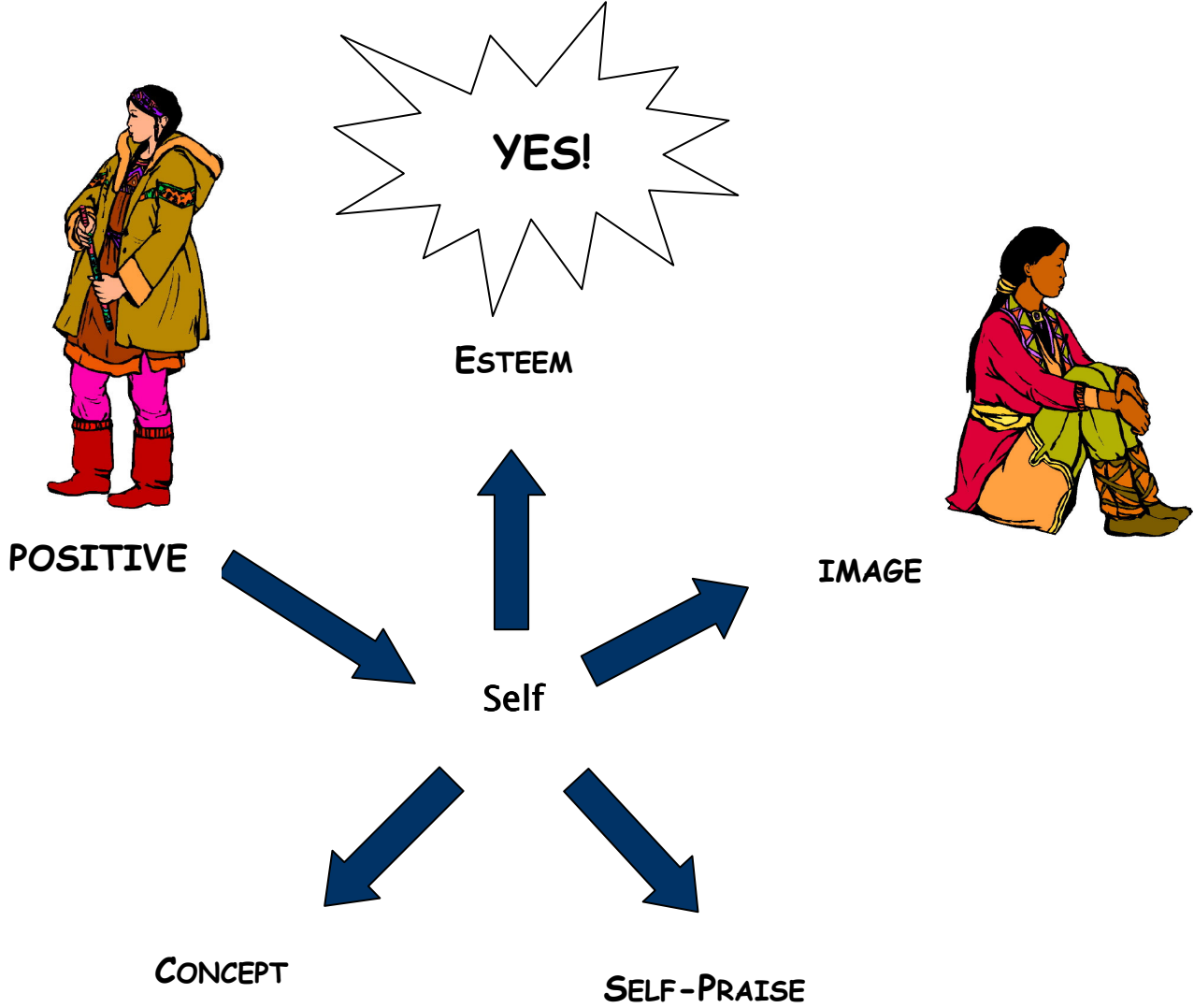
Have a great day!

Session 5

Self Esteem



Self-Esteem and Healthy Decisions



I am honest,
trustworthy a
good friend ...

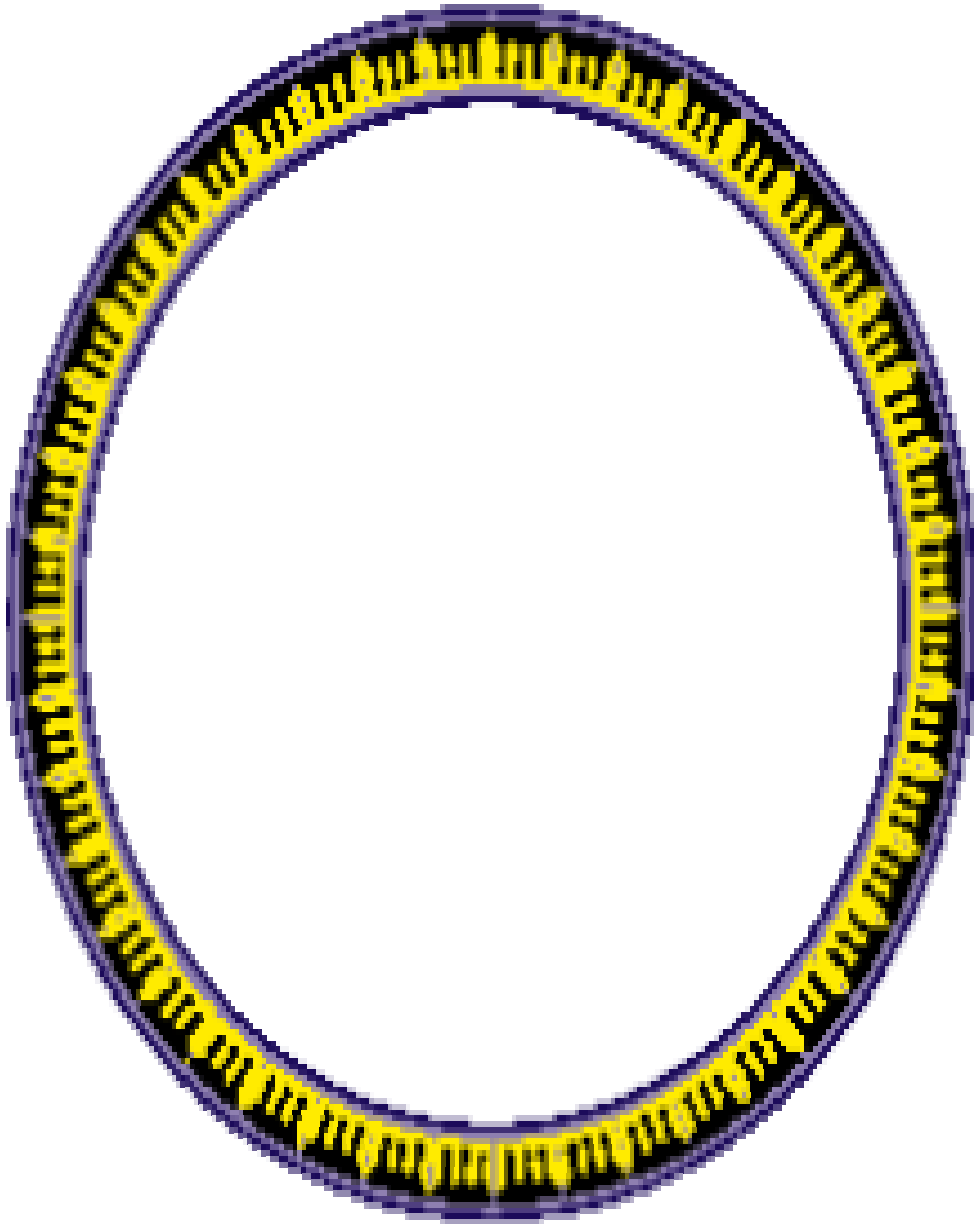


Positive Consequences
Healthy Decisions

WAY TO
GO! I DID
IT!



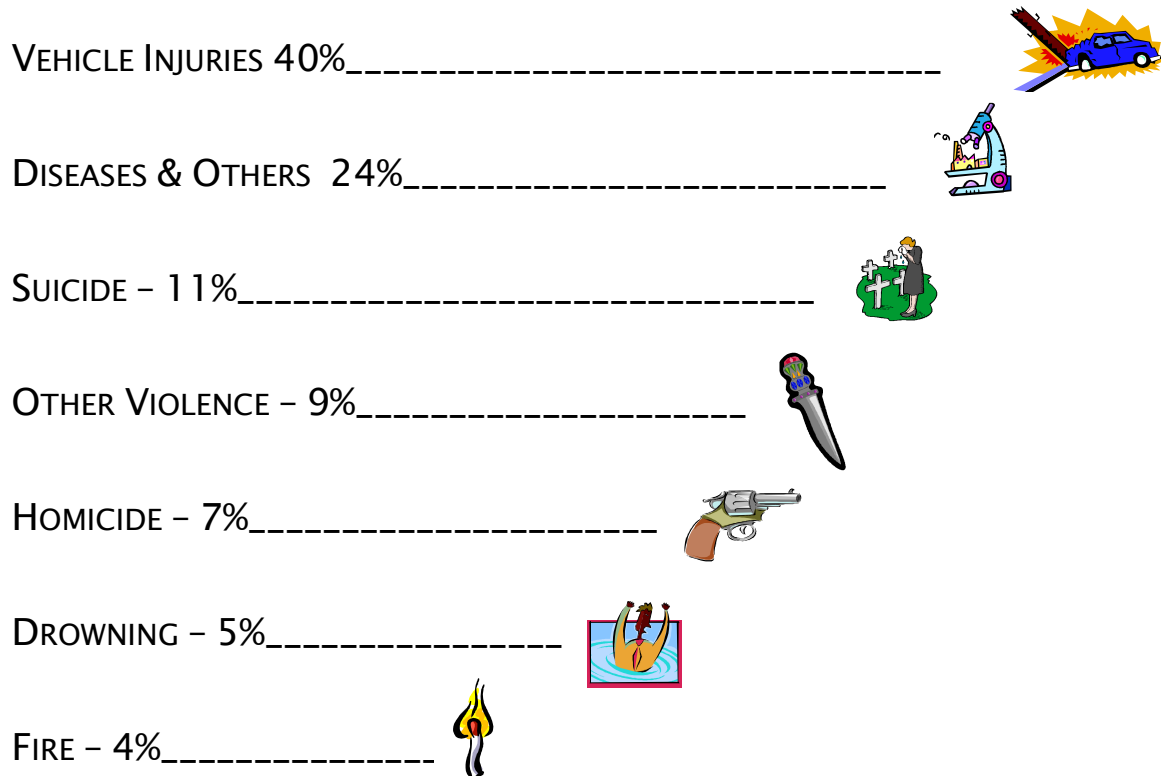
A HEALTHY AND HAPPY YOU!!



1. Draw a picture of the best person you can be. The way you believe you are when you are at your best.
2. Draw yourself doing what makes you like a valuable person inside.
3. Draw a place you like to go. Where do you feel good about who you are.
4. Draw the people in your life that let you know you're a good person. A Healthy and Happy you!

Session 6
HOW RULES AND LAWS HELP
ALCOHOL AND OTHER DRUGS—RISK BEHAVIORS AND LAWS

MOST COMMON CAUSES OF DEATH AMONG 10–19 YEAR OLDS



**FACTS ABOUT INJURIES AND DEATHS RELATED TO ALCOHOL
AND OTHER DRUG USE**

- ▶ The largest percentage of teenage deaths result from motor vehicle crashes. About one-half of these teenagers were drinking.
- ▶ Alcohol is a predominant factor in the leading causes of deaths among persons age 10–19
- ▶ Victims had been drinking in an average of 34% of drowning deaths.
- ▶ In deaths caused by fire alcohol had been a factor in 47% of the deaths.

ARE THESE THINGS LEGAL OR ILLEGAL?

A 21-year-old college student buys liquor for a 17-year old friend.

LEGAL

ILLEGAL

A high school freshman “borrows” his older brother’s driver’s license to purchase alcohol without his knowledge.

LEGAL

ILLEGAL

A 15-year old boy tastes wine at a holiday dinner at home with his family.

LEGAL

ILLEGAL

A blood alcohol concentration of .08%

LEGAL

ILLEGAL

Parents allow their 17-year old teenager to party with a friend at home.

LEGAL

ILLEGAL



Parent Interview



Ask your parents (or guardians) these questions and be prepared to discuss them in class:

1. Whom did you live with when you were growing up?
2. What was the first language you spoke as a child
3. Who was there for you when you needed support or advice?
4. Have you raised me differently than your parents raised you? If so how?
5. Did alcohol ever have an influence on your family? What about some of your friends and their families
6. How did your family/community control alcohol use?
7. When you were growing up, what kinds of laws centered around alcohol use?
8. If alcohol was illegal, how did young people get it? Who got it?



SESSION 7
ALCOHOL AND OTHER DRUGS—FAMILY COMMUNICATION
TALKING TO EACH OTHER



Write a poem using the first letter of the word family describing what this important group means to you.

F

A

M

I

L

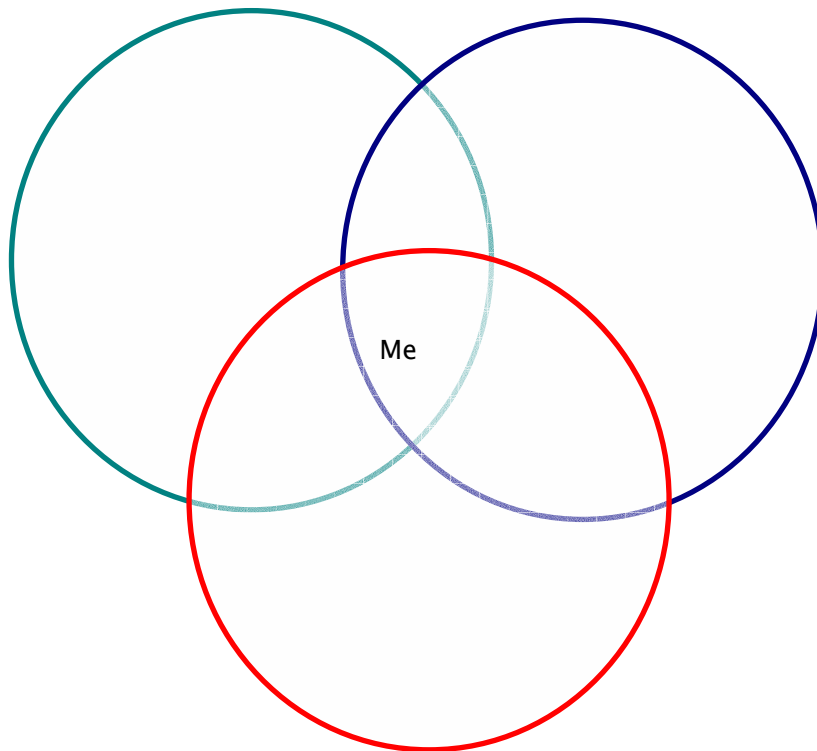
Y



HONORING MORE THAN ONE GROUP.

Think of a circle as a different group you belong to. One circle might be your culture, another might be your family, and another might be your group of friends.

Write the name of a group in any one of the circles with a few words about the group means to you. Notice where all three circles overlap. This is where you stand, because you are a part of all three groups. When you have time write something about the people in each group.



WHO CAN YOU TALK TO?

1. What was said during the session that you most identified with or have concerns about?
2. It is helpful to have a caring friend to talk to about problems, but why is being able to talk to a parent or adult also important?
3. Your parents may not be comfortable talking about drugs, alcohol, and other personal issues with you. Are there other adults in your life you can talk to? Who are they?



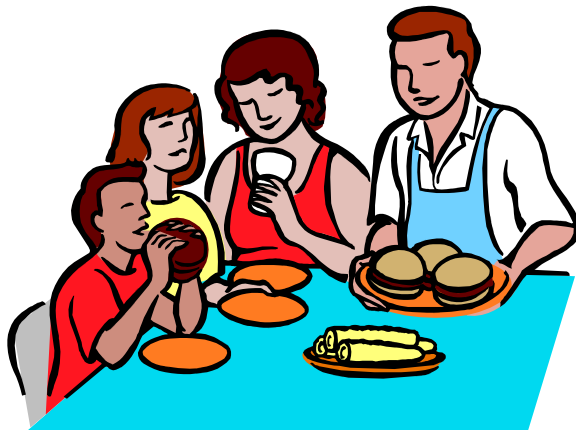
SESSION 8
COPING WITH ALCOHOLISM AND DRUG ABUSE
PROBLEMS AT HOME: HOW KIDS COPE

You guys look hungry,
sit down and eat.
After we eat, we'll go
out and get some ice
cream

Mary you've out done
yourself. This smells
great!

Mmm....
smells good, what
we having?

Mom, today
was fun; Bill
had his
birthday
party at
school.



What the heck
is wrong with
you? I told you
not to go out.
What's wrong
with your ears,
are they made
of rubber?



But Dad, I didn't
go anywhere...
Mom, Mom!



I told you he
doesn't listen!





Facts 4 You



Fact #1

Alcoholism is a disease. Your parent is not a bad person; he or she has a disease that makes him or her lose control when drinking. Alcohol does that; when you drink too much, you do and say things that you normally wouldn't. Maybe the disease makes them do mean or stupid things that they would not do if they didn't drink.

Fact #2

You cannot control your parent's drinking. It is not your fault. Don't hide the bottle or try to be perfect; you can't do anything about your parent's drinking. You are not the reason why your parent drinks. You did not cause the disease.

Fact #3

You are not alone. There are lots of kids just like you. I'll bet there are some in your class at school kids you would never think of might have a parent who drinks like yours. Maybe you know some of them because you've seen what goes on in their house. In fact, from all the surveys done in the United States, we know that there are about eleven million children with alcoholic parents living in our country. You really aren't alone.

Fact #4

You CAN talk about the problem. Find someone you trust who will talk to you. It could be a teacher, a friend's parent, a big brother or sister, or someone else who will listen to you. These are the 'safe people' in your life. You can fill out the sheet we have here called "People Who Can Help Me". Just keep this list with you so that you can call someone if you feel like talking. We also have a list of phone numbers here that you can call if you need someone to talk to or for help of any kind. The phone numbers are on a card that you can keep in your book bag or other safe place. These numbers are on the same page as your personal list "People Who Can Help Me." All of the numbers are free; just dial 1-800- and then the number. Also, there is a group for kids called "Alateen". This group has meetings, like a club, and the kids there share tips on how to make their lives easier. Some schools have Alateen meetings on the school grounds during the day or after school. Maybe your teacher could help you find one. Or, you could look for the phone number of Alateen in the phone book or call directory assistance and ask for the number. (Sometimes you need to call Al-Anon or Alcoholics Anonymous to find Alateen meetings in your area.) Maybe a grown up you can trust will help you get to a meeting if transportation is a problem for you.

Please don't forget these four facts. They come in handy when you least suspect it.

FACTS AND FIGURES FOR CHILDREN OF ALCOHOLICS (COAs)

There is strong, scientific evidence that alcoholism tends to run in families.

Alcoholics are more likely to have an alcoholic father, mother, brother, sister or other relative. COA's are more likely to marry alcoholics or into alcoholic families.

Children of Alcoholics are more at risk for alcoholism and other drug abuse than children of non-alcoholics.

Children of alcoholics are 2 to 3 times more likely to develop alcoholism than others. Children of alcoholics are also at higher risk of abusing other drugs.

Alcoholism affects the entire family.

Living with an alcoholic is stressful. Families and individuals deal with stress in different ways, some more damaging than others.

Based on some research, the relationship between and alcoholic parent and child abuse is indicated in a large number of child abuse cases.

Current research strongly suggests alcoholism is more related to child abuse than any other disorder, such as parental depression.

Children raised in alcoholic families have different life experiences than children raised in non-alcoholic families.

Children of alcoholics have difficulty mastering emotional and social tasks. These tasks include learning how to share, to interact to problem-solve, and separate themselves from parents. They also experience higher levels of family conflicts.

Children of alcoholics exhibit symptoms of depression and anxiety more than children of non-alcoholics.

COA youth may tend to isolate themselves, have few friends, may not relate to other young people, be loner types, feel self-conscious, seek perfectionism, and may develop phobias.

Children of Alcoholics often have difficulty in school.

Children of alcoholics are at greater risk of being consistently tardy, dropping out, repeating grades, being referred for disciplinary action or being sent to the school counselor. They believe they will fail and do not see themselves as successful.

Children of alcoholics have greater difficulty with abstraction and conceptual reasoning.

For example, someone might say, "I want to be your friend" and the child of an alcoholic might not know what that means. A person would have to explain, be specific and say;

"I want to be your friend and that means you should call whenever you want to, come to my house after school, go to movies, and get something to eat or just hang out together.

There is no clear relationship between being a child of an alcoholic and having an attention deficit disorder, hyperactivity, conduct disorder or delinquency.

Only if the child was directly affected by the mother's drinking, as in the case of Fetal Alcohol Syndrome or Fetal Alcohol Effect.

Maintaining consistency around important family activities or valued activities.

If the COAs have highly valued family rituals or traditions, strong and loving, non-alcoholic adult relatives, or high religious observance, COAs can be protected from the problems of growing up in an alcoholic family.

Children of alcoholics need your support and understanding through:

Helping them to develop a sense of independence; helping them develop life and social skills; and helping them develop coping skills and positive self-esteem.



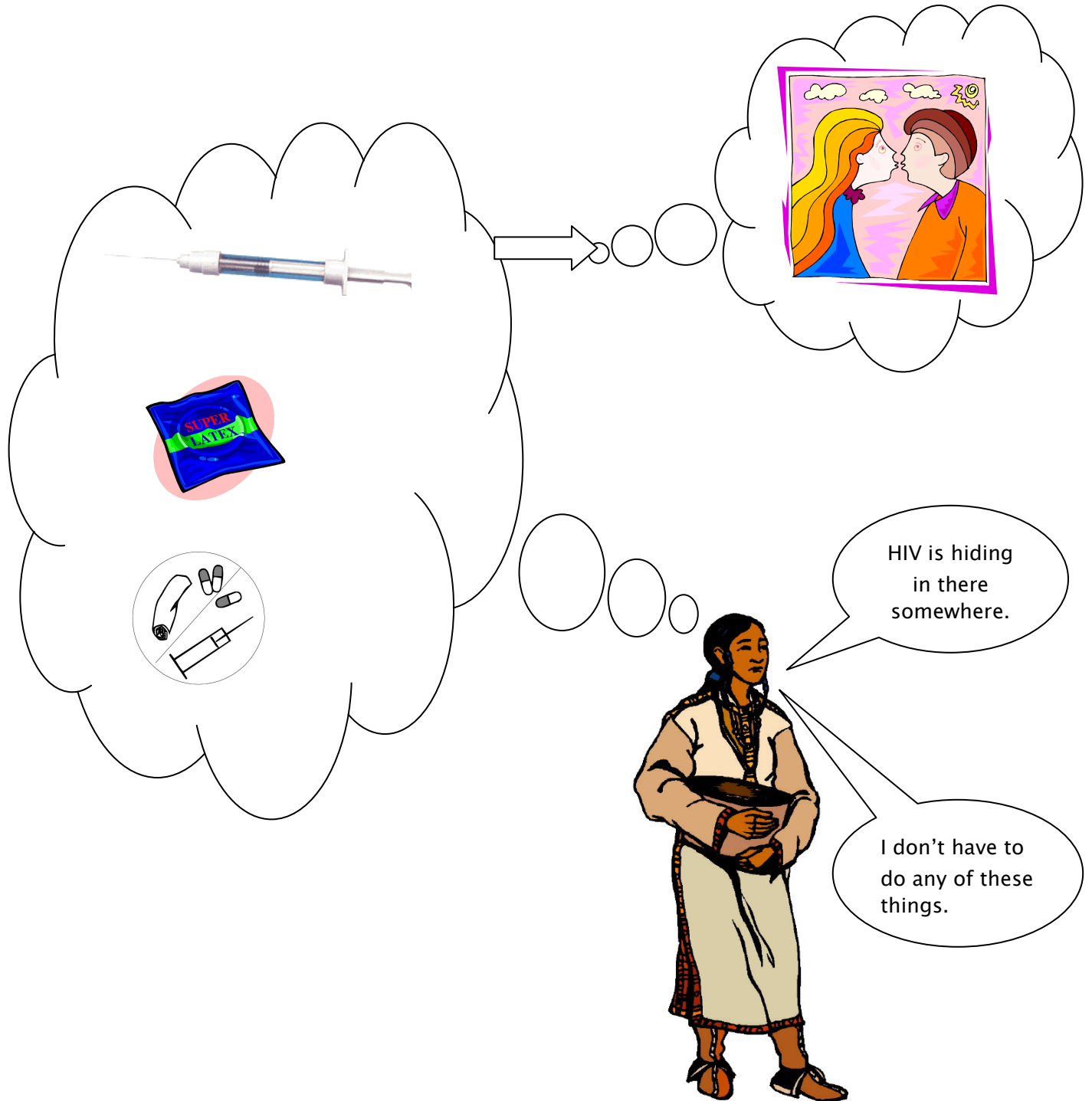
WHAT CAN YOU CONTROL?

Think about each situation. Decide if you really have the power to control it or not. Write YES or NO before each situation. If you answer YES, think about what you might do.

- 1 _____ What other people think of you.
- 2 _____ Who your friends are
- 3 _____ The amount of junk food you eat
- 4 _____ Someone who has a drug problem
- 5 _____ A fight between two people
- 6 _____ How much TV you watch
- 7 _____ Where you go after school
- 8 _____ A forest fire
- 9 _____ Your age
- 10 _____ Whether you hang out with your friend who are drinking

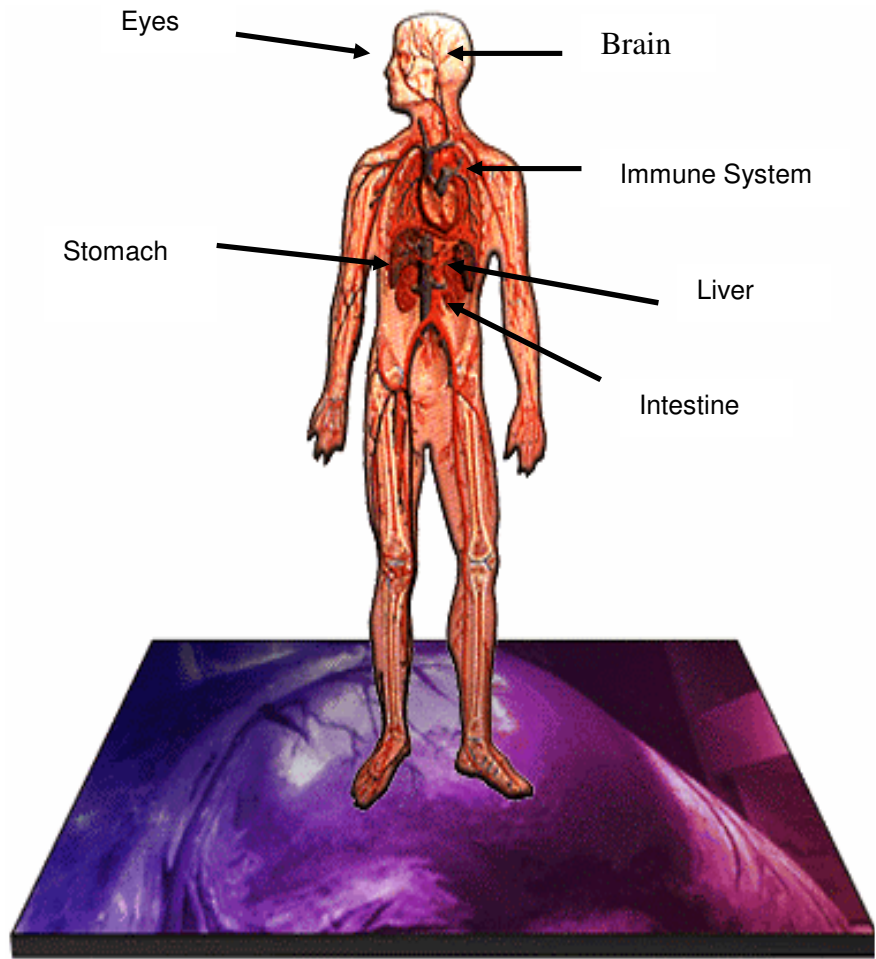


SESSION 9
ALCOHOL AND HIV/AIDS
KNOWING HOW TO DECREASE YOUR RISK



It's Your Body!!

What body parts are affected by alcohol? Using the diagram of the body, fill in the blanks after each sentence with the body part that is affected.



1. Alcohol can damage this organ so that food and drink become a poison to the body.

2. Alcohol affects the bodies command center so that you have trouble concentrating, thinking and even moving.

3. Alcohol goes directly into this body part after you swallow it and may cause bleeding of this organ.

4. Alcohol prevents these infection fighting cells from functioning properly.

5. This body part will turn red, and the world will look blurry.

**Did you know you could get AIDS when you get high?
Oh, yeah....right!!**

Drugs and substances like, alcohol, marijuana, and inhalants affect the body's command center (the brain), so that you have trouble thinking and remembering.

Alcohol and drugs make you forget your reluctance or shyness. Which could mean that while under the influence of alcohol and drugs you may not consider your values or 'what's right' they way you would when you are sober.

You could have sexual intercourse with someone you don't know well and not think of taking precautions (like using a condom) to protect yourself.

So should you decide to have sex while under the influence of drugs or alcohol?

What does this put in at risk for?

HIV INFECTION AND AIDS



REMEMBER when the RISKS are HIGH for Becoming Infected with HIV:

- a. You forget you're only human.
- b. Drugs can make you do things you may wish you never did
- c. Getting high makes you forget what you feel is right or wrong.
- d. When drugs make you forget, you may take risks, like having unprotected sexual intercourse.

What to do... And how to cope with it.

- Use SODAS, make a plan and STICK to it.
- Keep a CLEAR head , NO alcohol or drugs
- Do you really want to be sexually active NOW??
- THINK ABSTINENCE
- Practice what you want to say when you're pressured, "I don't think so," "I'm not interested," "Maybe it feels right for you, but it's not for me."

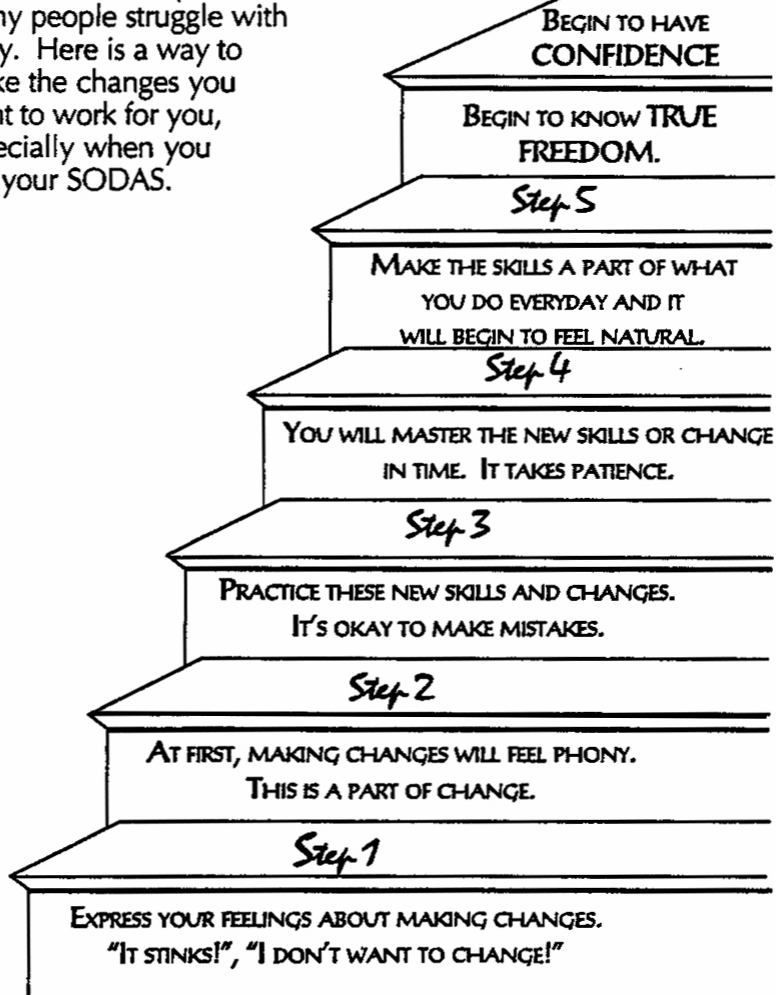


SESSION 10
TALK, THINK, AND PLAN

MAKING THOSE CHANGES!

How do you make a change in your life?
How can you make these changes permanent?

These are some questions many people struggle with daily. Here is a way to make the changes you want to work for you, especially when you use your SODAS.



LYNN BERSON '93



SODAS Scenarios

I. Alcohol

- A. Two young teenaged boys try to talk a friend into stealing a six-pack from his older brother. The friend doesn't want to steal or drink alcohol.
- B. A girl at a party wants to tell her cousins who are intoxicated and offering her alcohol, that she's not going to drink.
- C. An older sibling tries to convince a younger brother/sister not to tell their parents that he/she had been intoxicated the night before and dented the family car. **(The younger one has to decide what to do.)**
- D. A young teen goes to a party that he doesn't really want to go to with his new girl friend, and is surprised when she begins drinking and doesn't stop. Not only does he not want to drink but he has to decide how to deal with his girlfriends drinking.

II. Other Drugs

- A. During lunch break, a student's new friend suggests they ditch their next class and go for a ride with some older kids to get stoned. The student doesn't want to ditch class or use drugs.
- B. A girl sees a classmate buying something she thinks is an illegal drug from another student in the school restroom and thinks she should tell the teacher but is afraid to.
- C. A young teen who does not want to experiment with drugs is offered a marijuana cigarette laced with PCP by an acquaintance who is a regular user.
- D. A young teen catches a sibling taking "pain-killers" from their parent's cabinet and is not sure what to do.
- E. At a music concert, a young teen is offered a dose of LSD by a boy she likes.

III. Sexual Encounters

- A. A young teen-aged girl is approached by a friend of her older brother who tells her he thinks she's "hot" and invites her to go for a ride alone on a Friday night. The girl thinks the older boy is cute but doesn't know him or trust him and would rather say no.
- B. A teenage boy who's visiting a girl he likes but doesn't know well is invited by her to spend the night because her parents won't be home (he doesn't feel comfortable with this.)
- C. A girl goes to a movie with a boy she is not sure she likes, and he wants them to sit in the back of the theater. Halfway through the movie he starts trying to kiss her. She doesn't know how to tell him she wants to be friends for a while.

- D. A boy goes to a party with a group of girls in another town. They stay late and decide to sleep in the truck and return home the next morning. One of the girls is very drunk and wants to have sex with him. He feels pressured by the rest of the group to go along with her but he doesn't want to.

**IV. Difficult decisions/situations:
Use SODAS to solve these problems:**

- A. A teenage girl left to baby-sit her younger brothers and sisters for the night is invited to a birthday party where a boy she likes will be. Her youngest sibling is two years old and the oldest is 8.
- B. A teenager has to decide if he will leave his girlfriend to go live with an aunt in a town where he can go to a better school and get an after-school job.
- C. A teen-aged girl knows that a teacher, who is accusing another girl of stealing, is lying. But she is afraid to confront the teacher or tell someone about it.
- D. A teen boy's younger sister has become pregnant by his best friend, and he promises her he won't tell their parents about it and that she is planning on getting an abortion.
- E. A high school girl, who's parents expect her to get all A's and B's at school is worried because she will receive a C in one of her courses.



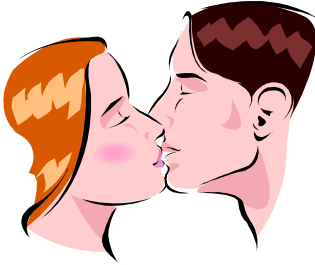
BE CREATIVE! LET IT OUT!!

How do you see yourself in 10 years?

SESSION 11
HUMAN SEXUALITY—RESPONSIBILITIES AND CONSEQUENCES
SEXUALITY: RESPONSIBLE DECISION MAKING

WHAT WILL HAPPEN

If you're HER or



If you're HIM

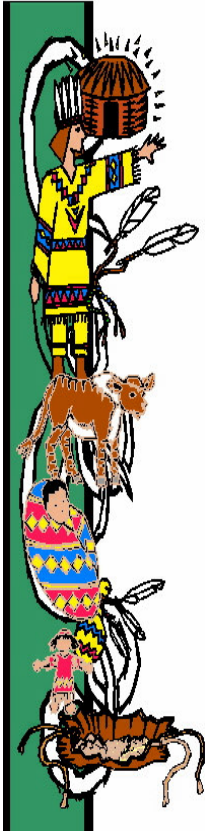
You complete this chart. Consider all possibilities or consequences if YOU decide to become sexually active. Things like pregnancy, contraception, marriage, abstinence, monogamy, STD's, HIV/AIDS, etc, etc...

Remember, also that alcohol, drugs and peer pressure can affect your decision.

OTHER FACTORS					
Wait to have Sex			Have Sex		
What Happens Next?			What Happens Next?		

SAYING NO TO SEX:

“Everybody’s having sex. I’m the only virgin left in my school.”
Do you or anybody you know think this? This is one of the biggest myths among teens today. It is also one of the main reasons teens say yes to sex, even though they would rather say no.



It’s normal for a young person to wonder what it would be like to have sex. But if you’re not ready for it emotionally, it can be a disappointing experience. This results in difficulties developing relationships later in adult life.

There are some important things to consider when deciding to have sex or not. Besides the risk of pregnancy, both males and females are at risk of contracting fatal diseases like HIV/AIDS.

Another possibility is that you’ll lose respect for yourself and your body. Would it disappoint your family and friends? What about your values? Feeling guilty about something you could have said no to isn’t fun.

So you want to abstain for now and that’s great, whether you’re a virgin or not. Here are a few tips to make this choice easier.

- ✓ Spend time with friends who feel the same way about staying away from sexual activity until they are older
- ✓ Double-date or go out in groups
- ✓ Never get in a car along with anyone you don’t trust
- ✓ Don’t go to a date’s house when you’ll be the only one there
- ✓ Stay away from alcohol and drugs. Even being around other people under the influence is risky. Their effect can cause people to do things they normally wouldn’t.
- ✓ Learn how to say no when necessary, and mean it.

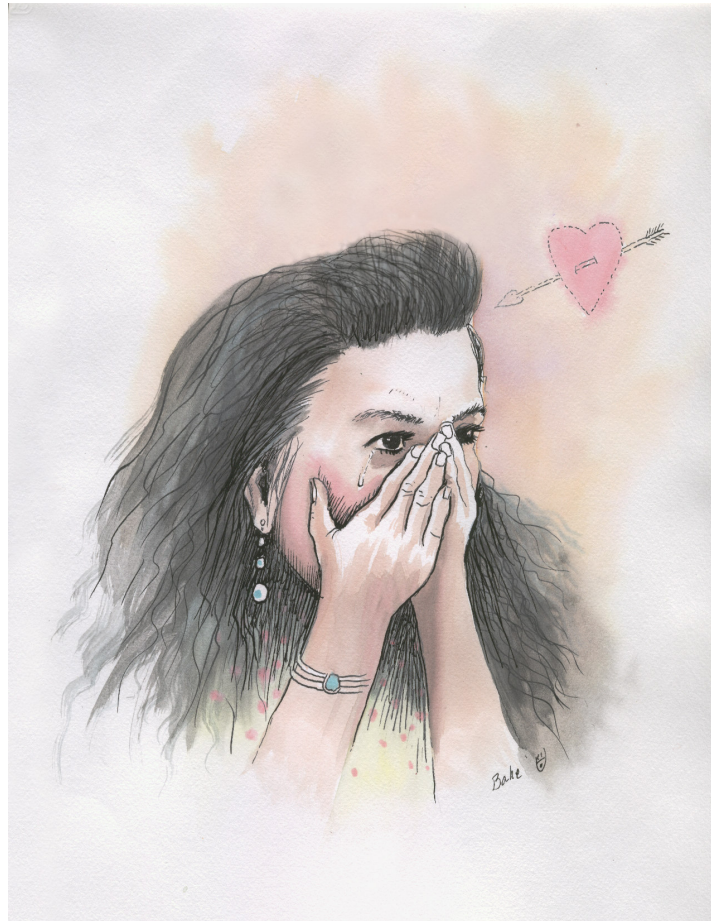
One girl said no to someone she was seeing even though she was very attracted to him. “Having sex with him would have made me feel cheap,” she said. I think sex is the bonus to a loving relationship. So I said no. The funny thing is, it’s two years since that happened and we’re still in touch, still friends.”

Checklist for thinking about personal rules and your limits (or boundaries) about sex.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have personal rules about dating |
| <input type="checkbox"/> | <input type="checkbox"/> | I think it is OK to hold hands on the first date |
| <input type="checkbox"/> | <input type="checkbox"/> | I drink alcohol or use other drugs on a date |
| <input type="checkbox"/> | <input type="checkbox"/> | If someone tried to touch me where I didn’t want to be touched, I would push that person away and tell that person to stop it. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have thought about my personal limits for sexual behavior, and I am able to tell them to someone whom I think needs to know. |

DISCUSSION QUESTIONS

- What are some of the reasons teens give for becoming sexually active (having sexual intercourse)?
- What are some of the problems young people face when they become parents too soon?
- What are some of the concerns of young men when they become sexually active?
- How old are some young people you know when they decide to become sexually active; why are their ages so important?





Dear Fran,

I feel so alone. I don't have a real close or best friend. I met a guy at a party, and he said he liked me. We were together that whole night. We both got drunk and had sex. He was so cool, he was nice and we had fun. But the following week he acted like he didn't know me. I don't understand why he acts like that and I feel so awful. Help!

Signed Confused

Dear Fran,

My friends are always talking about girls. Which girls are *"doing it"* and which girls they would like to *"do it with"*. They're always bragging and comparing themselves to other guys.

I haven't done anything yet, but I get teased because I don't say anything. Once in awhile I'll join in but I don't like the pressure. How can I let them know I'm my own person and that when I'm ready to do stuff it will be at my own time.

Signed, J.A. Kid

Dear Fran,

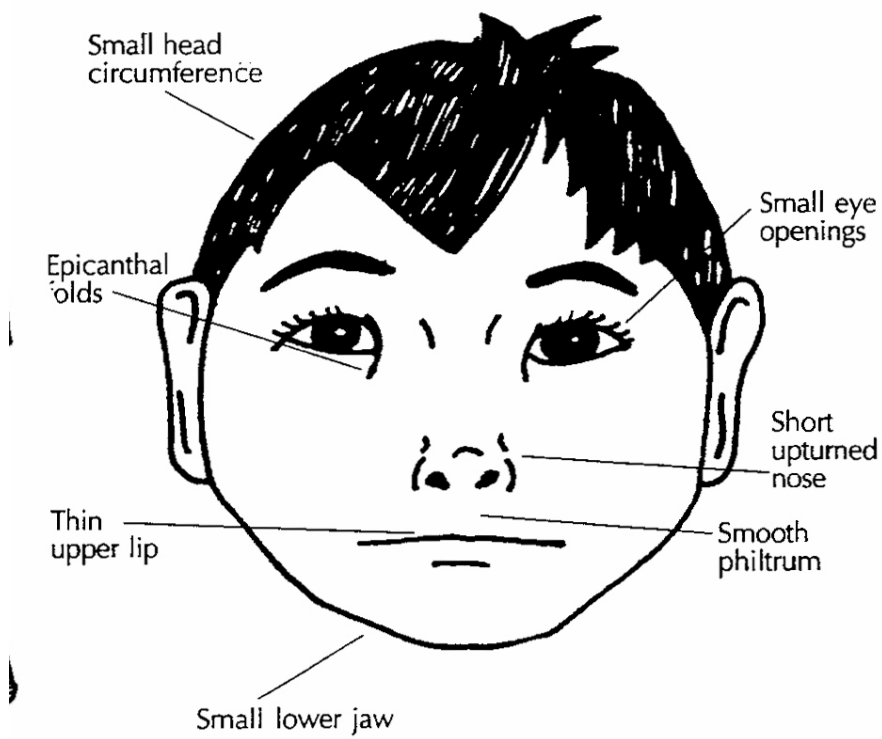
My boyfriend and I are getting real tight. He's 15 and I'm 14. Lately I've been getting a lot of pressure from him to have sex. We're alone a lot. Both of our parents work and aren't around much. I told him I'm not ready to have a baby, I'm too young. I really love him, but how can I tell him without losing him?

Signed, Too Young

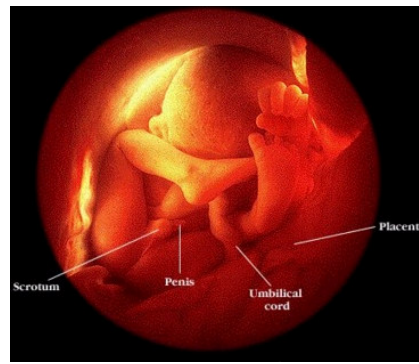


SESSION 12
HUMAN SEXUALITY-PREGNANCY AND FAS
FACIAL CHARACTERISTICS OF A CHILD WITH
FETAL ALCOHOL SYNDROME

FACIAL CHARACTERISTICS OF A CHILD WITH FAS



Fetal Development
The Effects of Alcohol and Other
Drugs During...
The final 3 months of pregnancy



Fetus moves limbs, fingers and toes. Fetus can open and close its eyes. It grows rapidly in preparation for birth. This time is a most uncomfortable period for the expectant mother.

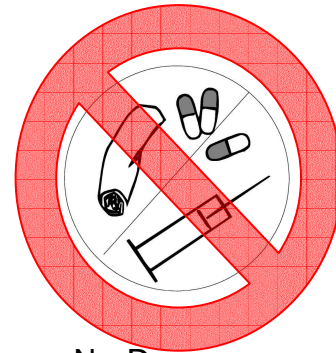
WARNING!!
The Use of Alcohol and Other Drugs Can be Harmful During Pregnancy.



No Smoking



No Alcohol



No Drugs

FAS Experiment

Alcohol and the Embryo

FETAL ALCOHOL SYNDROME SIMULATION ACTIVITY

Materials

1 raw egg

½ cup of mouthwash (with high alcohol content)

1–8 oz. Or 10 oz. Glass jar with lids

Procedure:

1. Pour the ½ cup of mouth wash into the glass jar
2. Break one raw egg into the jar without breaking the egg yolk.
3. Cover the mixture with the container lid.
4. Once covered, let the jar sit over night and record observations in the morning.
5. Do not shake the jar at anytime.

Write down your observations. When class begins tomorrow, share your observations. Here are some questions you can think about as you write you observations:

- What did the egg first look like?
- By morning what did the egg look like and why?
- Can these effects also occur with a human embryo?

Can you come up with other questions? Write your observations below.

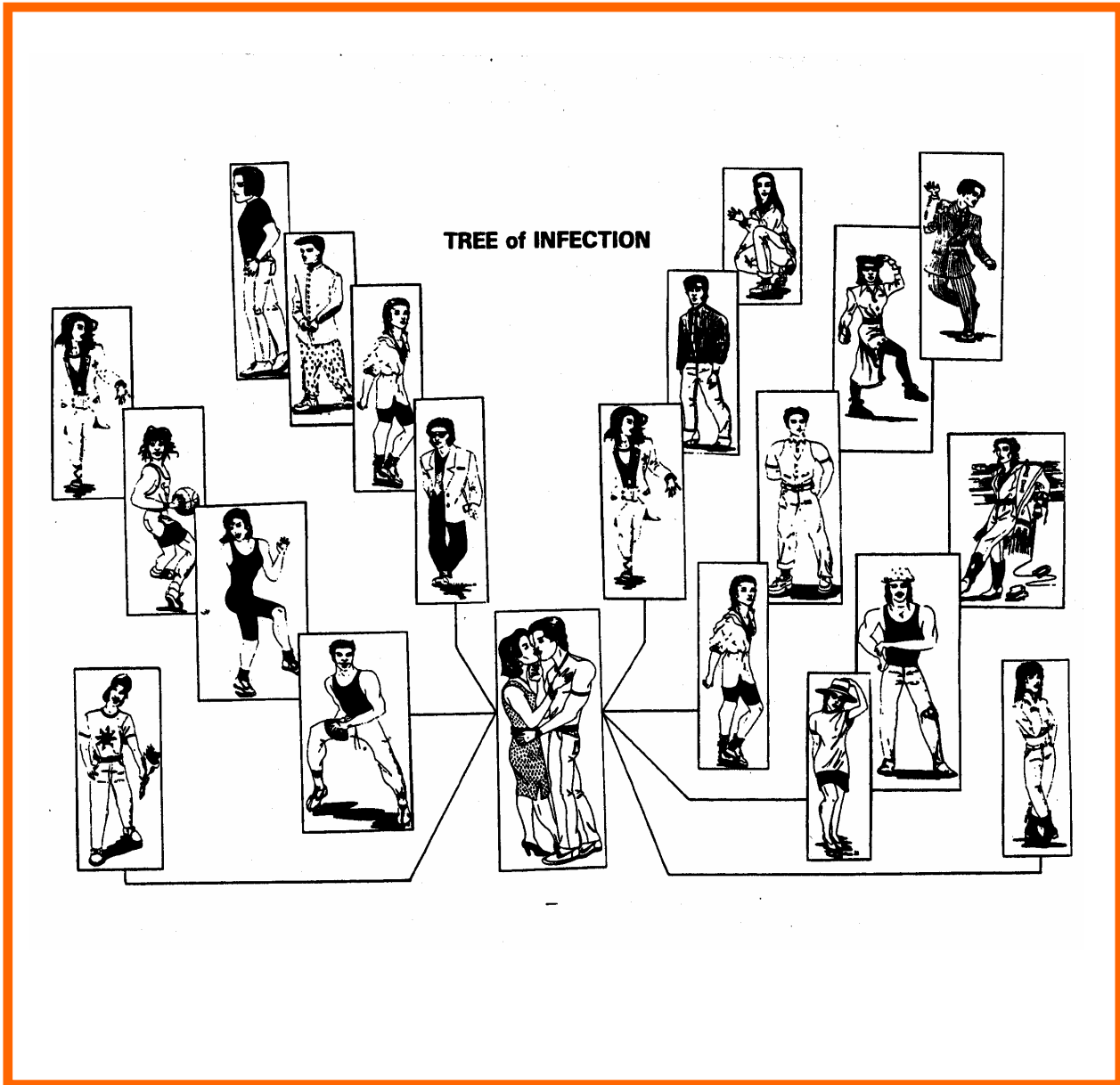
I Observed...

<hr/> <hr/> <hr/> <hr/> <hr/>

Session 13

STD's and PREVENTION

Tree of Infection



Where did the infection come from?
Who is the source?

For your Information

Some types of STD's

AIDS	Chlamydia	Gardnerella	Gonorrhea
Herpes	Non-Specific	Urethritis	Syphilis
Trichomoniasis	Vaginitis	Venereal Warts	

Do you know which of the above infections are curable? Which ones are not curable? BETTER FIND OUT!!

Most of the ones caused by viruses do not have cures!

Put the above infection in the correct column.

Curable STD's	Not Curable STD's

General Warning Signs

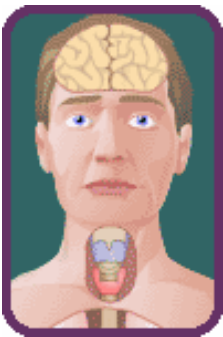
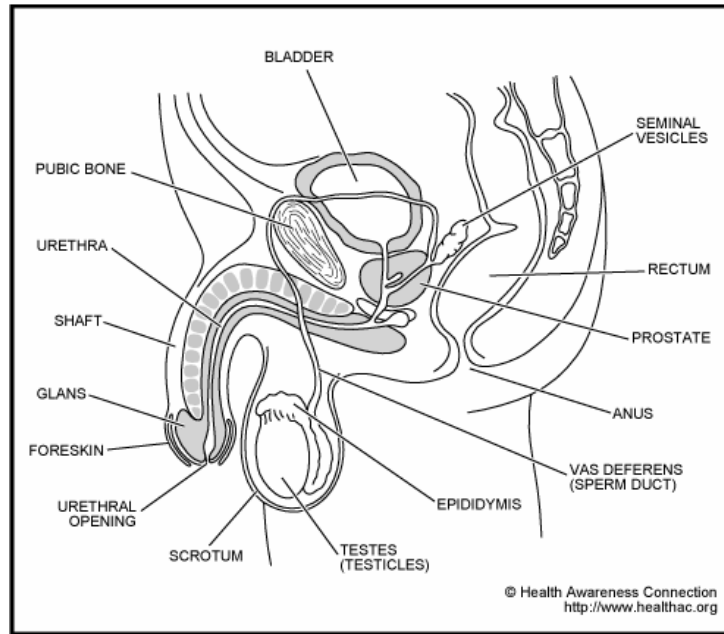
Nine of these are signs of a STD. Which ones are they?

- A. Unusual sores, bumps or blisters
- B. Fever and chills or flu-like symptoms
- C. Abnormal discharge from the vagina or penis (could be yellow, grey or white).
- D. Bloating of the hands and feet
- E. Burning or itching around the genital area.
- F. Unusual bleeding from the vagina or penis
- G. Lower abdominal pain and/or back pain
- H. Burning pain when urinating or pain when having a bowel movement.
- I. Deep vaginal pain during intercourse
- J. Swelling in the groin area (around genitals)
- K. Increased appetite

POSSIBLE SITES OF STD INFECTIONS

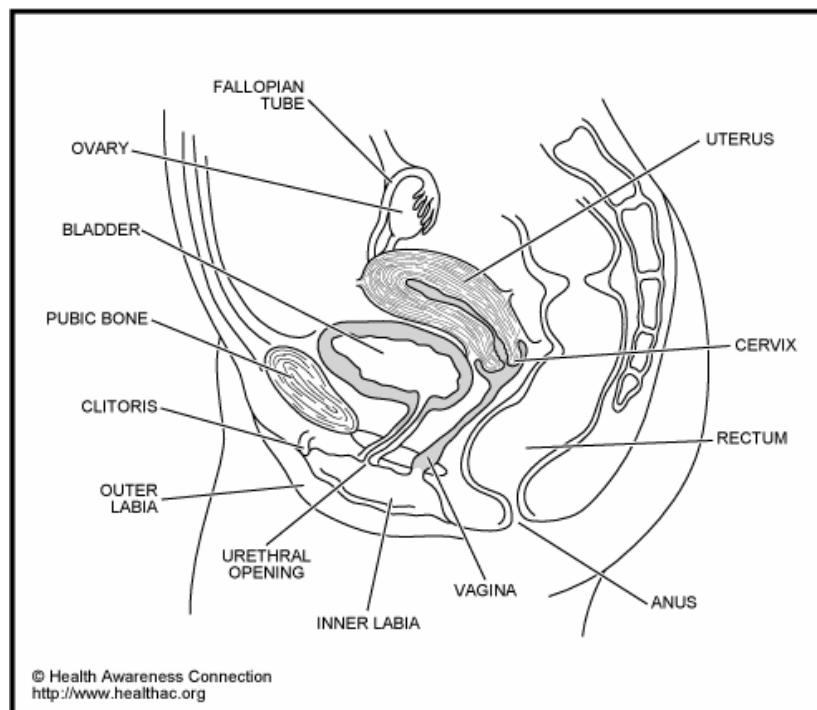
Possible Sites of STD Infections

MALE



Throat
(Both Male and Female)

FEMALE



Preventing STD's

Draw lines to match these important Prevention Measures



EDUCATION

Not having sex; affection and intimacy don't require sexual practices that can transmit infecting agents



SAFE SEX

Find out if your partner has had symptoms of an STD, ask about their past sexual partners



KNOW YOUR PARTNERS

Stay with one sexual partner - it reduces your chance of getting an STD.



ABSTINENCE

Use latex condoms along with vaginal spermicides (such as foams and jellies).

S.O.D.A.S.

Learn about the types of sexually transmitted diseases and understand how we put ourselves at risk.

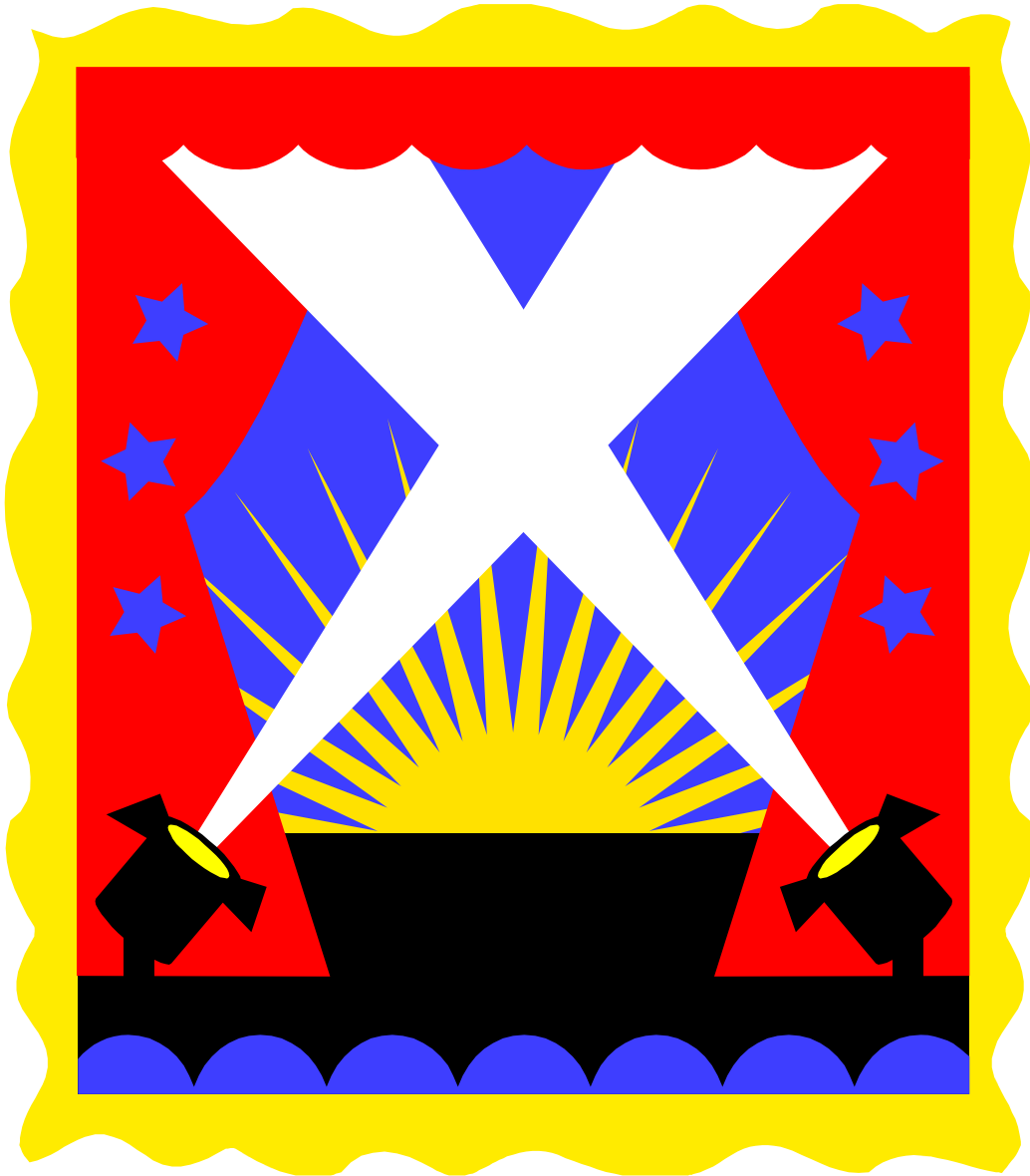
Monogamy



The skill to stop, think of health options, decide on a healthy option, act on your chosen healthy behavior and say to yourself that you've done the right thing.

NOTES:

SESSION 14
PRACTICE
MORE TIME FOR CENTER STAGE



How SODAS Can Help You Deal

Friends	Stop	Options	Decide	Act	Self-Praise
Just as your best friend's girl/boy friend wants to break up with your friend, you find out the boy or girl friend likes you.	Wait, what should I do? Someone could get hurt. I don't know how I feel	I could stay away from both of them for a while, or tell the boy or girl friend to just be friends.	I could stay away from the boy or girl friend. If he or she comes over, I'll say I want to just be friends.	Tell _____, when they talk to me, it would be best not to get involved.	Everyone will understand I did the best thing. I'm glad no one will get hurt.
Peers Everyone at your school is bugging you about why your brother or sister got in trouble with the police and this upsets you.	Stop	Options	Decide	Act	Self-Praise
Family Your parents insist that a relative come and stay with you and your teen-aged brother or sister while they are out of town for the weekend. This makes you think your parents don't trust you.	Stop	Options	Decide	Act	Self-Praise





SESSION 15
HIV/AIDS–THE EPIDEMIC AND ITS IMPACT
AIDS IMPACTS OUR COMMUNITIES

According to the Centers for Disease Control and Prevention (CDC), half of all new HIV infections in this country occur in young people under the age of 25. While the total number of American youth who have been infected with HIV is unknown, it is estimated that 20,000 young people are infected with HIV every year. That means two young Americans between the ages of 13 and 24 are contracting HIV every hour.



Estimated Number of HIV–infected people in 2002.

Which numbers fit the continents? 43 million total people infected worldwide.

Match the numbers to the continents.

30.0 million

7.2 million

2.9 million

1.7 million

980,000

15,000

AIDS STATISTICS FOR THE AMERICAN INDIAN IN THE UNITED STATES IN 2001

MALE

AGE	HIV	AIDS
Under 5	1	12
5-12	0	6
13-19	17	23
20-24	119	84
25-29	157	346
30-34	147	512
35-39	110	447

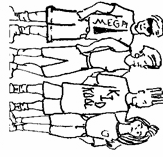
FEMALES

AGE	HIV	AIDS
Under 5	8	13
5-12	2	0
13-19	21	4
20-24	46	34
25-29	40	66
30-34	43	102
35-39	46	92



13 to 19 years old

SPECTRUM of DISEASE



HIV INFECTED

Someone becomes infected through unprotected sex, IV Drug needle sharing, or other behavior related activity.

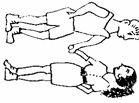
1 to 2 years later still not showing symptoms, but still infecting others.

Diagnosis of HIV + No symptoms seen or felt.

Testing can be done from 2 weeks to 6 months after infection.

Two kinds of testing done: Anonymous and Confidential
Two types of tests done: ELISA and Western Blot

16 to 21 years old



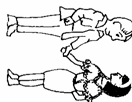
3 + years symptoms may begin to appear.

SYMPTOMS

Severe { Weight loss
Diarrhea
Weakness/tiredness

Susceptibility to infection
Loss of appetite
Swollen Lymph Glands
Thrush
Flu Like symptoms, headaches
&/or body aches.

23 to 30 years old



5 to 11 years after diagnosed HIV +, symptoms with disease related illness or full blown AIDS occurs.

Opportunistic infections are more frequent and at later stages are more severe.

Full Blown AIDS Develops.

OPPORTUNISTIC INFECTIONS

Tuberculosis
Kaposi's Sarcoma
Pneumocystis Carinii Pneumonia
Infants: Systemic Pnuemocystis Carinii
Children: Upper respiratory infections and strep throat.
Women: Persistent gynecological problems, i.e., yeast infections, chlamydia, etc.

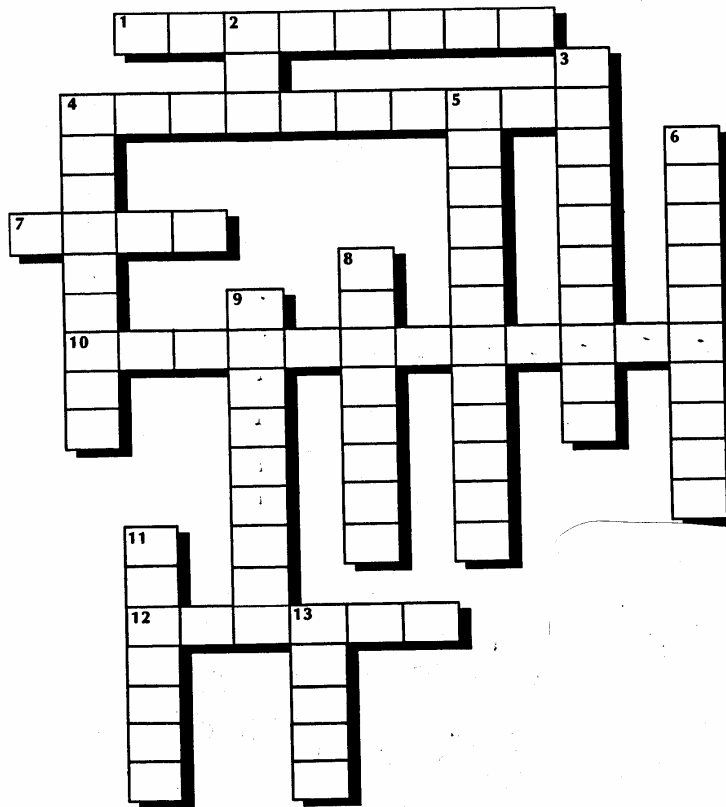
DEATH



SOME MORE PUZZLES

ACROSS

1. Certain things that you do that put you at risk for the HIV infection.
4. Taking measures beforehand to avoid disease and other infections.
7. The deadly disease that results from the HIV infection.
10. Passing from one person to another.
12. A form of protection from the HIV virus and other STD diseases

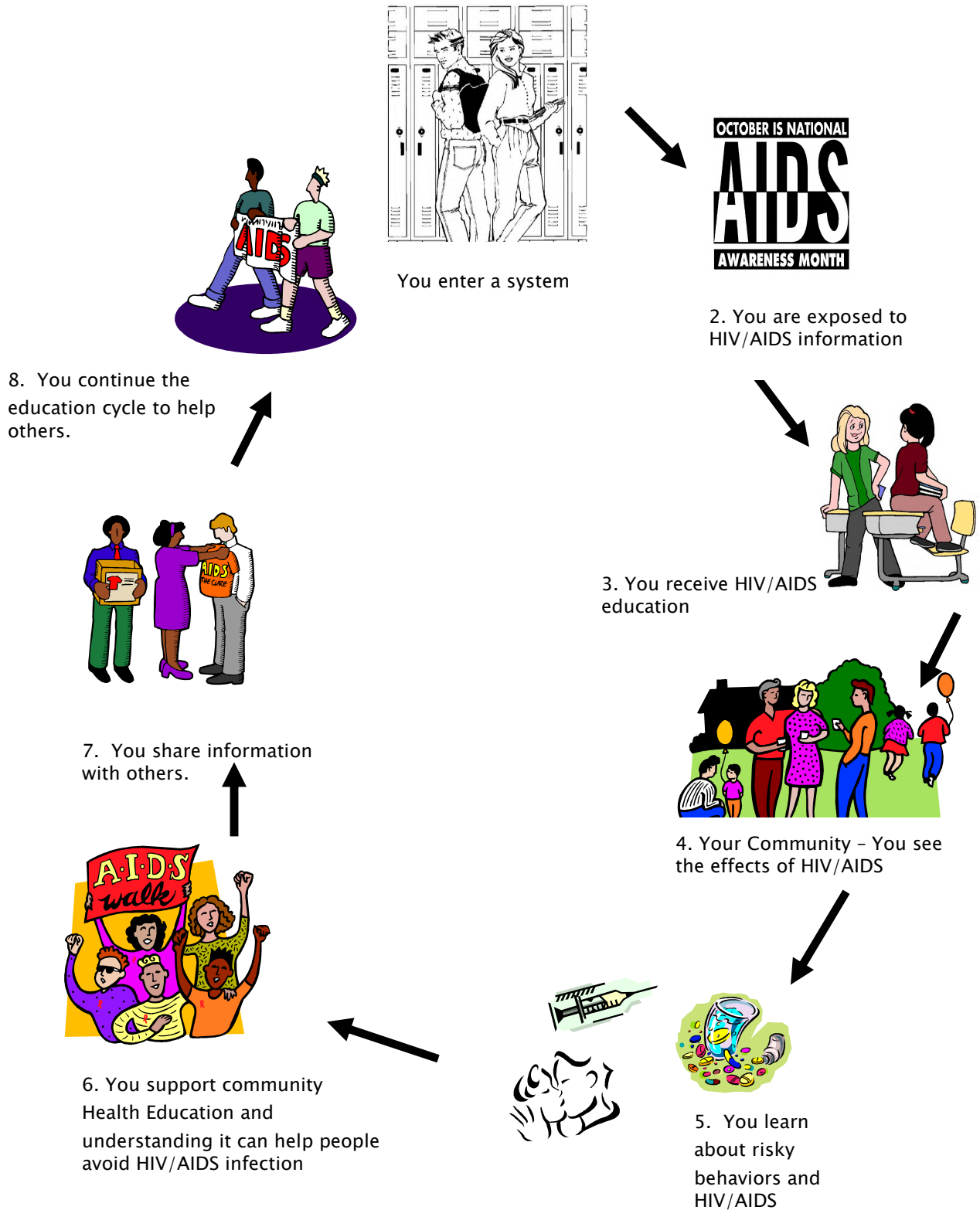


DOWN

2. The virus that causes AIDS
3. Proteins made in the blood to fight harmful organisms
4. Passing the virus from an infected mother to her infant before or during birth
5. Fights off certain diseases in the body. The HIV virus also attacks this.
6. The best way to prevent this transmission of the HIV virus. To not engage in any sexual activity.
8. Signs of the disease
9. Coming in contact with germs that cause illness
11. A substance that alters your mind and body functions.
13. Other substances that will affect your brain and physical being.



SESSION 16 EVERYONE'S ROLE IN PREVENTION

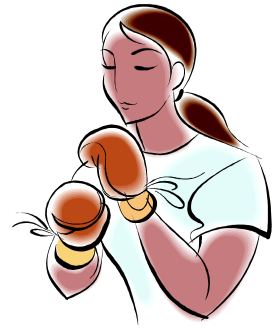


Discussion Questions for Michelle's Story

1. How did you feel as you heard Michelle tell her story?
2. How would you feel if she were someone you went to school with?
3. Why did Michelle return to talk to students at her school?
4. Michelle's new baby and her next youngest son may be infected with the AIDS virus. Why? How would you feel if someone in the future, your own baby or a relative's baby got infected with the AIDS virus?
5. Michelle "choose the wide road" as a teenager.
 - A. What did she mean by "wide road?"
 - B. What behaviors did Michelle practice on the "wide road" that increased her chances of getting infected with the AIDS virus (HIV)?
 - C. What kind of road or path are you on? How does it differ from Michelle's? Is it a safe one with no chance for contact with HIV?



SESSION 17
WOMEN, TEENS, AND AIDS
HEALTHY BEHAVIOR FOR EVERYONE



Jess is a popular student in a local school. Jess became ill last April and was absent for a few weeks. When Jess returned to school, Jess looked thin and tired, but was back in class. Because Jess is well known at school, Jess's absence was noticed by many of the students. Everyone has asked what was wrong, and Jess told them, "I have AIDS."

HOW SHOULD PEOPLE DEAL WITH JESS...



- Should Jess be allowed to return to school? Why?
- How would you feel if Jess were a member of your family?
- Should any special changes be made for Jess? Should Jess be allowed to eat in the cafeteria, use the swimming pool, play basketball, go on field trips, and be involved in other school activities?
- Suppose that some parents find out Jess has AIDS. They call a special meeting with the principal and insist that Jess be asked to withdraw from school. What do you think about this? What do you think you would do if you were the principal?
- Suppose that you are a student in Jess's class. Your parents insist you be transferred to another classroom. How would you handle the situation?
- What if Jess had another disease, such as cancer? Should Jess be advised to continue with school and a normal schedule? What makes AIDS so different?

My thoughts.....

WEB of HEALTHY BEHAVIORS

ME



BIO-POEM

HIV enters the body when we let down our guard
“...but I only did it once!”, “Just thought I’d check it out!”
... “I should have listened!” and “I didn’t know”



It can infect and remain in the central nervous system, hiding, waiting for its chance.

It slows down and destroys the body’s defense system

It can hide in other cells, too.

The human body’s own defense system cannot disable or overcome the AIDS virus

The AIDS virus mutates, it changes and creates different versions of itself.

The virus multiplies in great numbers.

Other animals (like chimpanzees, horses, and cats) have an AIDS virus, but it doesn’t develop the same infection and disease

There is no cure, we still hope and hunt for the answers, we can only continue or search

Armed only with information and the ability to educate ourselves and others, we must realized the only real hope is to change our behaviors (stop taking chances, the partying, the messing around, and so on.)

Deadly in the end, we’re the only ones that can PREVENT our own demise.

SESSION 18
GUIDED IMAGERY AND PRACTICE
SEEING A BRIGHT FUTURE



Guidelines

What information from the course will be presented in the role-play?

From the list below, circle the topics your role-play will be about.

- ▶ HIV/AIDS
- ▶ “Safer” Sex
- ▶ Sexually Transmitted Disease
- ▶ Decision Making
- ▶ Sexual Responsibility & Consequences
- ▶ Drug & Alcohol Abuse
- ▶ Perinatal AIDS
- ▶ Self-Esteem
- ▶ Values
- ▶ Family Communication
- ▶ Relationships
- ▶ Fetal Alcohol Syndrome

How will the narrator introduce the role-play?

Write out your tough situation or difficult decision here.

What are the options for the person being pressured?

Think up some good lines for the persons using SODAS.

I-Statements

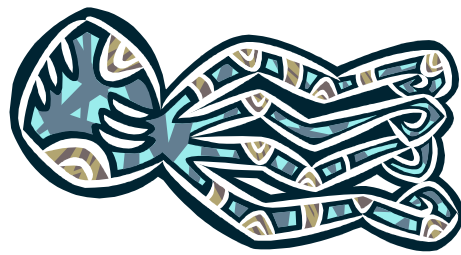
Refusals

Alternatives

What about Props?

Any special directions?

Presentation



SESSION 19
GROUP PRESENTATIONS
TIME TO SHARE YOUR SODAS

Evaluation for Student's Presentation

For each group of students that gives a presentation, answer the following questions on a handout provided in class.

1. List some of the things that you liked about this group presentation. What made it interesting?

2. Do you think the group used SODAS in a creative way?

3. What information that you learned from this program did this group present?

4. What were some of the verbal communication skills used?

5. What were some of the non-verbal communication skills used in this presentation?

6. What positive suggestions could you make to improve the group?

Session 20 Resources

You did it! Great job!

Sometimes it's hard to say good-bye to each other, especially when we've discussed new things about ourselves and we've learned new ways to handle old situations. But it's been so much fun working together. We've all learned new things about each other.

Remember how much hard work you put into learning about this. Be proud of your accomplishments.

The resource list is yours to keep and refer to if you ever need additional information. The card at the bottom of this page is for you to fill out and carry with you, should you need important phone numbers.

Parent home_____
Parent work_____
Parent work_____
School number_____
Local Hotline_____
Friend_____
Friend_____
Friend's Parent_____



RESOURCE LIST

CLEARINGHOUSE

The best place to get information is from the *National Clearinghouse for Alcohol and Drug Information.* The resources from the Clearinghouse include scientific findings; databases on prevention programs and materials; field experts, Federal grants, and market research; materials tailored to parents, teachers, youth and others; and information about organizations and groups concerned with alcohol. You can call them for free materials at 1-800-729-6686. Their website is <http://www.health.org>

HOTLINES

AIDS Atlanta - 404-872-0600

Aids Hotline - 1-800-551-2728

CDC National AIDS Hotline

1-800-342-2437

Spanish: 1-800-344-7432

Deaf: 1-800-234-7889

Teens: 1-800-342-TEEN

Alaska AIDS Assistance Association

1057 W. Firewood, Suite 102

Anchorage, AK 99503

907-276-4880

1-800-478-AIDS

Albuquerque Area Indian

Health Board

301 Gold Avenue SW, Suite 105

Albuquerque, NM 99508

505-764-0036

American Foundation for AIDS Research

(AmFAR) New York

120 Wall Street, 13th Floor

New York, NY 10005-3902

212-806-1600

(AmFAR) Washington

1828 L Street, NW, #802

Washington, DC 20036-5104

202-331-8600

Native American AIDS Project

AIDS & HIV Services

1540 Market Street, Suite 425

San Francisco, CA

(415) 522-2460

AIDS Action Committee

1-800-235-231 (Massachusetts)

617-437-6200 (elsewhere)

California Rural Indian Health Board

2020 Hurley Way, Suite 155

Sacramento, CA 95825

916-929-9761

Howard Brown Health Center

1515 E. 52nd Place

Chicago, IL 60615-4111

773-925-6877

Dallas

AIDS & HIV Services

1402 Corinth St

Dallas, TX

(214) 421-4835

Denver

Colorado AIDS Project

701 E. Colfax, Suite 212 P.O. Box 18529

Denver, CO 80218-0529

Main Phone: 303-837-0166

AIDS Information: 1-800-333-2437

Wellness Resource Center: 303-837-1501

Fax: 303-861-8281

info@coloradoaidsproject.org

Honolulu - Waikiki Health Center

808-922-1313 (Honolulu and elsewhere)

Health Education Resource Organization

101 West Read Street, Suite 825,

BALTIMORE, MD 21201

OFFICE: 410-685-1180

Helpline: 410-545-4774

Toll-free (out of area code): (800) 376-HERO

Haskell Indian Nations University
155 Indian Avenue
Lawrence, KS 66046
785-749-8404
www.haskell.edu

Native American Women's Health Education
Resource Center
PO Box 57
Lake Andes, SD 57356-0572
605-487-7072

AIDS Committee of Toronto
399 Church Street, 4th floor
Toronto, Ontario, Canada, M5B 2J6
(416) 340-2437: Main Switchboard
(416) 340-8484: Voicemail
(416) 340-8844: Information & Support
(416) 340-8224: Fax
(416) 340-8122: TTY/TDD
<http://www.actoronto.org>

Government of the Northwest Territories
Health and Social Services
Box 1320
Yellowknife, NT X1A-2L9
(867) 873-7276
<http://www.hlthss.gov.nt.ca/>

INDIAN HEALTH SERVICE (HQ)
THE REYES BUILDING
801 THOMPSON AVENUE, STE. 400
ROCKVILLE, MD 20852-1627
[HIV/AIDS 301-443-1040](http://www.ihs.gov/)
<http://www.ihs.gov/>

Nuu-chah-nulth Tribal Council and
Community and Human Services
PO Box 1383
Port Alberni, BC
V9Y 7M2
(250) 724-5757
(250) 723-0463 Fax
<http://www.nuuchahnulth.org/welcome.htm>

Intertribal HIV/AIDS Coalition
P.O. Box 908
Lawton, OK 73501
(405) 357-3449
www.health.state.ok.us/program/hivstd/cd/Resource%20Directory/comanche_county_resources.htm
Services: halfway house, AA counseling, job service, HIV prevention program for community
Criteria: Must have CDIB card

Seattle Indian Health Board
PO Box 3364
Seattle, WA 98114
206-324-9360

Indigenous People's Task Force
1433 E. Franklin, Suite 7E
Minneapolis, MN 55404
612-870-1723 ext.20

Tohono O'odham Nation
P.O. Box 837
Sells, Arizona 85634
(520) 383-2028 Phone
(520) 383-3379 FAX
www.itcaonline.com/Tribes/tohono.htm

White Earth Reservation Tribal Council
AIDS Prevention/Risk Reduction Program
PO Box 418
White Earth, MN 56591
218-983-3285

Montana United Indian Association
515 North Sanders
PO Box 6043
Helena, MT 59601
406-443-5350 or 1-800-654-9085

Yakima Indian National Community Health
Representative Program
PO Box 151
Toppenish, WA 98948
509-865-2255

National Native American AIDS Prevention Ctr.
3515 Grand Avenue, Suite 100
Oakland CA 94610
510-444-2051

White Mountain Apache Tribe
Health Education Department
Box 1210
Whiteriver, AZ 85941
Health Education/Healthy Nations
(928) 338-4953
Fax (928) 338-1738
CHADEEN PALMER, PUBLIC INFORMATION OFFICER
(928) 338-4346 OR
1-877-338-9628 Extension 373

PUBLICATIONS

Access – A quarterly newsletter on medical treatment issues, analysis of clinical research and sources for alternative drugs. Published by DATA (Direct Action for Treatment Access). \$20.00 per year includes newsletter and membership in DATA. P.O. Box 60391, Palo Alto, CA 94306-0391, 415-323-6051

AIDS Clinical Care – A monthly newsletter specifically targeted to physicians. Published by the Massachusetts Medical Society in cooperation with AmFAR. \$109 per year. Fax 781.893.0413, in the US, Customer Service at 800-843-6356
Outside of the US, Call Customer Service at 781-893-3800
<http://www.accnewsletter.org/>

AIDS/HIV Treatment Directory – The amfAR Global Link succeeds amfAR's HIV/AIDS Treatment Directory. Its searchable databases summarize current research on treating HIV and HIV-associated conditions and include detailed descriptions of approved and experimental drugs. This unique treatment resource also features an extensive listing of active clinical trials in North America and worldwide, as well as news reports on efforts to halt the AIDS pandemic. The amfAR Global Link is also available in print and CD-ROM format.

AMERICAN FOUNDATION FOR AIDS RESEARCH (AMFAR), TREATMENT INFORMATION SERVICES
120 WALL STREET, 13TH FLOOR, NEW YORK, NY 10005-3902, 1-800-39-AMFAR (1-800-392-6327).
EMAIL TXDIR@AMFAR.ORG
<http://www.amfar.org/cgi-bin/iowa/programs/researchc/record.html?record=49>

AIDSFIL – A quarterly newsletter for physicians treating patients with HIV infection and AIDS. Published by the University of California, San Francisco. AIDSFIL, <http://www.amazon.com>

AIDS Treatment News– Offers treatment alternatives, and drug guidelines and clinical trials.
<http://www.aidsnews.org/>

GMHC (Gay Men's Health Crisis). Links to Treatment Issues (newsletter) and patient education facts sheets, <http://www.gmhc.org/living/treatmnt.html>

Journal of the American Medical Association HIV/AIDS Information Center, <http://www.ama-assn.org/special/hiv/library/library.htm> Abstracts of selected recent medical journal articles.

Scientific and medical journals' Web sites, <http://www.aegis.com/links.asp?TOC=journal>
AEGIS link page

Treatment Action Group (TAG), <http://aidsinfonyc.org/tag/taglines/taglines.html>
Opportunistic Infections Report, Version 2.0, 1998. A critical review of the treatment and prophylaxis of AIDS-related opportunistic infections.

AIDS Weekly – A weekly publication that reports on HIV/AIDS-related news and research.
<http://www.aegis.com/pubs/aidswkly/>

Being Alive – A monthly newsletter of medical updates and information about living with HIV.
<http://www.beingalivela.org/>

Body Positive – A monthly magazine with HIV-related information on medical, political and legal issue. \$25 a year suggested donation, free back issues online. 2095 Broadway, Suite 306, New York, NY 10023, 212-721-1346
<http://www.thebody.com/bp/bpix.html>

Directory of HIV Clinical Research in California – A free directory of open HIV/AIDS trials in California. Guide to HIV Clinical Trials in California
contact Greg Szekeres at gszekeres@php.ucsf.edu, 3180 18th Street Suite 201, San Francisco, CA 94110 (415) 476-9554 fax (415) 476-6948

Focus: A guide to AIDS Research and Counseling – This monthly publication provides one or two articles a month that discuss the counseling aspects of AIDS, putting the medical, epidemiological, and social aspects of the disease in the context of HIV-related counseling and psychotherapy. Published by the UCSF IDS Health Project. \$36 a year for individuals, \$24 a year for those with limited income. UCSF AIDS Health Project, PO Box 0884, San Francisco, CA 94143-0884. ISSN 1047-0719.

PI Perspective – A free newsletter on HIV treatments and public policy. Published periodically by Project Inform. <http://www.projinf.org/> Project Inform, 205 13th Street, #2001, San Francisco, CA 94103 Treatment Hotline Phone Number: 800-822-7422 (toll-free) or 415-558-9051 (in the San Francisco Bay Area and internationally)

Two Spirit Update – An online collection of materials and resources developed for American Indians and Alaska Natives. National Native American AIDS Prevention Center
information@nnaapc.org
436-14th Street, Suite 1020, Oakland, California 94610 Telephone: (510) 444-2051
Facsimile: (510) 444-1593
<http://nnaapc.org/MiscNewsSr.asp?CustComKey=3822&CategoryKey=3169>

Treatment Issues – A monthly newsletter on experimental and alternatives AIDS therapies. Your contribution will help GMHC continue to publish *Treatment Issues*. Yearly subscription rates: \$55—Individuals, \$95—Physicians/Institutions, \$95—International, Sliding scale for HIV-positive and/or low income individuals. Published by the Gay Men's Health Crisis in New York (GMHC). GMHC Treatment Issues The Tisch Building, 119 West 24 Street, New York, NY 10011 Fax: 212/367-1528 E-mail: fredg@gmhc.org
<http://www.gmhc.org/living/treatment/ti.html>

World (Women Organized to Respond to Life Threatening Diseases) – WORLD Newsletter: 122 issues in 122 months. This monthly, 8–page newsletter with over 12,000 readers in over 85 countries has published personal stories of over 300 women living with HIV, in addition to treatment updates, resources, and other information about living with HIV. Donations appreciated. WORLD, 414 13th Street, 2nd floor, Oakland CA 94612
Call us on the phone: 510/986–0340 Send us a fax: 510/986–0341
Send us an email: info@womenhiv.org <http://www.womenhiv.org/>

ORGANIZATIONS WITH INFORMATION ON SUBSTANCE ABUSE

Al-Anon Family Group Headquarters, Inc.

P.O. Box 862
Midtown Station
1372 Broadway
New York, NY 10018
800-344-2666

Children of Alcoholics Foundation, Inc.

540 Madison Ave.
23rd Floor
New York, NY 10022
212-980-5394

Institute on Black Chemical Abuse (IBCA)

2614 Nicollet Ave. S.
Minneapolis, MN 55408
612-871-7878

National Association for Perinatal Addiction Research and Education (NAPARE)

11 E. Hubbard St.
Suite 200
Chicago, IL 60611
312-329-2512

National Association of Children of Alcoholics (NACOA)

1146 Rockville Pike, Suite 100
Rockville, MD 20852
301-468-0985

National Council on Alcoholism, Inc. (NCA)

12 W. 21st St.
New York, NY 10010
800-622-2255

TOLL-FREE INFORMATION

1-800-NCA-CALL - National Council on Alcoholism Information Line

THE NATIONAL COUNCIL ON ALCOHOLISM, INC., IS THE NATIONAL, NONPROFIT ORGANIZATION COMBATING ALCOHOLISM, OTHER DRUG ADDICTIONS, AND RELATED PROBLEMS. PROVIDES INFORMATION ABOUT NCA'S STATE AND LOCAL AFFILIATES ACTIVITIES IN THEIR AREAS. ALSO PROVIDES REFERRAL SERVICES TO FAMILIES AND INDIVIDUALS SEEKING HELP WITH AN ALCOHOL OR OTHER DRUG PROBLEM.

1-800-622-HELP - NIDA Hotline

NIDA HOTLINE, OPERATED BY THE NATIONAL INSTITUTE ON DRUG ABUSE, IS A CONFIDENTIAL INFORMATION AND REFERRAL LINE THAT DIRECTS CALLERS TO COCAINE ABUSE TREATMENT CENTERS IN THE LOCAL COMMUNITY. FREE MATERIALS ON DRUG USE ALSO ARE DISTRIBUTED IN RESPONSE TO INQUIRIES.

SOURCES OF FREE CATALOGS OF ALCOHOL AND OTHER DRUG USE PUBLICATIONS

Hazelden Educational Materials. A source for pamphlets and books on drug use and alcoholism and curriculum materials for drug prevention. 1-800-257-7810. Hazelden Foundation

P. O. Box 11 • CO3 • Center City, Minn. 55012-001. <http://www.hazelden.org/>

National Council on Alcoholism. A source for pamphlets, booklets, and fact sheets on alcoholism and drug use. 20 Exchange Place, Suite 2902, New York, NY 10005 phone: 212/269-7797 fax: 212/269-7510 email: national@ncadd.org <http://www.ncadd.org> HOPE LINE: 800/NCA-CALL (24-hour Affiliate referral)

Johnson Institute. A source for audiocassettes, films, videocassettes, pamphlets, and books on alcoholism and drug use. Offers books and pamphlets on prevention and intervention for children, teens, parents, and teachers. Executive Office: 1273 National Press Building Washington, DC 20045 (202) 662-7104 Minnesota Office: 10001 Wayzata Blvd. Minnetonka, MN 55305 (952) 582-2713

National Association for Children of Alcoholics. A source for books, pamphlets, and handbooks for children of alcoholics. 11426 Rockville Pike, Suite 100, Rockville, Maryland 20852

Phone: 888-55-4COAS or 301-468-0985 Fax: 301-468-0987 E-mail: nacoa@nacoa.org <http://www.nacoa.org/>

Drug-Free Schools and Communities. State and Local Programs, U.S. Department of Education. This program provides each State educational agency and Governor's office with funds for alcohol and drug education and prevention programs in local schools and communities. For information on contact persons in your State, contact the U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202 E-mail: customerservice@inet.ed.gov Telephone: 1-800-USA-LEARN TTY: 1-800-437-0833 Fax: (202) 401-0689

Families in Action. This organization maintains a drug information center, with more than 200,000 documents. Publishes Drug Abuse Update, a quarterly journal containing abstracts of articles published in medical and academic journals and newspapers. \$25 for four issues. National Families in Action, 2957 Clairmont Road NE, Suite 150, Atlanta, Georgia 30329 Phone 404-248-9676, Fax 404-248-1312, nfia@nationalfamilies.org <http://www.nationalfamilies.org/>

The Health Connection. This organization publishes pamphlets, books, teaching aids, posters, audiovisual aids, and prevention magazines designed for classroom use, and adult use. The Health Connection, 55 W. Oak Ridge Drive, Hagerstown, Maryland 21740 Telephone 1-800-548-8700 (From U.S.A. and Canada) 301-393-3267 (World-wide) Work Hours, The Health Connection phone lines are open from 8:00 a.m. to 5:00 p.m., Monday through Thursday, except on major holidays. FAX-1-888-294-8405 E-mail, sales@healthconnection.org
<http://www.healthconnection.org/temp/new/>

SCHOOL AND COMMUNITY RESOURCES

ACTION Drug Prevention Program. ACTION, the Federal volunteer agency, works at the local, State, and national levels, to encourage and help fund the growth of youth parents, and senior citizen groups and networks committed to helping youth to remain drug free. ACTION can provide *Kids and Drugs*: A Youth Leaders' Handbook and a brochure called *Idea Exchange*, which outlines 32 drug-free activities for children and teens, including ideas for speakers, publicity, community involvement, and projects. 806 Connecticut Ave., N.W., Suite M-606, Washington, DC 20525. 202-634-9292.

American Council for Drug Education (ACDE). ACDE organizes conferences; develops media campaigns; reviews scientific findings; publishes books, a quarterly newsletter, and education kits for physicians, schools, and libraries; and produces films. 204 Monroe Street, Suite 110, Rockville, MD 20852. <http://www.acde.org/>

Drug-Free Schools and Communities. Regional Centers Program, U.S. Department of Education. This program is designed to help local school districts, State education agencies, and institutions of higher education to develop alcohol and drug education and prevention programs. Five regional centers provide training and technical assistance. For further information on center services, contact the center in your region or, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202
E-mail: customerservice@inet.ed.gov Telephone: 1-800-USA-LEARN TTY: 1-800-437-0833
Fax: (202) 401-0689

Northeast Regional Center for Drug-Free Schools and Communities. Northeast Regional Center for Drug Free Schools and Communities, 12 Overton Avenue, Sayville, NY 11782, 516/589-7022, FAX 516/589-7894 Includes: Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, and Vermont.

Southeast Regional Center for Drug-Free Schools and Communities. Southeast Regional Center for Drug Free Schools and Communities, Spencerian Office Plaza, Suite 350, University of Louisville, Louisville, KY 40292, 502/852-0052, 800/621-SERC, FAX 502/852-1782
Includes: Alabama, District of Columbia, Florida, Georgia, Kentucky, North Carolina, South Carolina, Tennessee, Virginia, West Virginia, Virgin Islands, and Puerto Rico.

Midwest Regional Center for Drug-Free Schools and Communities, Midwest Regional Center for Drug Free Schools and Communities, 1990 Spring Road, 3rd Floor, Oak Brook, IL 60521 708/571-4710, FAX 708/571-4718 Includes: Indiana, Illinois, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wisconsin.

Southwest Regional Center for Drug-Free Schools and Communities, Southwest Regional Center for Drug-Free Schools and Communities, College of Continuing Education, The University of Oklahoma, Building 4, Room 138, 555 East Constitution Street, Norman, OK 73072

(405) 325-1454 or 1-800-234-7972 Fax: (405) 325-7092 Includes: Arizona, Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, and Utah.

NATIVE AMERICAN WEBSITES

<http://www.nativeshop.org/> – Native Shop is a project of the Native American Women's Health Education Resource Center. We are marketing products as an economic development project to raise funds for the resource center's programs.

<http://www.ihs.gov/> – The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives.

<http://hsc.unm.edu/library/nhd/> – Provides access to bibliographic information pertaining to health and medical issues of the American Indian, Alaska Native and first Canadian populations.

<http://ih.jhsph.edu/cnah/> – Our mission at the Johns Hopkins Center for American Indian Health is to research, design and implement, in partnership with tribes, strategies to raise the health and well being of American Indians to the highest possible level.

<http://www.nau.edu/ihd/CANAR/> – The mission of CANAR is to serve as an avenue for collaboration and cooperation between Administrators of rehabilitation projects serving Native American persons with disabilities, to increase and enhance the quality of services, resulting in positive outcomes for Native American persons with disabilities.

<http://www.3feathers.org/> – The Indian Disabilities Service Quality Improvement Center helps people by assisting grantees in locating, identifying, and providing quality disabilities services to children with disabilities and their families.

<http://www.nihb.org/> – The National Indian Health Board tells about different organizations that are directed toward Indian's and health issues. In this site there are also reports written about all the different organizations.

<http://www.nnaapc.org/> – The National Native American Prevention Center is designed to stop the spread of HIV and related diseases among American Indians, Alaskan Natives, and Native Hawaiians, and to improve the quality of life.

<http://www.richheape.com/medicine.htm> – This site shows different videos that you can purchase that will show you about American Indian and health, and also about healing powers.

<http://www.aaip.com> – AAIP is dedicated to pursuing excellence in Native American health care by promoting education in the medical disciplines, honoring traditional healing practices and restoring the balance of mind, body, and spirit. AAIP members are very active in medical education, cross cultural training between western and traditional medicine, and assisting Indian communities.

<http://nativeheritage.net/HealthLinks.html> – This site offers information about Native Americans and diabetes. It gives information on diabetes prevention, diabetes cooking, and the dangers of insulin.

<http://aihc1998.tripod.com/> – The American Indian Health Council is dedicated to providing health information, referral, and outreach services to the American Indian community.

<http://www4.nau.edu/ihd/airrtc/> – The ARRTC has conducted research and training to improve rehabilitation services for American Indians with disabilities.

<http://members.aol.com/natamcan/> – This Native American Cancer Research site gives information about different types of cancer and how they effect Native Americans.

glossary

Abstain. Non-action. Example: deciding not to use drugs or alcohol.

Abuse. Something misused in a way that is harmful, like drinking to solve problems.

Acquired immunodeficiency syndrome. (AIDS) A disease, caused by HIV that destroys the immune system making it unable to fight infections.

Adapt. To adjust, to handle changes and accept situations without too much stress.

AIDS virus – The virus that causes AIDS, known as the human immunodeficiency virus (HIV).

Alternative healing – Refers to methods of healing not medically approved, may involve healing techniques found in different societies, such as acupuncture (from China) and herbal medicines.


Anal intercourse. Insertion of the erect penis into the anus of the sexual partner.

Antibody. Body protein manufactured purposely to defend or protect the body from germ causing illness or disease.

Anus. The body opening that allows release of solid food waste at the end of the digestive track.

Bisexual. Preference for having sexual partners of either the same sex and/or the opposite sex.

Blackout. May occur if someone drinks a lot; not the same as passing out; the person is conscious (fully awake) but can't recall what went on for a period of time, his memory "blacks out."



Epidemic. An illness or disease spreading so quickly that many people have it at once.

Fetal Alcohol Syndrome (FAS) A group of problems and symptoms a child is born with due to the mother's consumption of alcohol during the pregnancy.

HIV antibody test. A test used to detect antibodies against HIV in blood samples. The test does not detect AIDS but rather the virus that causes AIDS.

Hemophilia, hemophiliac. An inherited gene condition causing difficulty for the blood to clot. A hemophiliac may suffer from bruising easily and may bleed easily and profusely.

Heterosexual. Preference for having sexual partners of the opposite sex.

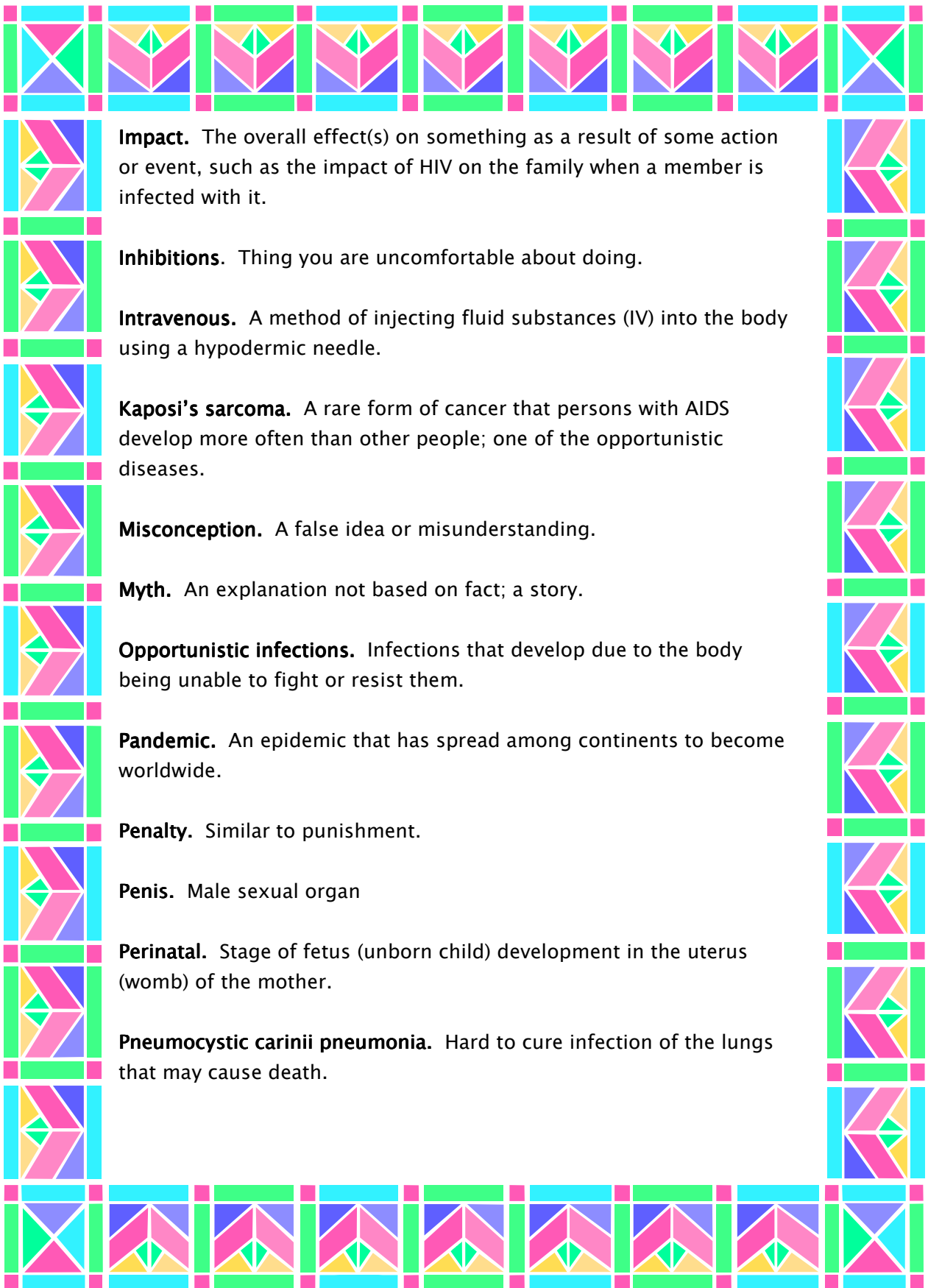
High-risk behavior. Behaviors that increase the chance of harm to one's overall being such as using a dangerous drug, drinking, or unsafe sexual activities.

Holistic Health. Refers to perceiving health and well-being as a balanced connectedness between the emotions, intellect (mind), body, and spirit.

Homosexual. Preference for having sexual partners of the same sex.

Human Immunodeficiency Virus (HIV). The virus that causes AIDS.

Immune System. The body's defense system against disease, which produces antibodies in the blood and other body fluids to fight disease-producing germs.



Impact. The overall effect(s) on something as a result of some action or event, such as the impact of HIV on the family when a member is infected with it.

Inhibitions. Thing you are uncomfortable about doing.

Intravenous. A method of injecting fluid substances (IV) into the body using a hypodermic needle.

Kaposi's sarcoma. A rare form of cancer that persons with AIDS develop more often than other people; one of the opportunistic diseases.

Misconception. A false idea or misunderstanding.

Myth. An explanation not based on fact; a story.

Opportunistic infections. Infections that develop due to the body being unable to fight or resist them.

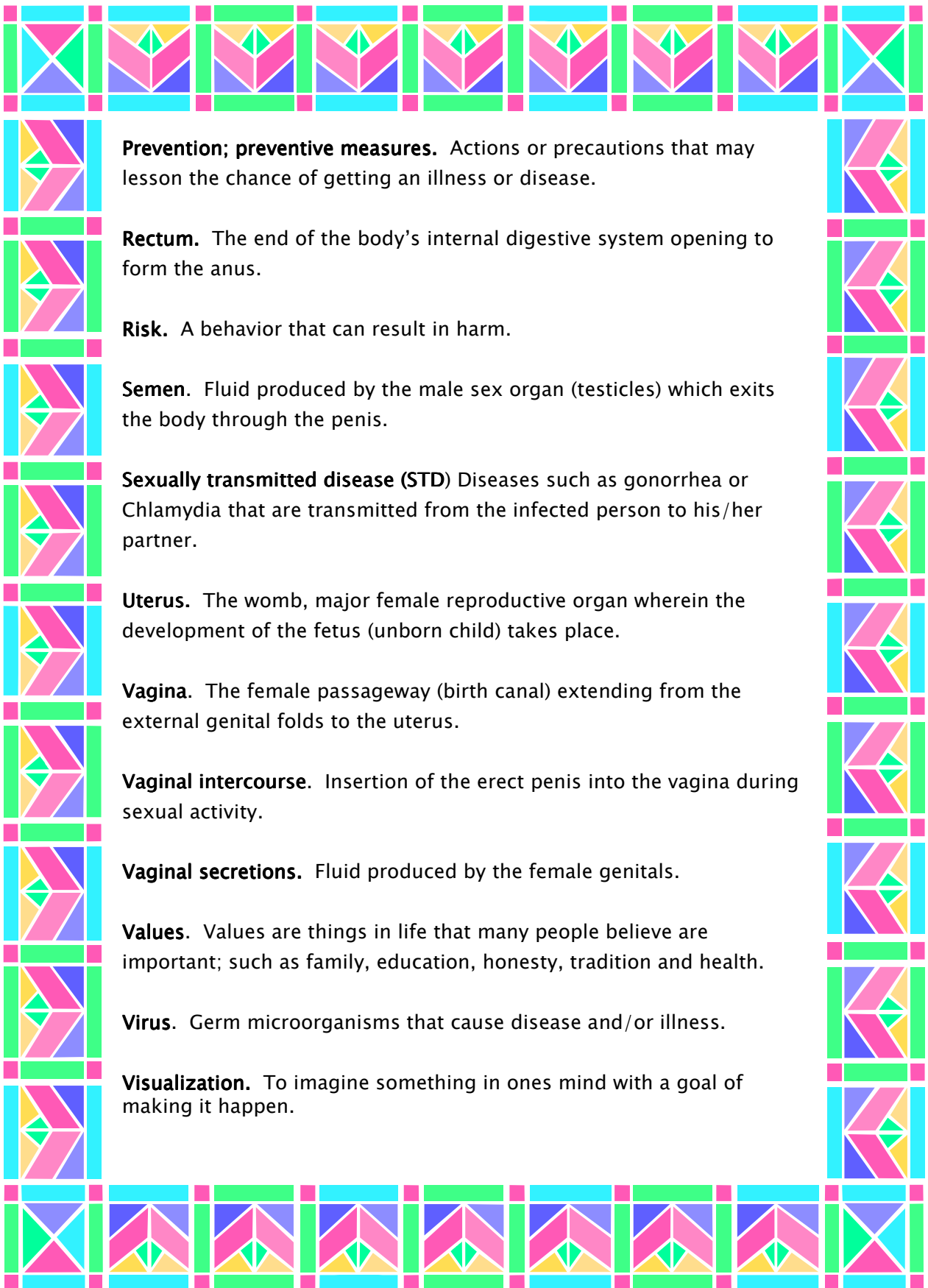
Pandemic. An epidemic that has spread among continents to become worldwide.

Penalty. Similar to punishment.

Penis. Male sexual organ

Perinatal. Stage of fetus (unborn child) development in the uterus (womb) of the mother.

Pneumocystic carinii pneumonia. Hard to cure infection of the lungs that may cause death.



Prevention; preventive measures. Actions or precautions that may lesson the chance of getting an illness or disease.

Rectum. The end of the body's internal digestive system opening to form the anus.

Risk. A behavior that can result in harm.

Semen. Fluid produced by the male sex organ (testicles) which exits the body through the penis.

Sexually transmitted disease (STD) Diseases such as gonorrhea or Chlamydia that are transmitted from the infected person to his/her partner.

Uterus. The womb, major female reproductive organ wherein the development of the fetus (unborn child) takes place.

Vagina. The female passageway (birth canal) extending from the external genital folds to the uterus.

Vaginal intercourse. Insertion of the erect penis into the vagina during sexual activity.

Vaginal secretions. Fluid produced by the female genitals.

Values. Values are things in life that many people believe are important; such as family, education, honesty, tradition and health.

Virus. Germ microorganisms that cause disease and/or illness.

Visualization. To imagine something in ones mind with a goal of making it happen.