

**staySMART**  
**A Component of BGCA's**  
**SMART Moves Program**

**For Teens Ages 13 to 15 Years**



**GREAT FUTURES START HERE.**



**BOYS & GIRLS CLUBS**  
**OF AMERICA**

Skills Mastery and Resistance Training



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# Contents

## Stay SMART (Ages 13 to 15 Years)

<b>Introductory Unit</b>	<b>Get SMART</b> .....	<b>1</b>
	Pre-Test .....	6
<b>Unit I</b>	<b>Being SMART About My Future</b> .....	<b>8</b>
	Session 1: Personal Inventory / Setting Goals .....	8
	Session 2: Taking Charge of My Life.....	10
<b>Unit II</b>	<b>Am I Making the Right Choices?</b> .....	<b>12</b>
	Session 1: How Do I Resist Outside Forces Such as Negative Peer Influence and Bullying?.....	12
	Session 2: Media Literacy – Should I Believe Everything I See, Read and Hear? .....	15
<b>Unit III</b>	<b>True Friendships</b> .....	<b>20</b>
	Session 1: What Do I Look for in a Friend? / What Are the Skills Necessary to Maintain a Friendship? .....	20
<b>Unit IV</b>	<b>Adolescence and Puberty</b> .....	<b>24</b>
	Session 1: Adolescence and Puberty / Feelings and Desires / Coping with Changes .....	24
	Session 2: Adolescence and Puberty / What Changes Do I Go Through Moving from Childhood to Adulthood?.....	29
<b>Unit V</b>	<b>How Drugs and Alcohol Can Harm Me</b> .....	<b>42</b>
	Session 1: What Do I Really Know About Drugs and Alcohol? .....	42
	Session 2: What Are Gateway Drugs and How Can They Harm Me? .....	46
	Session 3: What Are Other Commonly Abused Drugs and How Might They Harm Me?.....	51
	Session 4: What Are the Effects of Drugs on My Body, My Future and My Overall Well-Being? .....	61
<b>Unit VI</b>	<b>Understanding Relationships and Intimacy</b> .....	<b>66</b>
	Session 1: What Constitutes a Healthy Relationship? / What Are Messages About Sexuality? .....	66
	Session 2: Managing Sexual Pressure .....	70
	Session 3: Abstinence First / Contraception Options.....	75

	Session 4: Teen Pregnancy – One of the Most Life-Changing Consequences of Early Sexual Activity.....	86
	Session 5: Sexually Transmitted Infections (STIs) .....	91
<b>Concluding Unit</b>	<b>Staying SMART</b> .....	<b>95</b>
	Post-Test .....	96
<b>Glossary of Terms</b>	<b>Stay SMART (Ages 13 to 15 Years)</b> .....	<b>99</b>

# Introductory Unit

# Get SMART

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## Goal

Participants will receive a brief orientation to Stay SMART, establish the Stay SMART Code and become more aware of their own value as individuals and the uniqueness of others around them.

## Approximate Time

To be determined by facilitator

## Facilitator Notes

- In order to develop a firm foundation to make smart choices about drugs and other risky behaviors, teens need to continue to develop a sense of confidence in themselves and their ability to master their environment. Accepting themselves and others while recognizing their own value and the value of others is an essential part of this process.
- Begin keeping track of member participation by using the Attendance Record (included in the SMART Moves Evaluation Guide).
- Introduce peer leaders in this session and describe their role in the program. Ask peer leaders to say something about themselves to the group and explain why they want to participate in this capacity.

## Materials

- Newsprint and markers
- Copies of *Strengths and Weaknesses*
- Pre-Tests
- Participants' journals and pens/pencils

## Before You Begin

- Prepare a piece of newsprint with the heading, "Stay SMART Code."
- Make sure there are enough peer leaders to assist with this activity.

## Essential Questions

What do the words "strength" and "weakness" mean? Why should you know your weaknesses as well as your strengths?

## Warm-up/Log-In

1. Distribute journals to members. Explain how they will be used. You might say: *During the Stay SMART program, we are going to be using journals. A journal is a special book you will fill with your thoughts, feelings, opinions and even drawings. At the beginning and end of each session, you will be asked to write or draw something in your journal in response to a special question or statement that gets us all thinking about the main ideas of the day. Whatever you write or draw in your journal is for your eyes only. If you wish to share it with a friend, a peer leader or with Club staff, you may, but you do not have to. At the end of the program, the journal is yours to keep. My hope is that you will treasure it and perhaps go back to it and read it in the future.*

2. Explain to members how the journals will be “housed.”
3. Ask members to respond in their journals to the essential question. Elicit a few answers from the group. You might have peer leaders answer as well. (Potential answers include: a strength is a positive quality of a person or something a person is good at; a weakness is something a person is not so good at or something a person needs to work on. It is good to know our weaknesses as well as our strengths so that we can love and accept ourselves for who we are. We can feel proud of ourselves for what we are good at yet realize that we can continue to work on ourselves and aspire to develop and grow.)
4. Tell members that they will be participating in an activity later in the session that analyzes their strengths and weakness. First, they will be creating the “Stay SMART Code” (or ground rules) for the group's time in the program.
5. Explain to the group that there are certain rules that need to be followed so that everyone feels comfortable and enjoys participating. These are mutual obligations, meaning that everyone involved in the group will be bound by them.
6. Ask the group: *What guidelines or rules do you think we should follow in order to learn together and have fun?* Remind youth that all members need to treat each other with respect.
7. If members have trouble coming up with answers, have peer leaders offer suggestions. Record all answers on the “Stay SMART Code” newsprint, adding any other items that you feel are needed. The list should include the following:
  - \* No one is forced to participate, but everyone is encouraged to do so.
  - \* Everyone should attend and participate in all program sessions and activities.
  - \* Allow everyone the right to speak without being put down or laughed at during the Stay SMART sessions.
  - \* Take turns speaking (one at a time), so that everyone has a chance to talk and be heard.
  - \* Treat others the way you would like to be treated.
  - \* Keep everything said by other participants in the group sessions confidential and within the group (no exceptions).
8. Keep the “Stay SMART Code” posted for the duration of program, and remind members of the guidelines whenever appropriate.
9. Provide an overview of Stay SMART. Explain that the sessions will cover:
  - \* Ways to be self-confident and make healthy decisions, decisions that are best for youth;
  - \* Alcohol, tobacco and other drugs like marijuana, the drugs youth often try first (sometimes called gateway drugs because they can “open the gate” to other drug use);
  - \* The changes boys and girls experience during puberty;
  - \* What it means to be a friend;
  - \* Basic biology about human reproduction, abstinence and other forms of contraception (terms may need to be defined); and
  - \* Dealing with sexual pressure.
10. Explain the schedule, how many sessions there will be and the attendance requirements needed to qualify for the closing ceremony or awards.

11. Emphasize that Stay SMART is fun. The program involves lots of group activities and discussions, not lectures.

### Ice-breaker

- Have participants and peer leaders form a circle and join them. Pick one of the following questions and ask members to think about how they would answer it:
  - \* *If you could go back in time, what is one thing you would do differently?*
  - \* *What is the one thing that you are most proud of in your life thus far?*
  - \* *If you won the lottery, what would you do with it?*
  - \* *Your dream has come true, what is it?*
- When everyone (including you) has thought of something, ask for volunteers to introduce themselves and tell the group their answer to one of the questions. Explain that each person should provide an introduction and an answer, and then try to repeat the names and answers of the people before him or her, working backward. For example, responding to the "go back in time" question:
  - \* *My name is Charlotte, and I'd get a better grade in English.*
  - \* *My name is Chris, and I am the starting running back on my football team; Charlotte would get a better grade in English.*
  - \* *My name is Lynette, and I'd put the money in the bank; Chris is the starting running back; Charlotte would get a better grade in English.*

### Main Activity

1. Have members conduct a strengths and weaknesses assessment of themselves and complete the *Strengths and Weaknesses* handout.
2. You and peer leaders can circulate around the room to help members with this activity.
3. Once the handouts are completed, have each member share their work.
4. Explain that each of us is unique and special. We are all similar in that we all have qualities/strengths that we are proud of and that we are all working on things that we need to improve. It is important to love and accept ourselves in spite of our weaknesses.
5. Administer the Pre-Test. (See the SMART Moves Evaluation Guide for guidelines on administering the Pre-Test. Time will be determined by individual Clubs.)
6. Explain to members that by taking a pre-test survey now – and another, similar one after they have completed the program – they help local Clubs and BGCA better understand exactly what they have gained from participating in the program and how the program can be made even better.

## Stay SMART Pre-Test: Facilitator Instructions

1. Explain the following to participants:
  - \* *Before we begin this program, we are going to ask you to take a test. The test asks you questions about yourself and your opinions about things that are important to young people your age.*
  - \* *Your answers will be kept private. No one will know what you write.*
  - \* *Please answer the questions truthfully. The answers you give are very important and will help us make this program better.*
  - \* *If you have any questions, please raise your hand.*
2. Respond to any questions participants might have about this process.
3. If necessary, read the questions out loud (optional).
4. Remind participants to fill in their ID numbers on the top of the pre-test.
5. When the pre-tests are completed, collect them and file them in a safe place for later coding and matching.

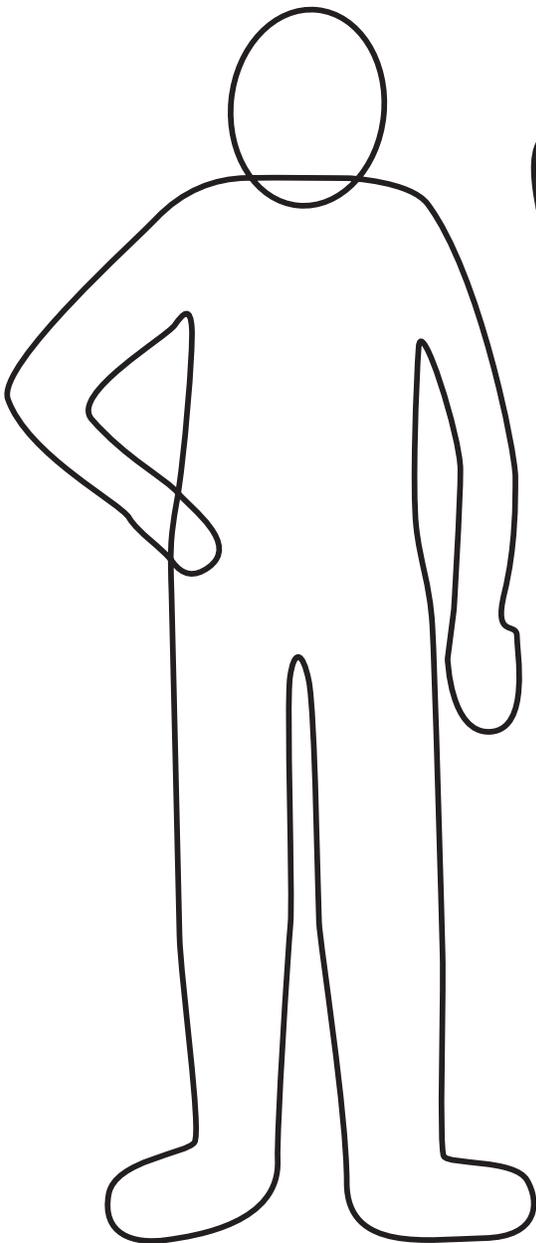
## Stay SMART (Ages 13 to 15 Years)

# INTRODUCTORY UNIT

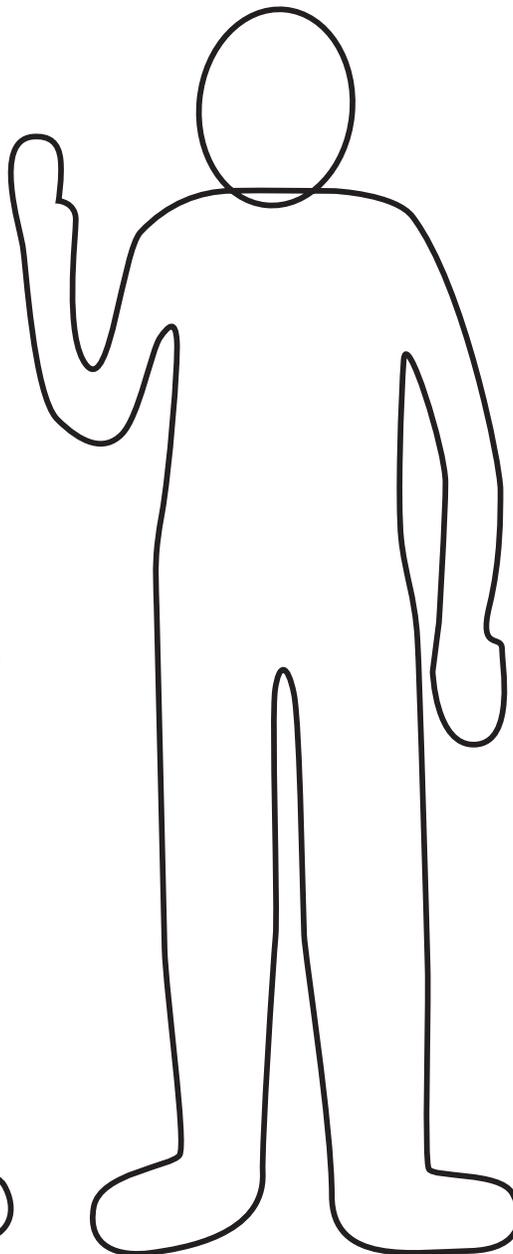
### What Are My Strengths? What Do I Need To Work On?

In the figure on the left, list your strengths (for example: patience, good listener, good sense of humor, good at drawing, good at sports, mature, etc.). In the figure on the right, list the things about you that you need to work on (for example: need to study more in school, need to be less impatient, need to be less impulsive, need to always be kind to others, etc.).

**Strengths**



**Weaknesses**





# STAY SMART PRE-TEST

ID# \_\_\_\_\_ = the first letter of your first name + the first letter of your last name + your birthday (month/day/year)

## Tell us about yourself:

1. I am \_\_\_\_ years old
2. I am a:  Boy  Girl
3. I am:
 

<input type="radio"/> Latino/Hispanic	<input type="radio"/> White
<input type="radio"/> Asian/Pacific Islander	<input type="radio"/> Native American
<input type="radio"/> African-American	<input type="radio"/> Bi-racial/Multiracial/Mixed Heritage
<input type="radio"/> Other _____	
4. I am in the \_\_\_\_ grade.
5. I have been a member of this Club for:
 

<input type="radio"/> Less than a year	<input type="radio"/> More than 3 years
<input type="radio"/> 1 to 2 years	<input type="radio"/> I am not a member
<input type="radio"/> 2 to 3 years	
6. I come to the Club:
 

<input type="radio"/> Once a week or less	<input type="radio"/> 4 or more times a week
<input type="radio"/> 2 or 3 times a week	
7. I have other family members who come to the Club.
 

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

For office use only

TOTAL NUMBER CORRECT \_\_\_\_\_  
(only tabulate correct answers for questions 8-24)

## True or False?

8. A teen needs a prescription to buy condoms.  
**True      False**
9. The younger you are when you start drinking, the more likely you are to become an alcoholic.  
**True      False**
10. Meth can cause overheating, convulsions and comas.  
**True      False**
11. A girl cannot get pregnant the first time she has sex.  
**True      False**



12. Tobacco can cause lung, mouth, throat, bladder and kidney cancer.

**True      False**

13. Fentanyl is a prescription drug that, when abused, can lead to death.

**True      False**

## Multiple Choice

14. A possible side effect of using inhalants is:

**a) Slurred speech      b) Vomiting      c) Brain damage      d) All of the above**

15. The drug that blocks messages from getting to your brain and virtually all body functions is:

**a) Tylenol      b) Alcohol      c) Nicotine      d) None of the above**

16. The leading preventable cause of disease, disability and death in the United States is:

**a) Tobacco      b) Alcohol      c) Marijuana      d) None of the above**

17. Sexually transmitted infections and HIV can be transmitted through:

**a) Oral sex      b) Vaginal sex      c) Anal sex      d) All of the above**

18. Users of methamphetamines can sometimes become extremely:

**a) Violent      b) Calm      c) Thirsty      d) Hungry**

19. The approximate number of teen pregnancies in the U.S. each year is:

**a) 750      b) 750,000      c) 7,500      d) 75**

## Survey

20. Drinking wine coolers does not make young people look cool or fit in.

**Strongly Agree      Agree      Disagree      Strongly Disagree**

21. I can say "no" to people I really like who want me to get high with them.

**Strongly Agree      Agree      Disagree      Strongly Disagree**

22. Before I make a decision, I think about what might happen because of my decision.

**Strongly Agree      Agree      Disagree      Strongly Disagree**

23. It is not okay to use prescription drugs to relax.

**Strongly Agree      Agree      Disagree      Strongly Disagree**

24. Teens who try alcohol, tobacco and marijuana are more likely to try other drugs.

**Strongly Agree      Agree      Disagree      Strongly Disagree**

# Unit I

# Being SMART About My Future

## Session 1: Personal Inventory / Setting Goals

### Activity Type

Collage Activity

### Goal

This session will encourage members to begin to reflect on their lives. They will think about where they have come from, where they are at the present time, the interests they would like to pursue and where they hope to go. Participants will be encouraged to establish goals. Members will come away with the understanding that they are responsible for their health and well-being and that goal setting can help them fulfill their dreams.

### Essential Question

What are my interests and my dreams for the future?

### Approximate Time

45 minutes to one hour

### Materials

- Newsprint and markers
- A collection of magazines with many photos
- Scissors
- Colored pencils
- Glue sticks
- Heavy card stock or poster board
- Masking tape
- Participants' journals and pens/pencils

### Before You Begin

- Before the session begins, write the following questions on a piece of newsprint: "What are my interests? What are my dreams for the future?"
- Make sure there are enough peer leaders to assist with the warm-up and main activity.

## Warm-up/Log-in

1. Begin the session by encouraging members to reflect on their lives. Ask: *Where have you come from? Where are you at the present time? What are your interests now? What interests would you like to pursue?*
2. Encourage them to think about their future goals.
3. Ask members to respond to the questions in their journals by listing as many interests and dreams as possible within the time frame (five minutes).
4. Invite volunteers to share their responses and record them on the newsprint. (List might include: sports; hobbies; school clubs; reading; academic subjects; music; fashion; friends; family; career goals; educational goals; aspirations to be spouses, partners, or parents; education; longevity; good health; physical fitness and nutrition.)
5. Peer leaders can provide encouragement to participants by sharing examples from their own lives.

## Main Activity

1. Ask peer leaders to place the magazines, markers, colored pencils and glue sticks where they are easily accessible to members.
2. Explain to the group that they will be creating collages to illustrate the aspects of their lives they have just written about in their journals.
3. Tell them that each member will create a collage from pictures and text found in the magazines and drawings to illustrate their interests and dreams for the future. (Peer leaders can assist members in the search for appropriate pictures to describe various aspects of their lives.)
4. Ask volunteers to share their artwork with the group.

## Wrap-up/Reflection

- Ask participants to respond in their journals to the question: *What am I doing to achieve my dreams for the future?*
- Ask for volunteers to share their answers. Lead a discussion about what it may take to reach one's goals. Point out that things do not happen by magic. If someone aspires to be an athlete, he or she needs to stay fit, eat right and practice. If someone wants to go to college, he or she needs to study hard, and get good grades now.
- You might want to collect the collages as reference points for Session 2.

# Unit I

# Being SMART

# About My Future

## Session 2: Taking Charge of My Life

### Activity Type

Discussion, Brainstorming, Skits

### Goal

Members will begin to reflect about their future and the steps necessary to fulfill their goals. They also will become aware of the obstacles that could keep them from getting where they want to go.

### Essential Question

What could prevent me from reaching my goals and my dreams for the future?

### Approximate Time

45 minutes to one hour

### Materials

- Newsprint and markers
- Colored markers
- Participants' journals and pens/pencils

### Before You Begin

- Make sure there are enough peer leaders to assist with the warm-up and main activity.
- If possible, hang the collages from the last session on the wall.

### Warm-up/Log-in

1. Ask members to take out their journals and refresh their memories of the entries from the last session about interests and goals.
2. You can also refer to the collages that members created in their last session and ask if they have come up with any new ideas.

### Main Activity

1. Tell members that they will brainstorm to come up with ideas.
2. Referring to the collages and/or the journal entries, you might ask members if they can think of anything that might prevent them from reaching the goals or realizing the dreams they illustrated in the collages created in the last session or listed in their journal entries.
3. Record their responses on a piece of newsprint. To motivate youth, suggest some decisions that might be harmful in areas over which 13-to-15-year-olds have some control (for example, skipping school, slacking off, indulging in harmful drugs, or engaging in premature sexual activities.)

4. Using different colored markers, you might circle ideas that are related to one another.
5. Ask peer leaders to assist with suggestions.

### **Wrap-up/Reflection**

- Divide the group into small teams and ask them to act out skits that illustrate how the obstacles they discussed could prevent them from reaching their goals.
- Assign a peer leader to help each group.
- After all groups have presented the skits, ask members to respond in their journals to the question: *What might you do differently, or how might you think differently, as a result of today's session?*
- Ask for volunteers to share their responses. Lead a discussion that emphasizes the fact that we are all responsible for our own futures.

### **Optional Activity**

Invite a guest speaker, such as a successful politician, sports figure or other member of your community, who has gained his or her position by overcoming adversity or making difficult decisions that helped him or her achieve his goals. (See SMART Moves Facilitator's Guide to find guidelines for preparing for a guest speaker.)

# Unit II

# Am I Making the Right Choices?

## Session 1: How Do I Resist Outside Forces Such as Negative Peer Influence and Bullying?

### Activity Type

Brainstorming Activity, Simulation, Cooperative-Learning Activity

### Goal

This session will encourage members to focus on the decision-making process and seek solutions that will be most successful in resolving conflicts that arise when peer influence and bullying play a role in decision-making. This session will also teach and reinforce, through discussion and role plays, resistance skills and best practices.

### Essential Questions

How do I make choices that will lead to successful outcomes in real-life situations?

### Approximate Time

45 minutes to one hour

### Materials

- Newsprint and markers
- Copies of *What Would You Do?*
- A long rope for tug-of-war resistance activity
- Participants' journals and pens/pencils

### Before You Begin

- Before the session begins, write the following question on a sheet of newsprint: "What does it mean to resist?"
- Write "Skills I Need / Ways to Resist Negative Influences" on another sheet of newsprint.

### Warm-up/Log-in

1. Ask members to come up with definitions for "resist." Record the group's responses on the newsprint headed "What does it mean to resist?" Possible definitions include:
  - \* To take a stand;
  - \* To exert force in opposition;
  - \* To exert oneself so as to counteract or defeat; or
  - \* To withstand the effect of.
2. Divide the group into two teams and have them act out a tug-of-war activity (without actually pulling each other to the ground) in order to illustrate the concept of physical resistance, and how one action impacts another. During the activity, have one side let go of the rope. Point out that by letting go, we have the power to affect the other's force.

## Main Activity

1. Tell members that they will be brainstorming answers to the following question: *What skills or characteristics does a person need to resist negative peer influence?* As members call out answers, record them on the newsprint with the heading, "Skills I Need / Ways to Resist Negative Influences." If members have trouble coming up with answers, start by saying/ writing something from the list below. List should include:
  - \* Think about your options in a situation and ask yourself which choice would be the best one for your future. Choose that one.
  - \* Listen to your inner voice. Do the right thing.
  - \* Do something positive. Get involved in something productive or fun.
  - \* Be proud of who you are and what you stand for. Let others know your thoughts, values, beliefs and feelings.
  - \* Be assertive. Say "no" and mean no. You do not owe anyone an explanation. A definite "no" is very effective. It shows that you mean what you say. Others will respect this.
  - \* Think of several people you can count on to support you in your values and beliefs. Offer to be each other's "safety nets" – people you can call when you're feeling pressured or need to be talked out of doing something you know is not good for you.
  - \* Take a stand against bullying, and spread the word about bullying prevention.
  - \* Offer to be a safety net for a friend who may have been a victim of bullying.
2. Divide the group into three smaller teams. Have peer leaders give each team a copy of the *What Would You Do?* handout. Have a peer leader sit with each group. Each group must select a reader, recorder, timer and reporter.
3. Explain that each group will have a different scenario, discuss it, choose an answer and then report back to the large group about why they chose the answer they did. Remind youth of the list they have just created, and encourage them to refer to it when completing the activity.
4. After five to 10 minutes, have each group report back. Lead a discussion about the positive and negative aspects of the choices in each scenario. Refer to the list of skills created earlier.

## Wrap-up/Reflection

- Ask members to respond in their journals to the question: *How might our tug-of-war activity relate to real-life situations?* In addition, ask members how comfortable they feel using the resistance skills that were discussed in today's session. Ask: *What might you need to work on?*
- Have members share their answers. Make the point that it takes practice to build the confidence to use these skills.

## Unit II, Session I

# WHAT WOULD YOU DO?

Read the scenario assigned to your group. You will have five to 10 minutes to choose the answer you think best illustrates positive resistance to the negative influence in the scenario.

### SCENARIO 1

On the way home from school, you see a friend littering (dropping a soda bottle or candy bar wrapper) on the sidewalk. What do you do?

- Think to yourself, "What a cool idea, I think I'll throw mine, too."
- Yell at the friend, "What are you doing? There's a trash can right over there."
- Say, "Oops. I think you dropped something." Model behavior and pick up the litter and put it in a trash can.

### SCENARIO 2

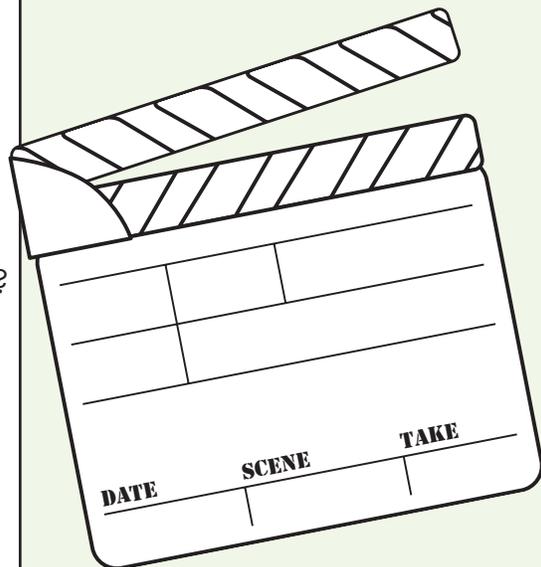
In the gym locker room, two kids are ganging up on a third and yelling names at him. What do you do?

- Cheer the bullies on because you don't want to be the next one singled out.
- Ignore the situation because "It's not my problem."
- Find other members and go find an adult immediately.

### SCENARIO 3

You are visiting a friend's house after school to do homework when the parents aren't at home. All of a sudden your friend lights up a cigarette and says, "You're a wuss if you don't try it." What would you say?

- "Sure, one time can't hurt."
- "Hey man, that's illegal. That's not cool."
- "No thanks, and please don't smoke that in front of me. I don't want to get lung cancer."



# Unit II

# Am I Making the Right Choices?

## Session 2: Media Literacy – Should I Believe Everything I See, Read and Hear?

### Activity Type

Scavenger Hunt Activity

### Goal

The power of advertising is its ability to persuade, and advertisers have a wide array of techniques to use in constructing their persuasive messages. This activity introduces 15 common techniques that can be found in many ads. Participants will be introduced to these advertising techniques and terminology, see how they encourage consumerism and will come away with the skills needed to make them more informed consumers.

### Essential Quote

Happiness isn't getting what you want, it's wanting what you got. (Garth Brooks)

### Approximate Time

45 minutes to one hour

### Materials

- Newsprint and markers
- A collection of current magazines
- Heavy card stock
- Tape
- Colored markers
- Glue sticks
- Scissors
- Copies of *15 Techniques of Advertising Persuasion*
- Participants' journals and pens/pencils

### Before You Begin

- Find an example of each of the 15 techniques from a magazine (and/or, if you have access to a television or computer, video clips from television commercials). Peer leaders can help find examples to illustrate the techniques.
- Ask peer leaders to tape the different images onto heavy card stock and label the specific technique on the border.
- Make sure there are enough peer leaders to assist during the warm-up and main activity.

## Warm-up/Log-in

1. Ask members to respond in their journals to the day's essential quote.
2. Instruct them to describe some advertisements they have seen or heard recently. Have them identify what it is about the ad that makes them remember it so well. Ask: *Have any of you bought the product described in these ads, or were you tempted?*
3. Make the point that advertisers use clever tactics to persuade us to buy their products or to behave in a certain way.
4. Distribute copies of *15 Techniques of Advertising Persuasion*.
5. Take 30 seconds to review each technique while presenting the example you have prepared in advance.
6. Select two of the examples that are specifically targeted to youth. (This could be an ad with a very young celebrity in a provocative or sexualized pose or a sports star popular among young people selling a line of athletic wear.) Ask: *What are the underlying messages of these ads? What are the implied promises? Are they realistic? Will you really turn into a superstar athlete if you wear a certain brand of clothing?*
7. Emphasize that being aware of the trick-like techniques used to sell products helps consumers think more critically about the product's usefulness or features. It prevents them from reacting impulsively and emotionally to an ad and prevents them from spending money on a product that disappoints or that the consumer does not really need or want. If possible, give a specific example of how this may have happened to you. Ask for other examples from members.

## Main Activity

1. Create small teams and distribute an equal number of magazines to each team.
2. Ask a peer leader to distribute a sheet of newsprint, a glue stick, a pair of scissors and markers to each group.
3. Explain to members that they are to go on a scavenger hunt, looking through the magazines and cutting out, gluing and labeling as many different examples of the 15 advertising techniques as they can find. (Peer leaders can assist as needed.)
4. After 15 minutes, place all of the groups' completed posters at the front of the room.
5. The group that included the largest variety of the 15 techniques on their poster is the winner.

## Wrap-up/Reflection

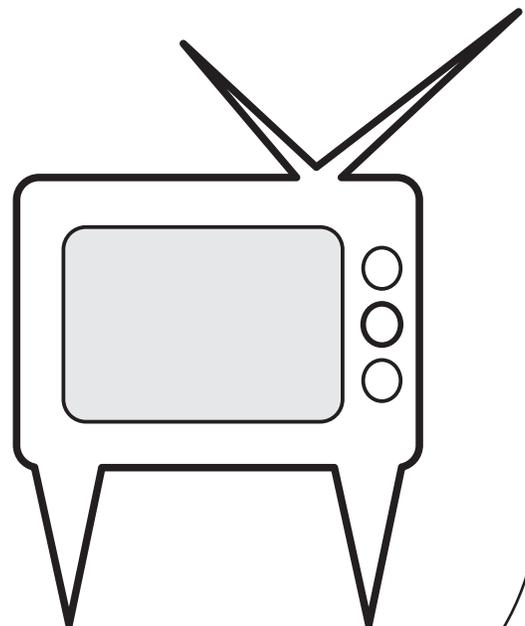
- Make the point that if we know what the false message or the psychology is in an advertisement, and if we know what the advertiser is trying to do, we can resist being manipulated into buying or doing something that isn't right for us.
- Ask members to take a look at the clothing they are wearing or the items that they most often carry around with them (i.e., backpack, cell phone, sneakers or baseball cap). Ask members if they are participating in advertising for any company by wearing items with the brand names displayed prominently.
- Ask members to reflect in their journals how today's activity has encouraged them to be a more sophisticated consumer. Ask: *How might you spend your money differently now that you have learned about persuasive advertising techniques?*
- Invite a few volunteers to share their responses. Ask: *Knowing how unhealthy it is to smoke, would you still buy cigarettes just because the company that makes them glamorizes smoking in their ads?*

## Unit II, Session 2

# 15 ADVERTISING TECHNIQUES OF PERSUASION

Advertising is a multimillion-dollar business. The purpose of advertising is to sell a product. The following is a list of various strategies that advertisers use to entice us to want the product being advertised.

- 1. The Basic Ad** – This is the simplest message. The ad just tells people to buy the product, and if they have seen and heard the ad often enough, they may purchase it the next time they shop.
- 2. Eye Appeal** – The ad suggests how good something tastes (for example, alcohol, cigarettes) by showing people enjoying it. Often, a clever perspective will be used to make the product look glamorous.
- 3. Happy Family Appeal** – A mother in the ad assures mothers in the viewing audience, “Your family will be happy and healthy if you buy. . .” Or, “If you want to show how much you love your wife, give her. . .”
- 4. Experts Say** – A golfer should know about golf balls, a chef is an expert about food. People usually trust experts. When the American Dental Society said that Crest toothpaste helps prevent tooth decay, Crest became the best-selling toothpaste in the country. Sometimes the ad will use fake “experts” – an actor who plays a doctor on TV to advertise headache medicine, for example.
- 5. Famous People Say** – When famous people say they like a product, viewers or readers may choose to follow their example. A sports star knows more about sports than we do, but does she or he know more about cereal or cologne?
- 6. Snob Appeal** – This technique caters to people's desire to be, or at least to look or feel, rich. “Don't your guests deserve the best?” The ad tries to make us feel that we will be better than “the average person” if we use this product. Our friends will be impressed if we serve the expensive stuff, not the bargain brand.
- 7. Youth Appeal** – Many ads are aimed at the youth market and at older people, who want to look and feel young. Not only do young people buy a lot of things, they often persuade their parents to purchase particular products or brands.



## Unit II, Session 2

# 15 ADVERTISING TECHNIQUES OF PERSUASION

(CONTINUED)

**8. Symbols** – A symbol is a quick way to convey a message. By now, we all associate the golden arches with McDonald's fast food. The Nike Swoosh logo has become so familiar that some Nike ads use few, if any, other words or images. The apple used for Apple computer and iPod products translates for many as the latest and coolest in technology.

**9. Everybody Likes** – The message is, "Get on the bandwagon ... our product is so popular, you should like it, too. Don't be left out!" Crowds of people are shown smiling as they use the product.

**10. New and Improved** – To attract attention to an already established product, an ad may focus on some new, often nonessential, feature, like a differently shaped package or a new and improved flavor.

**11. The Humble Approach** – Another way to sell is to admit the company or product is not the best or biggest. The Avis® Rent-a-Car ads used to say, "We're number two, so we try harder." The claim is that the company offers better service because it is trying to win customers.

**12. Statistics** – Companies take a survey to find out how many people like the product, then use those figures to persuade other people to try their product.

**13. Concern for the Public Good** – "We don't pollute the air." "We keep kids from dropping out of school." "We're investing in our country's future." The message is that people should have faith in the product of a company that is obviously civic-minded.

**14. Sex Appeal** – A romantic message is often used in ads for cosmetics, mouthwashes, clothing and automobiles. The ads suggest that people will be more attractive or more popular if they use the product.

**15. Humor** – Some funny commercials have become famous. The "Got Milk?" campaign of the dairy industry, with its milk-mustached celebrities gracing magazine ads and TV commercials, is a good example. Such comic ads often give a product nationwide recognition.

# Unit III

## True Friendships

### Session 1: What Do I Look For in a Friend? / What Are The Skills Necessary to Maintain a Friendship?

#### Activity Type

Brainstorming, Cooperative-Learning Activity, Improvisation Activity

#### Goal

Participants will be encouraged to think about characteristics they are looking for in a friend as well as to explore the characteristics they themselves bring to a friendship. Members will learn and practice, through improvisational scenarios, the essential skills necessary to cultivate and maintain friendships.

#### Essential Questions

What makes a good friend? What are the skills necessary to maintain friendships?

#### Approximate Time

45 minutes to one hour

#### Materials

- Newsprint and markers
- Index cards (5" x 7")
- An egg timer
- Copies of *Friendship Skills Checklist*
- Copies of *What's a Good Friend to Do? Improvisation Scenarios*
- Participants' journals and pens/pencils

#### Before You Begin

- Prepare to introduce a few familiar role models of friendship from literature and film, such as quotes from *Harry Potter* books illustrating friendship between the characters.
  - \* One example is Albus Dumbledore's ideas about friendship in *Harry Potter and the Sorcerer's Stone*. Another example is Dumbledore's speech to the Hogwarts about Voldemort's gift for causing trouble in *Harry Potter and the Goblets of Fire*.
  - \* Other examples are excerpts from films such as *Shrek* and *Finding Nemo*, which show friendships between the characters.
- Make sure there are enough peer leaders to help with the main activity.

#### Warm-up/Log-in

1. Write on newsprint quotes from literature and film that illustrate good friendships.
2. Ask members to analyze what characteristics are important in the relationships in their journals.

## Main Activity

1. Ask members to brainstorm 10 characteristics they find essential in a friendship. Ask them to come to an agreement about the five most important characteristics and then to prioritize them.
2. Youth should take five minutes to reflect on the following guiding questions: *Which of these do I fulfill? Where do I fall short?*
3. Divide the group into pairs and have them interview one another about what kind of friend they are. Distribute index cards to each pair.
4. Ask youth to write their answers on index cards, using the guided questions from earlier.
5. Invite volunteers to share their responses with the group.
6. Explain to members that while there are many essential characteristics we wish for in our friends, there are also skills necessary to cultivate in order to maintain our friendships.
7. Ask peer leaders to distribute copies of *Friendship Skills Checklist*. Review each skill briefly, making sure members understand them clearly. Give examples, if necessary. Ask members how many of them listed characteristics in their journals earlier that match these friendship skills.
8. Ask peer leaders to distribute copies of *What's a Good Friend to Do? Improvisation Scenarios*.
9. Review each scenario, selecting members, in pairs or groups as the scenario calls for, and give them a few minutes to practice before performing in front of the group. Instruct members that, as they perform the improvisation, they are to model the behaviors of a good friend, using one or more of the skills described on the *Friendship Skills Checklist*.
10. Peer leaders can work with individual groups as they practice, to ensure that the groups have incorporated one or more of the friendship skills into their scenario.
11. After each group has completed its improvisation, discuss the particular friendship skills employed. Ask the group if there are any other skills the performers could have employed, and ask them to come up and model those as well.

## Wrap-up/Reflection

- Ask members to reflect in their journals about the characteristics and skills discussed in the session. Ask: *What have you learned about being a good friend? What are the skills that you would like to work on and improve in yourself? What are the friendship skills you feel most proud of in yourself?*
- Ask for volunteers to share their answers.

## Optional Activity

Have the group create a "Compliment Card" for each member. Write each participant's name on the top of an index card, or other appropriate piece of paper. Have every other member of the group write one nice or complimentary thing about that member. When all the cards have been completed, ask each member to read his or her card to the group.

## Unit III, Session 1

**FRIENDSHIP SKILLS  
CHECKLIST**

- ✓ **Be a good listener.** Make eye contact and show the other person you care about what they have to say. Asking questions shows you are paying attention.
- ✓ **Offer help.**
- ✓ **Give compliments.** Even when you are not asked, find a way to say something positive about the other person or an accomplishment of theirs.
- ✓ **Be trustworthy.** Keep promises (as much as possible).
- ✓ **Be real.** Be honest. Be genuine. Be yourself.
- ✓ **Keep confidences.** Don't repeat private things the other person has told you.
- ✓ **Accept other's mistakes.** Be supportive when they need a boost.
- ✓ **Argue respectfully.** Refrain from calling the other person names when you are upset.
- ✓ **Share** possessions and space.
- ✓ **Accept "no" as an answer** when a friend turns down a request of yours.
- ✓ **Be a good sport.** Win well and lose well.
- ✓ **Don't talk about people behind their backs.** Try not to engage in gossiping and spreading rumors.
- ✓ **Cooperate** and make compromises.



## Unit III, Session 1

# WHAT'S A GOOD FRIEND TO DO? IMPROVISATION SCENARIOS

Select one of the following scenarios for improvisation. As you act out the scenario, model the behaviors of a good friend, using *Friendship Skills Checklist* as a reference.

### SCENARIO 1

You are hanging out in your friend's bedroom before beginning work on a homework project you are doing together. He walks back in the room with some lemonade for both of you, and, as he hands you your drink, he accidentally drops it all over his notebook and papers.

### SCENARIO 2

On the way home from school one day, your friend Sam confides in you that she is feeling very depressed and worried lately. Sam tells you she is losing sleep because her parents are up at night arguing all the time.

### SCENARIO 3

You and Jay are walking by group of kids hanging out outside of the local pizza shop. One of the kids yells over to your friend Jay, "Hey Jay, I heard you got caught stealing from (name local music CD store.) Way to go, you dummy! You can't even do that right." They are roaring with laughter as you both continue to walk down the street.

### SCENARIO 4

Your friend Kim is freaking out over the math mid-term exam scheduled for next week. She needs extra time to study this weekend, but has already made a commitment to help out at the school's weekend car-wash fundraiser.

### SCENARIO 5

You and your friend Jack are going to the supermarket for your mother, and you see two of your older friends hanging around the store. They try to get you to steal a bag of candy for them and promise you a ride home in their car. Jack wants to go along with them, but you are completely against it.

### SCENARIO 6

You and your friend Chris have both applied for a very competitive summer internship at the local news station. When you arrive at school in the morning, you hear from another kid that the internship was awarded to Chris.

### SCENARIO 7

During lunch time, your friend Sal comes up to you and asks you what you know about Cindy, a sixteen year-old girl in your school, who is pregnant. He knows that Cindy's parents and your parents are friendly and he wants some juicy gossip. In fact, you do know a good deal about Cindy's situation.

# Unit IV

# Adolescence and Puberty

## Session 1: Adolescence and Puberty / Feelings and Desires / Coping with Changes

### Activity Type

Brainstorming Activity, Socratic Seminar

### Goal

Participants will gain awareness about the emotional changes and challenges they are going through as they move from childhood to adulthood. They will also understand that these changes and challenges are normal. In addition, members will learn about the ways people deal with stress and which are most effective.

### Essential Questions

How do I cope with the feelings and desires that arise from being pulled back and forth between childhood and wanting to grow up? How do I cope with being stuck in the middle?

### Approximate Time

45 minutes to one hour

### Materials

- Newsprint and markers
- Copies of *Suggested Poems for Socratic Seminar*
- Copies of song lyrics or poems for each participant that express a spectrum of adolescent feelings and desires, such as Britney Spears' lyrics to the song "I'm Not a Girl, Not Yet a Woman."
- You may wish instead to use the following lyrics from "Angel"<sup>1</sup> by Alicia Keys:  
*Sometimes I feel  
like a door with no key  
and all the answers are locked away in me  
and they're so hard to find.*
- Another example suitable for males might be the lyrics from "Thirteen" by Big Star. (Note: The lyrics provided in this session are suggestions only. You may wish to substitute others depending on members in your Club. Because you know members best, you can determine material that is most appropriate for them.)
- Participants' journals and pens/pencils

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<sup>1</sup> "Angel," from TEARS FOR WATER: SONGBOOK OF POEMS AND LYRICS by Alicia Keys, copyright © 2004 by Lellow Brands, Inc. Used by permission of G.P. Putnam's Sons, a division of Penguin Group (USA) Inc.

## Before You Begin

- Write the following on a sheet of newsprint: “Challenges of Adolescence.”
- Divide large group into gender-specific groups; have male peer leaders assist male participants and have female peer leaders assist female participants.

## Warm-up/Log-in

1. Explain to members that this session addresses the emotional changes youth go through as they move from childhood to adulthood, from girl to woman, from boy to man. Members will be learning some coping techniques to help them deal with the changes and challenges.
2. Distribute copies of lyrics to Britney Spears' song “I'm Not a Girl, Not Yet a Woman.”
3. Ask the following questions: *What does the singer mean when she sings “Yeah, feels like I'm caught in the middle?” or “All the answers are locked away in me?” How do you feel stuck in the middle or without answers?*
4. Record the group's responses on newsprint with the heading: “Challenges of Adolescence.” Answers may include:
  - \* More freedom from adult supervision;
  - \* More responsibility;
  - \* Higher expectations from parents and teachers;
  - \* Uncertainty about what they should do with their lives;
  - \* Belief that adults can't help or even understand their problems;
  - \* Perception by grown-ups that they are “moody” or “impossible”; and
  - \* Desire to still play with dolls or toy cars, but at the same time having crushes and wanting to date.

## Main Activity

1. Introduce the concept of a Socratic Seminar. (See page 17 in the SMART Moves Facilitator's Guide for more information.)
2. Distribute copies of *Suggested Poems for Socratic Seminar*, featuring poems that deal with feelings and desires youth may experience during this in-between stage of life.
3. Write an open-ended question on the board such as, “Why am I always so confused?” The question should relate to the ideas expressed in the lyrics or poems so that members can find a meaningful entrance to the discussion and be motivated to ask more questions as the seminar progresses.
4. Refer back to the “Challenges of Adolescence” list members created earlier. Explain that these challenges can cause stress (the body's response to demands and pressure).
5. Explain that, typically, people deal with stress in the following ways:
  - \* Do nothing and simply put up with anxiety.
  - \* Avoid the situations that cause the stress.
  - \* Take action.

6. Try to elicit some ways of taking action. Answers may include:
  - \* **Exercise, reading, or meditation** – These things don't change the basic situation, but help a person handle it better.
  - \* **Studying more, getting a tutor, practicing** – These things improve one's skills, so one is less anxious about certain situations.
  - \* **Talking to someone about it** – Talking to friends, a trusted teacher or a family member can reduce stress and anxiety.
7. Mention that there are negative ways of dealing with stress, such as using alcohol or drugs. Point out that these are a way of avoiding the situation.
8. Lead a discussion about dealing with the emotional changes of adolescence that includes the ways of taking action the group just identified.

### Wrap-up/Reflection

- Ask members to respond in their journals to the following questions: *What was the most helpful thing you learned today? What might you do differently as a result of today's session?*
- Invite volunteers to share their responses.

### Optional Activity

Invite a psychologist or social worker who works with adolescents to come in for a Q&A session with members. Often, the local health department, community-based organizations or nonprofit agencies have such experts who can visit the Club. (See SMART Moves Facilitator's Guide to find guidelines for preparing for a guest speaker.)

## Unit IV, Session 1

## BRITNEY SPEARS

 "I'M NOT A GIRL,  
NOT YET A WOMAN"<sup>2</sup>

*I used to think  
I had the answers to everything,  
But now I know  
Life doesn't always go my way,  
yeah . . .  
Feels like I'm caught in the middle  
That's when I realize . . .*

*[Chorus:] I'm not a girl,  
Not yet a woman.  
All I need is time,  
A moment that is mine,  
While I'm in between.*

*I'm not a girl,  
There is no need to protect me.  
It's time that I  
learn to face up to this on my own.  
I've seen so much more than you  
know now,  
So don't tell me to shut my eyes.*

*[Chorus] I'm not a girl,  
But if you look at me closely,  
You will see it in my eyes.  
This girl will always find  
her way.*

*I'm not a girl  
(I'm not a girl don't tell me what to  
believe).  
Not yet a woman  
(I'm just trying to find the woman in  
me, yeah).  
All I need is time (All I need),  
A moment that is mine (That is mine),  
While I'm in between.*

*I'm not a girl  
Not yet a woman  
All I need is time (All I need),  
A moment that is mine,  
While I'm in between.  
I'm not a girl,  
Not yet a woman.*

<sup>2</sup> "I'm Not A Girl, Not Yet A Woman," words and music by Martin Sandberg, Rami Yacoub and Dido Armstrong, copyright © 2001 by Maratone AB and Warner/Chappell Music Ltd. All Rights for Maratone AB in the United States and Canada Administered by Universal Music - Z Tunes LLC. All Rights for Warner/Chappell Music Ltd. In the United States and Canada Administered by WB Music Corp. International Copyright Secured. All Rights Reserved. Reprinted by permission on Hal Leonard Corporation.

## Unit IV, Session 1

# SUGGESTED POEMS FOR SOCRATIC SEMINAR<sup>3</sup>

### Being a Kid is Tough

(Nicholas Gordon)

Being a kid is tough, 'cause they  
Can tell you what to do.  
Nothing is completely yours.  
Your jail is your home.  
People love you – that's OK –  
And do nice things for you.  
But what you want are open doors  
To fields where you can roam.

### Fifteen

(Nicholas Gordon)

Fifteen's neither child nor adult,  
In between charade and innocence,  
Fending off the forces that would shape  
Too soon an unremarkable result.  
Even if one were oneself to ape  
Essences to which the heart assents,  
No draft could be approved without revolt.

### On Being a Teen

(Matteo Porraro)

I'm tired of hearing how these are supposed  
to be the best years of my life.  
My heart is not light, my soul only feels strife.

I am not a boy, I am not a man  
One minute Star Wars sheets and toys  
The older guys laugh, that's for little boys

I never wanted to grow up this fast  
Thought my childhood would last and last

Get tough. You're a man now.  
I think I am ready  
To take on the world, confident, steady.

Am tryin' my hardest to just be a teen  
Can't wait for this feeling of stuck in between

To go away . . .

<sup>3</sup> Reprinted by permission of the authors.

# Unit IV

# Adolescence and Puberty

## Session 2: Adolescence and Puberty / What Changes Do I Go Through Moving from Childhood to Adulthood?

### Activity Type

Basic Biology Activity, Gender Differences, Myths and Facts Activity

### Goal

Adolescence is a time of physical, emotional and social development. In this session, members will learn about the physical changes they are going through as they move from childhood to adulthood, and understand that these changes are normal.

### Essential Question

What do I have to do to understand and take care of my changing body?

### Approximate Time

45 minutes to one hour

### Materials

- Newsprint and markers
- Pencils or pens
- Copies of *Male and Female Reproductive Terms*
- Copies of *Male Reproductive Organs*, *Female Reproductive Organs* (labeled and unlabeled diagrams), *Myths and Facts About Sex and Reproduction*
- *Male Reproductive Terms (Answers)*, *Female Reproductive Terms (Answers)*, *Myths and Facts About Sex and Reproduction (Answers)*
- Copies of *Glossary of Terms for Female Reproductive Organs* and *Glossary of Terms for Male Reproductive Organs*
- Participants' journals and pens/pencils

### Before You Begin

- It is **strongly** recommended that you invite a guest speaker from the local health center/ clinic come in to speak to the Club members about this topic. (See SMART Moves Facilitator's Guide to find guidelines for preparing for a guest speaker.)
- Write the definition of puberty on a sheet of newsprint: "Puberty is the stage of life when a child biologically becomes an adult."
- Decide whether to divide the group according to gender or have mixed groups.
- Remind peer leaders to walk around the room during the session and assist youth when necessary throughout the warm-up and main activity.

## Warm-up/Log-in

1. Encourage members to begin a discussion about physical changes that occur during puberty. You might say: *Who can tell me some of the physical changes boys and girls experience during puberty?*
2. Divide the large group into smaller teams; you might group members according to gender or have mixed groups.
3. Ask for a volunteer in each group to be a recorder and make a list of the changes the group comes up with.
4. Have each group report back the results of its discussion to the large group.

## Main Activity

1. Explain to members that they will now engage in an activity that will help them identify the physical and developmental changes that prepare the body for reproduction (the process by which persons, animals or plants produce others of their kind).
2. Give each participant a copy of *Male and Female Reproductive Terms* and a pen/pencil. Ask them to place the check in the appropriate columns.
3. Distribute a *Glossary of Terms for Male Reproductive Organs* and a *Glossary of Terms for Female Reproductive Organs* and ask youth to check their answers.
4. Distribute the unlabeled diagrams – *Male Reproductive Organs* and *Female Reproductive Organs* – and ask participants to label the organs underlined in the Glossary of Terms.
5. Tell participants to check their answers by looking at the labeled diagrams. (Ask peer leaders to assist in this activity by showing participants the labeled diagrams after they have filled in the unlabeled diagrams as much as they are able to.)

## Wrap-up/Log-in

- Give each member a copy of *Myths and Facts About Sex and Reproduction* to complete.
- Ask for volunteers to share their answers with the group.
- Have youth write in their journals the facts or myths that were most surprising to them.
- Ask members to respond to the following questions in their journals: *On a scale of one to five, how comfortable are you with the physical changes you are going through during your adolescence/puberty? Why?* Acknowledge that this is a delicate topic.
- Ask for volunteers, but do not push anyone into answering.
- Lead a discussion that reinforces the concepts that the changes youth are going through are normal, natural and part of the human design. Point out that being aware of these changes enables youth to better understand and accept themselves as they are.
- Encourage peer leaders to set an example by describing changes they have experienced or observed in other adolescents.



Unit IV, Session 2

# MALE AND FEMALE REPRODUCTIVE TERMS

Place an "X" in the first column if you think the term applies to males. If you think it applies to females, write an "X" in the second column. If you think it applies to both, write an "X" in both columns. If you aren't sure, place an "X" in the third column.

	Male	Female	Not Sure
Penis			
Vagina			
Ova (Eggs)			
Ovaries			
Testes (Testicles)			
Fallopian Tubes			
Ovulation			
Scrotum			
Sperm			
Erection			
Uterus			
Menstruation (Period)			
Semen			
Ejaculation			
Nocturnal Emissions (Wet Dreams)			
Urethra			
Vas Deferens			
Cervix			

## Unit IV, Session 2

# MALE AND FEMALE REPRODUCTIVE TERMS

 (ANSWERS FOR FACILITATORS)

Place an "X" in the first column if you think the term applies to males. If you think it applies to females, write an "X" in the second column. If you think it applies to both, write an "X" in both columns. If you aren't sure, place an "X" in the third column.

	Male	Female	Not Sure
Penis	X		
Vagina		X	
Ova (Eggs)		X	
Ovaries		X	
Testes (Testicles)	X		
Fallopian Tubes		X	
Ovulation		X	
Scrotum	X		
Sperm	X		
Erection	X		
Uterus		X	
Menstruation (Period)		X	
Semen	X		
Ejaculation	X		
Nocturnal Emissions (Wet Dreams)	X		
Urethra	X	X	
Vas Deferens	X		
Cervix		X	

## Unit IV, Session 2

**GLOSSARY OF TERMS –  
MALE REPRODUCTIVE ORGANS**

**Ejaculation** – release of semen from the penis

**Erection** – process by which the penis becomes longer, harder, thicker, darker in color and stands erect and away from the body; this occurs when blood fills the vessels of the penis

**Nocturnal Emissions** – ejaculation that occurs during sleep, often called “wet dreams”

**Penis** – male sex organ through which semen, containing sperm, comes out of the body; also the passageway for urine to leave the body

**Scrotum** – external pouch that contains the testicles

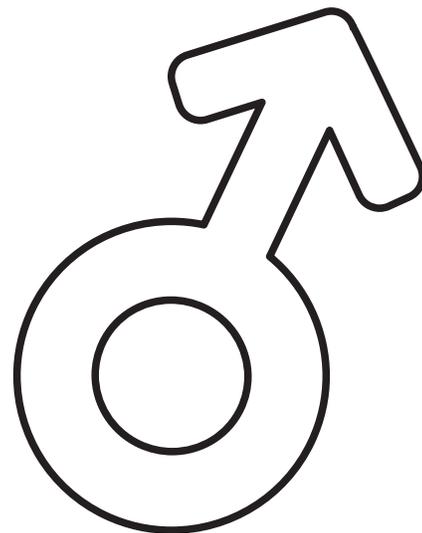
**Semen** – milky, whitish fluid that contains millions of sperm, as well as other fluids that aid the mobility of the sperm

**Sperm** – male reproductive cells

**Testicles (Testes)** – two organs located in the scrotum that produce sperm and sex hormones

**Urethra** – tube through which both urine and sperm are released from the body; when sperm is released (called ejaculation), a valve closes off the flow of urine

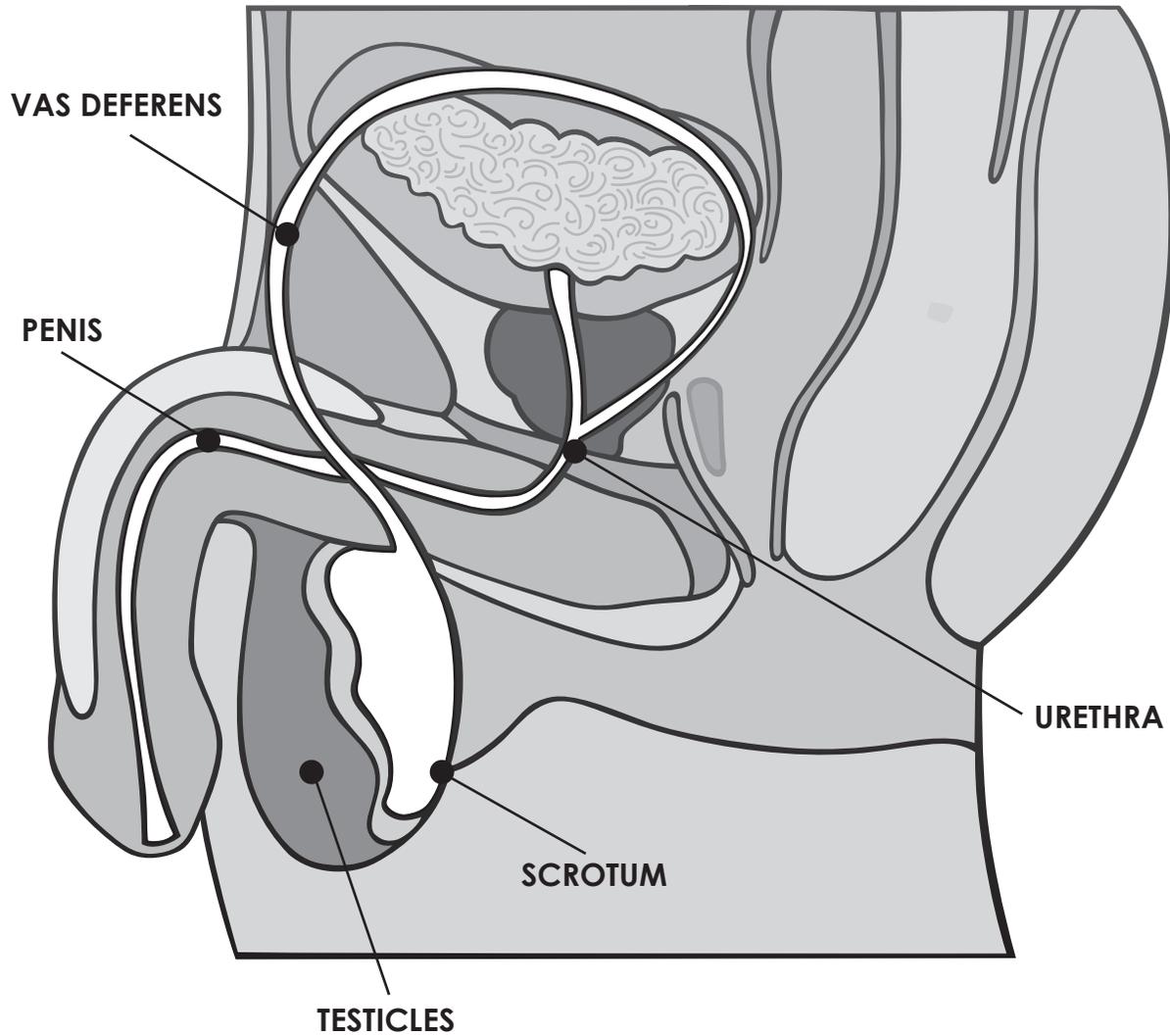
**Vas deferens** – tubes that allow sperm to pass from the testicles





Unit IV, Session 2

# MALE REPRODUCTIVE ORGANS – LABELED



## Unit IV, Session 2

# GLOSSARY OF TERMS — FEMALE REPRODUCTIVE ORGANS

**Cervix** – narrow, neck-like passage leading from the uterus to the vagina

**Fallopian Tubes** – two passageways through which the egg, released from an ovary each month, travels to the uterus

**Fertilization** – union of sperm and egg in the uterus

**Menstruation** – the periodic shedding of blood and tissue from the uterus (period)

**Ovaries** – two organs that produce egg cells and sex hormones

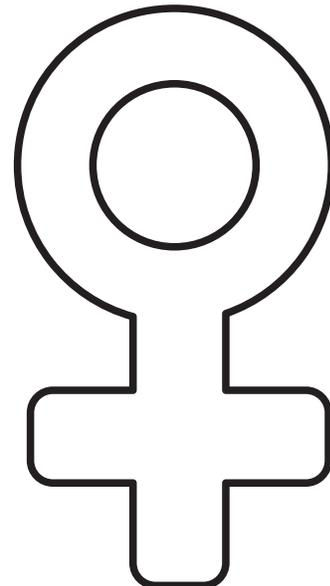
**Ovulation** – the release of a mature egg into one of the fallopian tubes

**Ovum** – reproductive egg cell(s) stored in the ovary (plural = ova)

**Urethra** – opening through which urine leaves the body

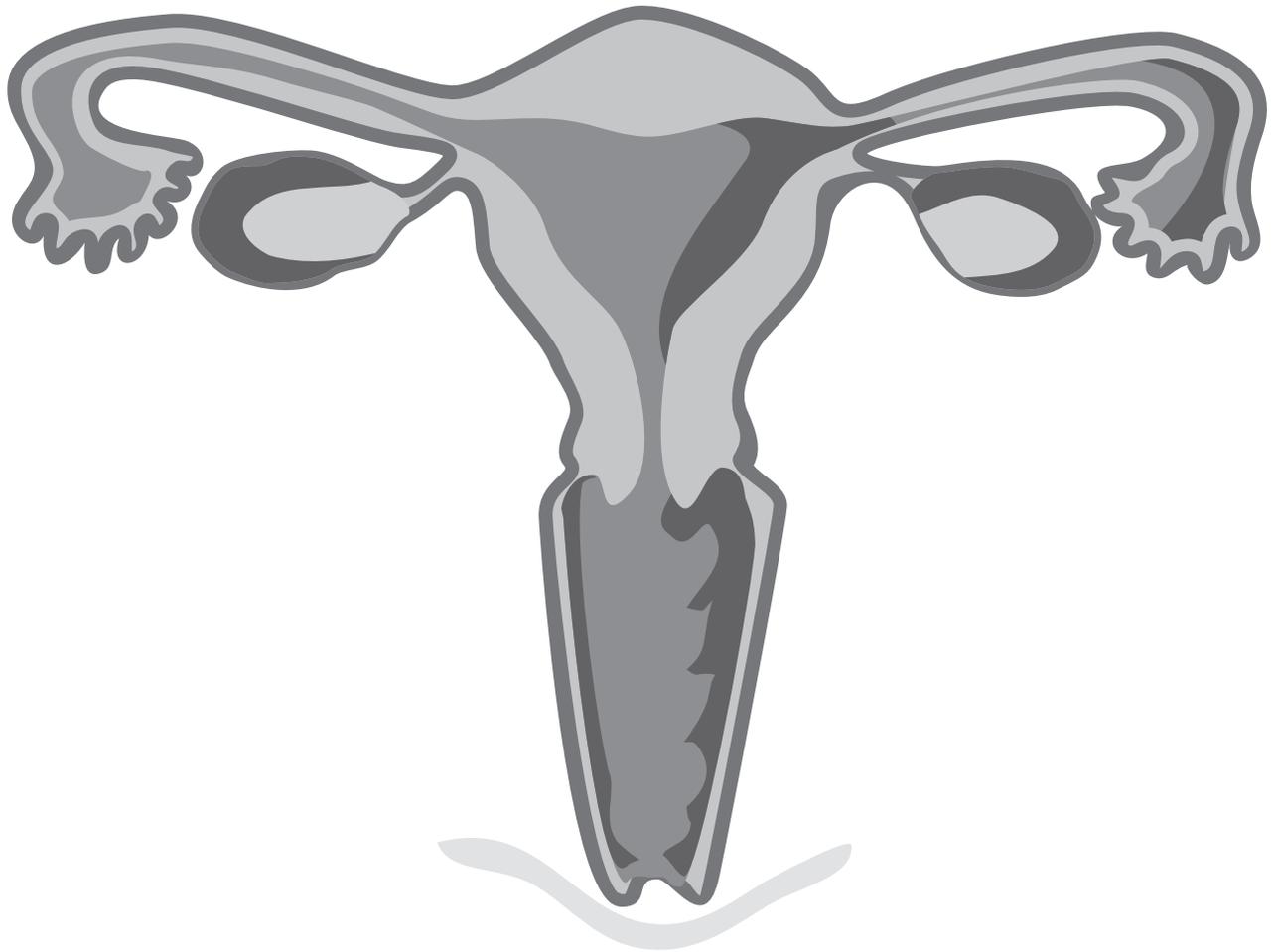
**Uterus** – pear-shaped female reproductive organ, also called the womb, in which the fetus grows and develops until birth; the wall of the uterus thickens monthly in preparation for housing a fertilized egg

**Vagina** – passageway leading from the uterus to the outside of the body

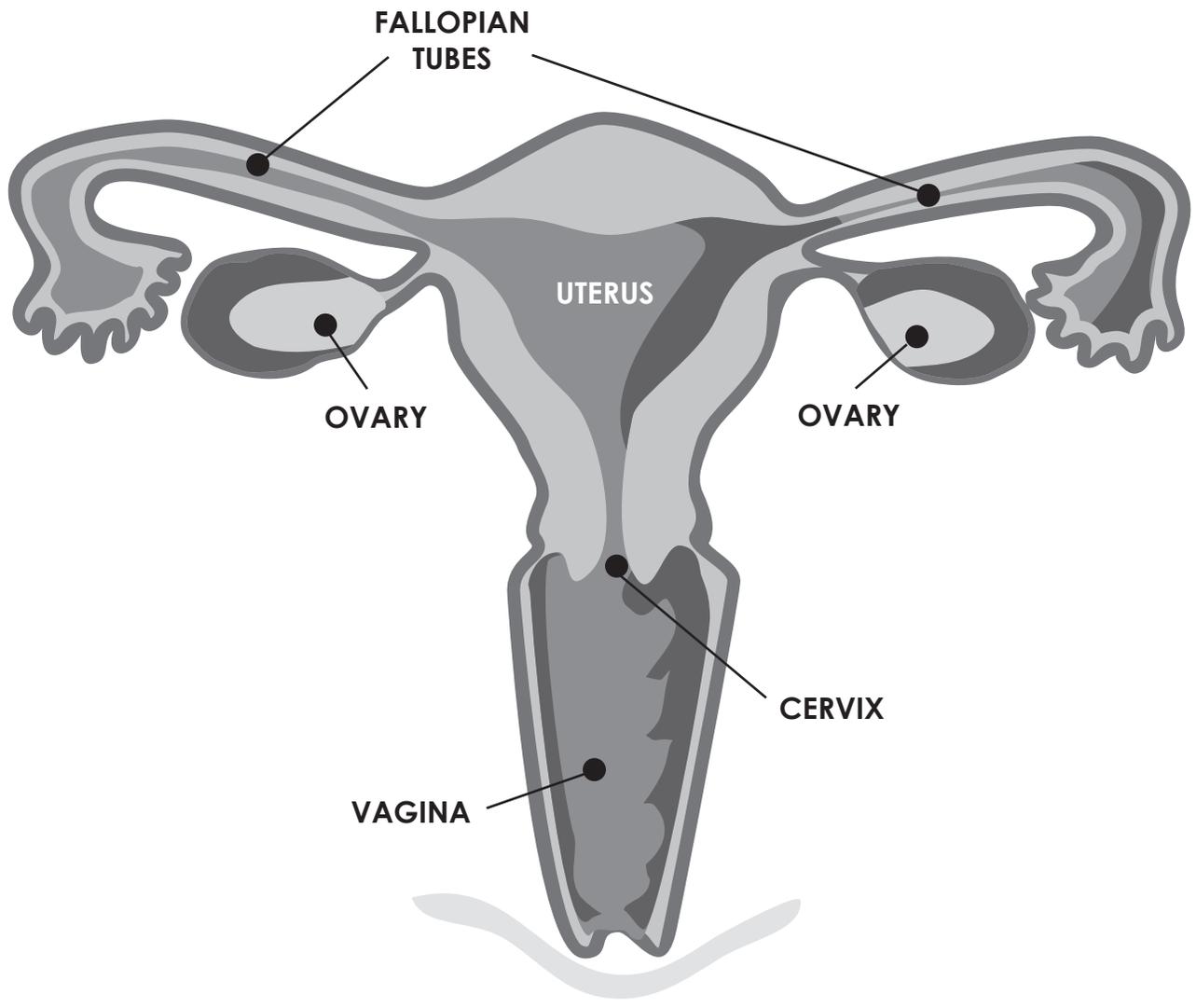


Unit IV, Session 2

# FEMALE REPRODUCTIVE ORGANS – UNLABELED



Unit IV, Session 2  
**FEMALE REPRODUCTIVE  
ORGANS – LABELED**



## Unit IV, Session 2

# MYTHS AND FACTS ABOUT SEX AND REPRODUCTION<sup>4</sup>

In the blank beside each of the following, write an "F" if you think the statement is a fact, and an "M" if you think the statement is a myth.

- \_\_\_\_\_ 1. Girls can't get pregnant if they haven't started their period yet.
- \_\_\_\_\_ 2. Pregnancy is one of the primary reasons female students drop out of high school.
- \_\_\_\_\_ 3. A girl can get pregnant the first time she has sex.
- \_\_\_\_\_ 4. Most teens who get pregnant don't plan to do so.
- \_\_\_\_\_ 5. More than 700,000 teen girls get pregnant every year.
- \_\_\_\_\_ 6. Since teenage parents settle down earlier than teens who are not parents, they get better jobs and make more money.
- \_\_\_\_\_ 7. A safe time for a girl to have sex is the middle of her period.
- \_\_\_\_\_ 8. A girl can't get pregnant if she has sex while standing up.
- \_\_\_\_\_ 9. The only way a young woman can be 100-percent sure of not getting pregnant is if she does not have sex.
- \_\_\_\_\_ 10. Sexual activity can spread disease.
- \_\_\_\_\_ 11. Teens who only have sex occasionally will not get pregnant.
- \_\_\_\_\_ 12. Most high school kids are having sex.
- \_\_\_\_\_ 13. Teens only get pregnant if they want to.
- \_\_\_\_\_ 14. Masturbation is harmful to a person's health.
- \_\_\_\_\_ 15. A young woman can't get pregnant if she has sex while having her period.
- \_\_\_\_\_ 16. Once a man gets aroused and has an erection, he needs to ejaculate to avoid harmful effects.
- \_\_\_\_\_ 17. In males, one testicle usually hangs lower than the other.

<sup>4</sup> Items 1-15, except where noted, adapted from G. Gussin, A. Buxbaum and N. Danford, *Self-Discovery: Caring, Loving and Sexuality: Using Skills to Make Tough Choices* (Boston, MA: Management Services for Health). Items 16-18, except where noted, used with permission from Life Planning Education. Advocates for Youth, Washington, D.C., [www.advocatesforyouth.org](http://www.advocatesforyouth.org).

## Unit IV, Session 2

# MYTHS AND FACTS ABOUT SEX AND REPRODUCTION

(ANSWERS FOR FACILITATORS)

**1. Girls can't get pregnant if they haven't started their period yet.**

**MYTH** A girl can get pregnant even if she has never menstruated. Females ovulate about two weeks before menstruation occurs and are fertile during this time. Therefore, it is possible for a girl to get pregnant two weeks before her first period.

**2. Pregnancy is one of the primary reasons female students drop out of high school.<sup>5</sup>**

**FACT** Pregnant teens are more likely to drop out of school than women who wait to have children. Nearly 50 percent of young women who had been teen mothers earned neither a diploma nor a GED, compared with only 11 percent of young women who had not had a teen birth.<sup>6</sup>

**3. A girl can get pregnant the first time she has sex.**

**FACT** Girls and young women can get pregnant the first time they have sex.

**4. Most teens who get pregnant don't plan to do so.**

**FACT** About 85 percent of teenage pregnancies are unintended.<sup>7</sup>

**5. More than 700,000 teen girls get pregnant every year.**

**FACT** Every year about 750,000 teenage girls get pregnant in the U.S.<sup>8</sup>

**6. Since teenage parents settle down earlier than teens who are not parents, they get better jobs and make more money.**

**MYTH** Teenage parents are less likely than their peers to finish high school and, therefore, less likely to get high-paying jobs.

**7. A safe time for a girl to have sex is the middle of her period.**

**MYTH** Ovulation occurs about two weeks before a girl's period, usually around the middle of her cycle. This is when a girl is most likely to get pregnant. Since it is very difficult to determine precisely when ovulation occurs, there is no completely safe time.

**8. A girl can't get pregnant if she has sex while standing up.**

**MYTH** Females can get pregnant standing up, sitting or lying down. It is not the sexual position that causes pregnancy.

<sup>5</sup> The Silent Epidemic – Perspective of High School Dropouts: A Report by Civic Enterprises in association with Peter D. Hart Research Associates for the Bill & Melinda Gates Foundation, 2006.

<sup>6</sup> Kate Perper, M.P.P., Kirsten Peterson, B.A., and Jennifer Manlove, Ph.D., Diploma Attainment Among Teen Mothers, Child Trends Fact Sheet, January 2010, [www.childtrends.org](http://www.childtrends.org).

<sup>7</sup> "Adolescent Pregnancy and Protective Behaviors: Advocates for Youth, 2008," [www.advocatesforyouth.org](http://www.advocatesforyouth.org).

<sup>8</sup> Guttmacher Institute, U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity, 2010.

- 9. The only way a young woman can be 100-percent sure of not getting pregnant is if she does not have sex.**  
**FACT** *Abstaining from sexual intercourse – choosing not to have sex – is the only 100-percent effective way to avoid pregnancy.*
- 10. Sexual activity can spread disease.**  
**FACT** *Sexually transmitted infections (STIs) are contagious. They are spread through sexual contact with a male or female who has the disease. STIs are one of the leading causes of infertility (the inability to father a child or to become pregnant).*
- 11. Teens who only have sex occasionally will not get pregnant.**  
**MYTH** *Every time a couple has sex, there is a possibility that the girl will get pregnant.*
- 12. Most high school kids are having sex.**  
**MYTH** *In 2009, fewer than 50 percent of all high-school students reported ever having had sexual intercourse.<sup>9</sup>*
- 13. Teens only get pregnant if they want to.**  
**MYTH** *Whenever a girl has intercourse, she is at risk of becoming pregnant.*
- 14. Masturbation is harmful to a person's health.**  
**MYTH** *Masturbation, or touching the genitals for sexual pleasure, is not physically harmful. However, people whose family, religion or culture teaches that it is wrong may feel guilty about it.*
- 15. A young woman can't get pregnant if she has sex while having her period.**  
**MYTH** *Since ovulation normally occurs two weeks before a girl gets her period, it seems like it should be a safe time. But pregnancy is possible anytime, because sometimes women ovulate sooner than expected (because of stress, illness or other factors).*
- 16. Once a man gets aroused and has an erection, he needs to ejaculate to avoid harmful effects.**  
**MYTH** *It is not unhealthy for a man to have an erection without ejaculating. He may feel uncomfortable, but the feeling will go away once he stops the activity that is making him sexually excited.*
- 17. In males, one testicle usually hangs lower than the other.**  
**FACT** *The human body is uneven: one hand or foot is usually larger. So it is completely normal for one testicle to hang lower than the other.*

<sup>9</sup> "Teen Sexual Behavior and Contraceptive Use: Data from the Youth Risk Behavior Survey, 2009," Fast Facts/June 2010, The National Campaign to Prevent Teen and Unplanned Pregnancy, [www.thenationalcampaign.org](http://www.thenationalcampaign.org).

# Unit V

# How Drugs and Alcohol Can Harm Me

## Session 1: What Do I Really Know About Drugs and Alcohol?

### Activity Type

Brainstorming, Gallery Walk, Bingo Activity

### Goal

Participants will learn age-appropriate facts and statistics about the misuse of drugs, and why most teens use drugs. They will also come away with the understanding that there are healthy, positive alternatives to taking drugs.

### Essential Question

What do I need to know and do to maintain a healthy mind and body?

### Approximate Time

45 minutes to one hour

### Materials

- Four long sheets of butcher block paper
- Newsprint and markers
- Copies of *Teens Understand Some Risks But NOT Others!*
- Copies of *BINGO!*
- Participants' journals and pens/pencils

### Before You Begin

- Prepare two sheets of newsprint with the headings, "What I Know About Drugs" and "What I Want to Know About Drugs."
- Write on another sheet of newsprint the following statistics:
  - \* Seventy percent of youth see great risk in smoking a pack or two of cigarettes a day.
  - \* Only 40 percent see binge drinking (five or more drinks once or twice a week) as very risky.
  - \* Only 34 percent see a great risk in smoking marijuana once a month.
  - \* Only 50 percent see using cocaine or LSD once or twice a month as very risky.
- Make sure there are enough peer leaders to help with the main activity

### Warm-up/Log-in

1. Hang the newsprint with the statistics in the front of the room. Ask members to take out their journals, read the statistics and respond to them in their journals.
2. Distribute copies of the *Teens Understand Some Risks But NOT Others!* handout.
3. Ask a volunteer to read the bulleted items to the group.

4. Use the guiding questions to lead a brief discussion about ways to make teens aware of the risks.

### Main Activity

1. Hang the long sheets of butcher block paper around the room.
2. Explain to members that they will be taking part in a gallery walk.
3. Ask them to write what they know about drugs on the "What I Know About Drugs" newsprint.
4. Ask them to write any questions they might have about drugs on the "What I Want to Know about Drugs" sheet.
5. Ask two members to go to the two "What I Know" sheets and read and circle main ideas. Encourage them to raise any questions about misconceptions.
6. Ask two other members to go to the two "What I Want to Know" sheets and have them read and circle the main questions members have about drugs.
7. Let them know that in the following sessions their questions will be addressed.
8. Ask peer leaders to take the lead in answering the questions on the gallery walk and encouraging participants to contribute what they know and what they want to know.

### Wrap-up/Reflection

- Ask members to respond in their journals to the question: *Why do you think most young people take drugs?* Ask for volunteers to share and record their answers. List should resemble the items listed on the *BINGO!* handout.
- Distribute copies of the *BINGO!* handout. Explain to members that they will be playing a variation of the classic bingo game.
- Have members read the instructions on the handout and complete the bingo activity. When a winner is called, have him or her share with the group what he or she has filled in. Invite other members to share as well.
- Lead a discussion with the group, making the point that if young people understand why some people get involved with drugs, they may find healthier alternatives.
- Discuss the healthy alternatives they came up with and brainstorm others (for example, exercise, arts and hobbies, listening to or making music, sports, seeking help from adults, finding different friends or getting involved in healthier activities).
- Reinforce the idea that we are responsible for our health, happiness and reaching our goals and that finding healthy alternatives will help us reach our goals.
- Ask peer leaders to assist by helping members fill in the *BINGO!* handouts and identify alternatives for each box.

## Unit V, Session 1

# TEENS UNDERSTAND SOME RISKS BUT NOT OTHERS!

Most teenagers today think smoking cigarettes is very dangerous. However, most adolescents do not consider frequent binge drinking or marijuana smoking to be as risky. A total of 44,979 people, ages 12 to 17, took part in national drug-use surveys conducted by the Substance Abuse and Mental Health Services Administration in 2007 and 2008.

- Seventy percent of youth perceived “great risk” from smoking a pack or two of cigarettes a day.
- Only 40 percent thought having five or more alcoholic drinks once or twice a week was very risky.
- Only 34 percent perceived great risk from smoking marijuana once a month.
- Approximately 50 percent thought using cocaine or LSD once or twice a month was very risky.
- Use closely matches the perception of risk. Only about nine percent of adolescents aged 12 to 17 said they smoked in 2008, while 26 percent of 16- and 17-year-olds reported drinking. Of the older teenagers, 12.7 percent reported smoking marijuana.<sup>10</sup>

Guiding Questions: *What might you do to get the facts out to your peers? What might you do differently now that you know the facts?*

<sup>10</sup> *Perceptions of Risk from Substance Use Among Adolescents 2009, 2008 National Survey on Drug Use & Health, U.S. Department of Health and Human Services, Office of Applied Studies, [www.oas.samhsa.gov/nhsda](http://www.oas.samhsa.gov/nhsda).*

## Unit V, Session 1

# BINGO!

## WHY ARE SOME TEENS USING/ABUSING ALCOHOL, TOBACCO AND OTHER DRUGS? WHAT ARE SOME HEALTHY ALTERNATIVES?

Read the sentence in each box. For each one, find someone in the room and read the sentence to him or her. Ask that person to think of a healthy, positive alternative for the statement you have read (see the example in the first square). Write the person's answer in the appropriate square. The first person to fill in an entire row (horizontally, vertically or diagonally) is the winner. There is always a safer, smarter, cooler, healthier alternative!

<p><b>EXAMPLE:</b> They think drugs will help with stress.</p> <p><i>Yoga and other forms of exercise are great for relieving stress!</i></p>	<p><b>EXAMPLE:</b> They are bored and they think drugs will make life more exciting.</p> <p><i>Being active and playing a sport is a great way to try something fun and exciting.</i></p>	<p><b>EXAMPLE:</b> They think drugs will help them fit in.</p> <p><i>Join the Glee Club, Art Club or club of your interest to make new friends with common and healthy interests.</i></p>	<p><b>EXAMPLE:</b> They are curious.</p> <p><i>Research the effects of drugs and design a poster for extra credit.</i></p>
<p>They think it's glamorous. Celebrities and sports stars using drugs are publicized on television and in magazines.</p>	<p>They feel pressured to grow up fast and feel that taking drugs is an "adult" thing to do.</p>	<p>They are being bullied, persuaded and persistently pressured by peers.</p>	<p>They think drugs will make them seem rebellious or cool.</p>
<p>They heard that medical marijuana is legalized in some states and that both marijuana and mushrooms are safe because they are natural.</p>	<p>They figure that if they are prescribed by a doctor, prescription drugs must be ok to use.</p>	<p>They figure that drugs sold at stores without a prescription (over-the-counter drugs) must be okay.</p>	<p>They think that prescription drugs and steroids will improve their performance and looks.</p>
<p>They think drugs will make them seem more attractive.</p>	<p>They want to fit in with the older kids.</p>	<p>They think drugs will relieve their anxiety about dating.</p>	<p>They think drugs will help them escape their problems at home.</p>

# Unit V

# How Drugs and Alcohol Can Harm Me

## Session 2: What Are Gateway Drugs and How Can They Harm Me?

### Activity Type

Brainstorming Activity, Discussion, Cooperative-Learning Activity

### Goal

Members will be introduced to the gateway drugs – alcohol, tobacco, marijuana and inhalants. They will learn how a teen's use of these drugs is harmful. They will come away with an awareness that using these drugs can interfere with reaching their goals.

### Essential Quote

Take care of your body; it's the only place you have to live. (Jim Rohn)

### Approximate Time

45 minutes to one hour

### Materials

- Newsprint and markers
- Copies of *Drugs: Important Facts #1 – Gateway Drugs*
- Makeshift microphones (optional)
- Video camera (optional); recording the broadcast can make the activity more exciting for members, and watching it together when they have completed this and the next session can be another learning opportunity and an optional activity)
- Participants' journals and pens/pencils

### Before You Begin

- Prepare an area of the room from which to stage a news broadcast. Three or four chairs behind a desk are sufficient.
- Have peer leaders assist with organizing the main activity (and with the video-recording, if desired).

### Warm-up/Log-in

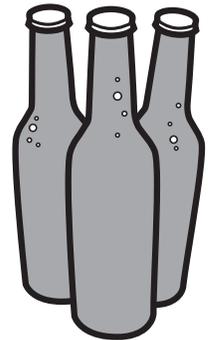
1. Instruct members to have a seat and take out their journals to begin their response to the day's essential quote.
2. Ask members to brainstorm the meaning of "gateway" and record their responses on the newsprint. Give one possible definition while affirming members' own responses. (A gateway is an opening that serves as an entrance or means of access.)
3. Ask members which drugs young people most often start out with. Ask members how using these drugs might lead a young person to use other drugs. (For example: using a gateway drug can cause a loss of judgment, can allow easier access to more serious drugs when

they hang around people who use gateway drugs, or young people may be tempted to use a stronger drug to get a more powerful high.)

4. Ask members how this definition may be applied to alcohol, tobacco, marijuana and inhalants. Explain that these drugs – especially tobacco, alcohol, marijuana and inhalants – are referred to as “gateway drugs” because they may “open the gate” for other drug involvement.

## Main Activity

1. Ask peer leaders to distribute copies of *Drugs: Important Facts #1 – Gateway Drugs*.
2. Create four groups, assigning one of the gateway drugs to each group.
3. Explain to members that they will be using the handouts to prepare scripts for a news broadcast. Each member in the group will use the sheet as background information to report on one of four categories: “What is it?”; “Street Names”; “Risks”; or “Reality Check.” If there is a member(s) who is (are) reluctant to report in front of the group due to shyness, ask them to be news editors and help write the scripts for others.
4. Model an example of the broadcast by using one of the gateway drugs as an example. You might say: *“Good morning, this is (insert your name) of BGCA News reporting to you today about tobacco and its harmful effect on its users. Tobacco can be chewed or smoked in a pipe, cigar or cigarette. Cigarettes are known by such street names as smokes, butts, coffin nails and cancer sticks. Tobacco use is a preventable cause of disease and death in the United States. When smoking tobacco, the user inhales tar, nicotine, carbon monoxide and 200 known poisons into the lungs. Smoking is highly addictive, and it is the leading preventable cause of death in the United States. This is (insert your name) reporting from BGCA News. Now back to the studio for the rest of today’s news.”*
5. Instruct members to review the information about the gateway drug that has been assigned to their group. Tell them to write their portion of the reporter’s script in their journals.
6. Give a five-minute wrap-up notice.
7. Instruct each of the four groups to present their broadcasts.
8. Ask peer leaders to assist the four groups in preparing the broadcasts.



## Wrap-up/Reflection

- Tell members to use their journals to write any piece of information about gateway drugs they have just read about or heard in a broadcast that concerns them and why. In addition, ask them what they might do differently after today’s activity.
- Ask for volunteers to share their reflections. Reinforce the notion that we are responsible for our health, well being and reaching our goals and that using gateway drugs can prevent us from reaching our goals.
- Collect *Drugs: Important Facts #1 – Gateway Drugs*. Members will need to refer to this handout in Session 4.

## Unit V, Session 2

# DRUGS: IMPORTANT FACTS #1 — GATEWAY DRUGS<sup>11</sup>

(Alcohol, Tobacco, Marijuana and Inhalants)

## Alcohol /Underage Drinking

### What is it?

Alcohol is created when grains, fruits or vegetables are fermented, a process that uses yeast or bacteria to change the sugars in the food into alcohol. Alcohol has different forms and can be used as a cleaner or antiseptic; however the kind of alcohol that people drink is ethanol, which is a sedative. When alcohol is consumed, it's absorbed into a person's bloodstream. From there, it affects the central nervous system (the brain and spinal cord), which controls virtually all body functions. Alcohol actually blocks some of the messages trying to get to the brain. This alters a person's perceptions, emotions, movement, vision and hearing.

### Street Names

Booze, brews, hard stuff, hooch, juice, sauce and more

### Risks

Difficulty walking, blurred vision, slurred speech, slowed reaction times, impaired memory and blackouts, mental confusion, paralysis of the nerves that move the eyes, difficulty with muscle coordination, persistent learning and memory problems, liver disease, unintentional injuries, HIV risk due to impaired judgment

### Reality Check

In 2006, more than 19 percent of drivers ages 16 to 20 who died in motor vehicle crashes had been drinking alcohol. The younger you are when you start drinking, the greater your chance of becoming addicted to alcohol at some point in your life. More than four in 10 people who begin drinking before age 15 eventually become alcoholics. Some medications — including many painkillers and cough, cold and allergy remedies — contain more than one ingredient that can react with alcohol.

## Tobacco

### What is it?

Tobacco use is the leading preventable cause of disease, disability and death in the United States. Between 1964 and 2004, cigarette smoking caused an estimated 12 million deaths, including 4.1 million deaths from cancer and 5.5 million deaths from cardiovascular diseases. When smoking tobacco, the user inhales tar, nicotine, carbon monoxide and 200 known poisons into the lungs. Tobacco can also be smoked in the form of cigars and in pipes. Often tobacco is chewed. This is called smokeless tobacco or spit tobacco. As with smoking tobacco, chewing tobacco has many negative effects on a person's health. Chewing tobacco can lead to nicotine addiction, oral cancer, gum disease, and an increased risk of cardiovascular disease, including heart attacks. The nicotine in cigarettes, cigars, pipe tobacco and chewing tobacco is powerfully addictive.

<sup>11</sup> National Youth Anti-Drug Media Campaign website, [www.abovetheinfluence.com](http://www.abovetheinfluence.com).

**Street Names**

Butts, chew, dip, coffin nails, cancer sticks

**Risks**

Shortness of breath and dizziness, lung diseases such as chronic bronchitis and emphysema, heart disease, including stroke, heart attack, vascular disease, aneurysm (burst blood vessel), lung, mouth, throat, bladder, pancreas and kidney cancer, dry skin and premature wrinkles

**Reality Check**

Smoking is addictive. Three-quarters of young people who use tobacco daily continue to do so because they find it hard to quit. Smoking can kill you. Smoking is the leading preventable cause of death in the United States. More than 440,000 Americans die from tobacco-related causes each year, most of whom began using tobacco before the age of 18. Smoking puts your friends and family at risk. Each year cigarette smoking accounts for approximately one of every five deaths, or about 443,000 people.<sup>12</sup> It is estimated that 3,000 non-smokers die of lung cancer from second-hand smoke each year.

## Marijuana

**What is it?**

Marijuana is a green, brown, or gray mixture of dried, shredded leaves, stems, seeds and flowers of the hemp plant. Marijuana has a chemical in it called tetrahydrocannabinol, better known as THC. All forms of marijuana are mind-altering (psychoactive). In other words, they change how the brain works. A lot of other chemicals are found in marijuana, too — about 400 of them, some of which are carcinogenic.

**Street Names**

Grass, pot, weed, bud, Mary Jane, dope, indo, hydro, ganga

**Risks**

Impaired judgment and motor coordination, shortened attention span and distractibility, anxiety and panic attacks, increased heart rate, increased risk of heart attack, increased risk for schizophrenia in vulnerable individuals, impaired judgment, problems with memory and learning, lowered motivation, decreased alertness and coordination, addiction, withdrawal symptoms from stopping drug use (in a chronic user) – irritability, sleeplessness, anxiety, impaired appetite and aggression.

**Reality Check**

Marijuana is addictive. More teens are in treatment with a primary diagnosis of marijuana dependence than for all other illicit drugs combined. Young people who use marijuana weekly have double the risk of depression later in life. Heavy marijuana users are more likely than non-users to be diagnosed with schizophrenia later in life. A recent study found that people who had used marijuana more than 50 times before the age of 18 had a three-fold increased risk of developing schizophrenia later in life.

<sup>12</sup> Centers for Disease Control and Prevention website, [www.cdc.gov/HealthyYouth/tobacco/index](http://www.cdc.gov/HealthyYouth/tobacco/index).

## Inhalants

### What are they?

Inhalants are volatile substances or fumes from products such as glue or paint thinner that are sniffed or “huffed” to cause a high. Inhalants affect the brain with great speed and force and keep oxygen from reaching the lungs. Animal and human research shows that most inhalants are extremely toxic. Perhaps the most significant toxic effect of chronic exposure to inhalants is widespread and long-lasting damage to the brain and other parts of the nervous system. The intoxication produced by inhalants usually lasts just a few minutes; therefore, users often try to extend the “high” by continuing to inhale repeatedly over several hours, which increases the risk.

### Street Names

Whippets, poppers, snappers, air blast, moon gas, oz, poor man's pot, bolt, boppers, bullet rush, satan's secret, buzz bomb, shoot the breeze, snotballs, Texas shoe shine, highball, thrust, hippie crack, toilet water, huff, toncho, laughing gas, locker room, and more.

### Risks

Slurred speech, lack of coordination, dizziness, lightheadedness, hallucinations, delusions, loss of control, lingering headache, confusion, nausea or vomiting, hypoxia (suffocation, asphyxiation) leading to brain or other organ damage, muscle spasms and tremors, addiction, liver, lung and kidney problems, muscle weakness, prolonged abuse can negatively affect a person's cognition, movement, vision, and hearing, fatal injuries from falls, death from choking on vomit, heart attack from irregular or rapid heart beat, “sudden sniffing death” (heart failure and immediate death, even with first time use).

### Reality Check

Inhalants can kill you the very first time you use them. Chronic inhalant abusers may permanently lose the ability to perform everyday functions like walking, talking, and thinking. “Huffing” concentrated amounts of chemicals from paint and gas can directly induce heart failure and death. Long term effects of chronic abuse include brain, liver and kidney damage.

# Unit V

# How Drugs and Alcohol Can Harm Me

## Session 3: What Are Other Commonly Abused Drugs and How Might They Harm Me?

### Activity Type

News Broadcast, Cooperative-Learning Activity

### Goal

Participants will be introduced to drugs other than the gateway drugs explored in the previous session. They will learn how a teen's use or abuse of these drugs is harmful and will be introduced to decision making skills.

### Essential Quote

When you have to make a choice and you don't make it, that itself is a choice.  
(William James)

### Approximate Time

45 minutes to one hour

### Facilitator Notes

This session contains a great deal of content and several activities. You may wish to allot more time to the session or break it up over two Club meetings. Every group is different and, since you know your Club members best, decide what makes sense for your group.

### Materials

- Copies of *Five Steps in the Decision-Making Process*
- Copies of *Drug and Underage-Drinking Decisions – Five Scenarios*
- Copies of *Drugs: Important Facts #2 – Other Drugs*
- Makeshift microphones (optional)
- Video camera (optional); videotaping can be a very motivating teaching device, and the final video can be shown in an optional activity or at a Club event
- Participants' journals and pens/pencils

### Before You Begin

- Prepare an area of the room from which to stage a news broadcast. Three or four chairs behind a desk are sufficient.
- Have peer leaders assist with organizing the main activity (and with the video-recording, if desired).

## Warm-up/Log-in

1. Instruct members to have a seat and take out their journals to begin their response to the day's essential quote.
2. Distribute copies of *Five Steps in the Decision-Making Process*.
3. Instruct members to read the five steps silently. Ask for a volunteer to give an example of how he or she may have used this process in a decision made recently. Ask the volunteer to explain it by answering the five questions.
4. Tell members that as you read aloud the following story, they are to think about and write answers to the five questions in their journals as they pertain to what you are reading. Give them another minute or two after you've finished.
5. Read aloud the following story:

### **Reality Check!**

***How did this happen to me of all people! I was not exactly what you call popular but I got along well with other students and members of my sports teams. I was a good athlete and was involved in community projects. I used to be the one that other students looked to as a "role model" ... always doing the right thing and setting a good example. My parents were proud of me. But somewhere along the way, I wanted to be popular and belong to a group. I started doing the things that the group would do ... smoking and drinking ... even huffing now and then. Now they have moved to the harder stuff; marijuana and prescription drugs. How did I get this low? My grades are dropping. My athletic ability is slipping and my parents are hurt. I've got to do something! But what?!***

6. Point out that, when the student began to smoke and drink beer, it was a decision.
7. Hold a brief discussion by asking these guiding questions: *What could have happened for the student to get to this point in her life? When the student started out, do you think he/she thought much about whether or not to use drugs? What might have happened differently if he/she used the Five Steps in Decision Making before he/she decided on smoking that first cigarette?*

## Main Activity

1. Distribute copies of *Drugs: Important Facts #2 – Other Drugs*.
2. Instruct members to pair up and select one of the drugs on the handout, making sure that as many drugs are covered as possible and that there are no pairs reporting on the same one.
3. Explain to members that they will be using the sheets to prepare a script of a news broadcast just as they did in the previous session. Each member of the group will use the handout as background information to report on one of the four categories: "What is it?" "Street Names," "Risks" or "Reality Check." If there is a member(s) who is (are) reluctant to report in front of the group due to shyness, ask them to be news editors and help write the scripts for others.
4. Instruct members to review the information about the drug they have chosen or been assigned. Tell them to write their portion of the reporter's script in their journals.

5. Give a five-minute wrap-up notice.
6. Instruct each of the pairs to present its broadcast.
7. Ask peer leaders to assist in preparing the group presentations.

### Wrap-up/Reflection

- Ask peer leaders to distribute copies of *Drug and Underage-Drinking Decisions – Five Scenarios*. Review the scenarios with the group.
- Instruct members to choose one of the five scenarios and write the decision they would make if they were the person in the scenario. Remind them to refer to the *Five Steps in the Decision-Making Process*.
- Ask for volunteers to share their answers.
- Lead a brief discussion about how youth can use these decision-making skills in many real-life situations they may be facing or will face in the future. Reinforce the concept that we are all responsible for our own health, future, well-being and reaching our goals, and that using drugs can prevent us from reaching our goals.
- Tell members to use their journals to write any piece of information about gateway drugs they have just read about or heard in a broadcast that concerned them and why. In addition, ask them what they might do differently after today's activities.
- Invite volunteers to share their reflections. Ask peer leaders to share theirs as well.
- Collect *Drugs: Important Facts #2 – Other Drugs*. Members will need to refer to the handout in Session 4.

### Optional Activity

If you have videotaped the news broadcast of the last two sessions, play back the footage in the group or at a Club event.

## Unit V, Session 3

# DRUGS: IMPORTANT FACTS #2 — OTHER DRUGS<sup>13</sup>

(Cocaine, Ecstasy, Hallucinogens, LSD and PCP, Heroin, Methamphetamine, Rohypnol, Steroids, Prescription and OTC Drugs)

## Cocaine

### What is it?

Cocaine is a powerfully addictive stimulant drug. The powdered form of cocaine is either snorted or injected. Crack is cocaine that comes in a rock crystal that is heated and smoked. The term “crack” refers to the crackling sound produced by the rock as it is heated. Many cocaine users report that they seek but fail to achieve the same experience they had with their first use. Some users will increase their dose in an attempt to intensify and prolong the effect, but this can also increase the risk of adverse psychological or physiological effects.

### Street Names

Coke, snow, flake, blow, nose candy, snowball, tornado, wicky stick, Perico, Yayo

### Risks

Increased body temperature, heart rate, and blood pressure, headaches, abdominal pain and nausea, decreased appetite, resulting in malnutrition, irritability, restlessness, anxiety, paranoia, paranoid psychosis (loss of touch with reality and auditory hallucinations), addiction or dependence

### Reality Check

Cocaine can kill you the first time you use it. Cocaine can cause heart attacks even in young abusers. Cocaine and crack cocaine are highly addictive.

## Ecstasy

### What is it?

MDMA, known as Ecstasy, is a chemical that is usually taken orally as a capsule or tablet. It is a man-made drug that is chemically similar to both stimulants and hallucinogens. It distorts the perception of time and the sense of touch. Taking Ecstasy causes chemical changes in the brain that affect your mood, appetite and sleep.

### Street Names

MDMA, Ecstasy, XTC, E, X, Beans, Adams, Hug Drug, Disco Biscuit, Go, Adam, hug, love drug and more.

### Risks

Confusion, depression, sleep problems, severe anxiety, muscle tension, involuntary teeth clenching, nausea, blurred vision, faintness, chills or sweating, dependence and withdrawal effects such as fatigue, loss of appetite, depressed feelings and trouble concentrating (some problems can occur while or soon after taking the drug, while others come days or weeks after taking Ecstasy)

<sup>13</sup> National Youth Anti-Drug Media Campaign website, [www.abovetheinfluence.com](http://www.abovetheinfluence.com).



### **Reality Check**

Ecstasy can cause you to become dehydrated or to drink too much water without realizing it. This can also be deadly because it upsets the salt balance in your body. MDMA (Ecstasy) can have many of the same physical effects as other stimulants such as cocaine and amphetamines. Ecstasy can be addictive.

## **Hallucinogens, LSD and PCP**

### **What are they?**

Hallucinogens are strong mood-changing drugs with unpredictable psychological effects. LSD, or "acid," is sold as tablets, capsules, liquid, or on absorbent paper. PCP is illegally manufactured as tablets, capsules, or colored powder and can be snorted, smoked or eaten. Other hallucinogens can come in many forms, including plants and cough suppressants.

### **Street Names**

LSD: acid, blotter acid, window pane, dots, mellow yellow, Lucy in the sky with diamonds. PCP: angel dust, ozone, rocket fuel, supergrass, killer weed, embalming fluid, wack

### **Risks**

Disturbing psychological effects, delusions, hallucinations, paranoia, anxiety, addiction, aggression, sleeplessness, flicking up and down of the eyes, drooling, loss of balance, dizziness, nausea and vomiting, trembling, loss of muscular coordination, cirrhosis of the liver

### **Reality Check**

Some LSD users experience severe, terrifying thoughts and feelings of despair, fear of losing control, fear of insanity and fear of death. LSD users can also experience flashbacks, which are when the original drug's effects suddenly reoccur up to a year after the initial use. Because flashbacks can occur without warning, they can cause significant distress or impairment, especially if this occurs in an uncomfortable or dangerous setting such as at work, school or while driving.

## **Heroin**

### **What is it?**

Heroin is a highly addictive white or brown powder or brown sticky tar made from opium poppies. Users may snort, smoke or inject it. Heroin is a depressant. It enters the brain, where it is converted to morphine and binds to receptors known as opioid receptors. These receptors are located in many areas of the brain that deal with pain but also within the brain stem — important for automatic processes critical for life, such as breathing and blood pressure. Heroin overdoses frequently involve a suppression of respiration.

### **Street Names**

Smack, thunder, hell dust, big H, nose drops, H, ska, junk, skag

### **Risks**

Warm flushing of the skin, dry mouth, heavy feeling in the extremities, nausea, vomiting, severe itching, clouded mental functions, infectious diseases, including HIV/AIDS and hepatitis (from injection needles), collapsed veins, infection of the heart lining and valves, abscesses at the injection location, liver or kidney disease, clogged blood vessels leading to the lungs, liver, kidneys, or brain, causing permanent damage to vital organs, arthritis and other rheumatologic problems (usually due to contaminants in injected heroin), fatal overdose - reduced heart rate and breathing, sometimes to the point of death.



### Reality Check

Heroin withdrawal may occur within a few hours after the last time the drug is taken. Symptoms of withdrawal include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey") and involuntary leg movements. Heroin abuse is associated with serious health conditions including HIV/AIDS and hepatitis, particularly in users who inject the drug.

## Methamphetamine

### What is it?

Methamphetamine, or meth, is a highly addictive synthetic chemical that acts as a stimulant. It is snorted, injected, smoked or swallowed. Most of the methamphetamine abused in this country comes from foreign or domestic superlabs, although it can also be made in small, illegal laboratories, where its production endangers the people in the labs, their neighbors and the environment.

### Street Names

Speed, meth, crystal meth, chalk, ice, crystal, crank, tweak, uppers, black beauties, glass, biker's coffee, methlies quick, poor man's cocaine, chicken feed, shabu, crystal meth, stove top, trash, co-fast, yaba, yellow bam

### Risks

Increased respiration, rapid heart rate, irregular heartbeat, increased blood pressure, hyperthermia (when the body overheats), unhealthy weight loss, severe dental problems, anxiety, confusion, insomnia, mood disturbances, violent behavior, psychotic features, including paranoia, visual and auditory hallucinations, and delusions (for example, the sensation of insects, or "Meth Bugs," creeping under the skin)

### Reality Check

Meth can kill you by causing overheating, convulsions and coma. Meth can cause a severe "crash" after the effects wear off. Meth can damage blood vessels in the brain leading to strokes (which can produce irreversible damage).

## Over-the-Counter-Drugs

### What are they?

Over-the-counter (OTC) drugs are medications that can be purchased at a pharmacy, grocery or convenience store without a prescription to treat the symptoms of common colds or pains, such as a headache. The Food and Drug Administration (FDA) has determined that these medications have medical benefits for common ailments and are safe for general consumption if taken exactly as prescribed by the packaging.

### Street Names

Poor man's X, dex, robo, tussin, robo trip (any over-the-counter medication containing DXM), triple Cs or CCC (coricidin), SIZ'zurp; purple drank (cough syrup)

### Risks

Impaired judgment and mental functioning, loss of coordination, dizziness, nausea and vomiting, hot flashes, numbness, reactions with other medications, increased heart rate and blood pressure, hallucinations, brain damage, seizure, death

### Reality Check

Overdoses of acetaminophen, an analgesic pain killer found in DXM-based remedies, reportedly cause more than 56,000 emergency room visits a year. Some cough syrups that contain



DXM often also contain decongestants, which when abused, can cause hypoxic brain damage (not getting enough oxygen to the brain), due to the combination of DXM with decongestants. Cough syrup is not the only kind of over-the-counter medication (OTC) that is dangerous. Over-the-counter drug abuse also occurs with laxatives, diuretics, emetics, and diet pills, which are abused to lose weight. Ephedrine, caffeine, and phenylpropranolamine are just some of the dangerous substances found in diet pills. All of these substances act as stimulants to the central nervous system and can have serious and potentially fatal side effects. Many over-the-counter (OTC) medications as well as herbal remedies can have harmful effects when combined with alcohol.

## Prescription Drugs

### What are they?

Prescription drugs are medicines that are prescribed to a patient by a doctor to manage pain, treat or cure a health condition such as pain, mental disease, diabetes, cancer, or common infections. These drugs are regulated by the Food and Drug Administration (FDA) and are shown to have medical benefits when prescribed and taken exactly as directed by a health provider. For people who are suffering, these drugs allow them to control their symptoms, cure or treat their diseases, control pain or fight an infection. However, these medicines are only safe when taken exactly as directed by a doctor, healthcare provider or as indicated on the packaging. This includes following directions on dosages and how often to take these drugs. Never take any drug that is not prescribed for you.

### Street Names

Xbrs or Xanibars (Xanax), Vic (Vicodin), skittles, Trail Mix, Pharm Party, parachuting, smurf snot, smurf coke

### Risks

Side effects of prescription drugs, such as painkillers, depressants and stimulants, include respiratory depression, dizziness, slurred speech, poor concentration, feelings of confusion, increased heart-rate and breathing, excessive sweating, vomiting, tremors, anxiety, hostility and aggression, suicidal and homicidal tendencies, convulsions, lack of energy, inability to concentrate, nausea and vomiting, apathy, heart attacks, addiction, coma and death

### Reality Check

Prescription drugs can be addictive. Between 1995 and 2005, treatment admissions for abuse of prescription pain relievers grew more than 300 percent. Getting prescription drugs without a prescription is illegal and may subject a person to arrest and prosecution. Regardless of how you acquire a prescription medication, using these types of drugs without a valid prescription and medical supervision is unsafe and illegal. Fentanyl, a medication used to treat severe pain which comes in the form of an adhesive patch, has been known to cause death when it is abused or used in conjunction with other drugs.

## Rohypnol

### What is it?

Rohypnol, the trade name for flunitrazepam, has been a concern for the last few years because of its abuse as a "date rape" drug. In reference to date rape, this drug is most commonly referred to as a "roofie." People may unknowingly be given the drug that, when mixed with alcohol, can incapacitate victims and prevent them from resisting sexual assault. Also, Rohypnol can be lethal when mixed with alcohol and/or other depressants.

### **Street Names**

R-2, Mexican Valium, rophies, roofies, circles

### **Risks**

Decreased blood pressure, drowsiness, visual disturbances, dizziness, confusion, stomach, intestine, and urinary problems, physical dependence and addiction, death, especially when mixed with alcohol or other central nervous system depressants

### **Reality Check**

Because it has no taste or smell, Rohypnol can be put into your drink without you knowing it. Rohypnol has been used to facilitate date rape. It can be colorless, tasteless, and odorless, and can be added to beverages and ingested unbeknownst to the victim. When mixed with alcohol, Rohypnol can incapacitate victims and prevent them from resisting sexual assault.

## **Steroids**

### **What are they?**

Anabolic (muscle-building) steroids are man-made substances closely linked to the male hormone testosterone. These drugs are available by prescription only to treat certain medical conditions. They are only safe for use when taken under a doctor's care and supervision. Abuse of steroids — often in an attempt to gain more muscle mass — can lead to serious health problems, some of which are irreversible.

### **Street Names**

Arnolds, gym candy, pumpers, roids, stackers, weight trainers, gear, juice

### **Risks**

Severe acne, male-pattern baldness, liver cysts, oily hair and skin, stunted growth when used during adolescence, paranoid jealousy, extreme irritability, delusions and impaired judgment stemming from feelings of invincibility, shrinking of the testicles and breast development in males, facial hair growth, menstrual changes, deepened voice in females

### **Reality Check**

Steroids can stop growth prematurely and permanently in teenagers. Steroids can make guys grow breasts and girls grow beards. Steroids have disfiguring effects – severe acne, greasy hair and baldness (in both guys and girls)



## Unit V, Session 3

# FIVE STEPS IN THE DECISION-MAKING PROCESS

Making a good decision is easier when you know how to go about it. Learning to make a decision is an important skill.

Here are some basic steps to take – questions to ask yourself – the next time you are facing an important decision.

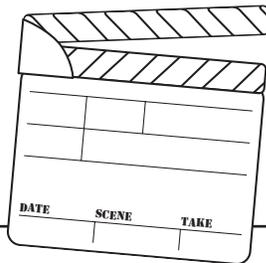
1. What is the decision I have to make?
2. What are my choices or options?
3. What are the facts I need to know about each choice?
4. What are the positive and negative consequences of each option?  
How would each choice affect my health? My goals? My personal or family's values?
5. Based on all the information I have, what is the best decision for me?

## Unit V, Session 3

# DRUG AND UNDERAGE- DRINKING DECISIONS — FIVE SCENARIOS

### SCENARIO 1

Tom and Bill had planned to go to Sarah's party. Tom came speeding up to Bill's house ...screaming his tires. Bill came out of the house and jumped in the car. He immediately smelled the alcohol. Tom is wasted, and passes Bill a bottle and says "Have a drink. We're flying tonight."



### SCENARIO 2

Lori has asthma and knows that smoking is not good for her health. She is the designated driver for the party night and knows that she will not be drinking. However, when she gets to the party the house is filled with smoke from others smoking cigarettes and cigars. She cannot find a place at the party that is smoke free. She begins sneezing and coughing and thinks that she should leave. However, she keeps thinking of her responsibility as the designated driver and getting her friends home after the party.

### SCENARIO 3

Jasmine is babysitting for her siblings while her mother is working. The kids are overactive and she has a major project due tomorrow. She needs to relax, get the kids under control and finish her project. Feeling overwhelmed, she remembers that her mom has some pills for lowering her blood pressure. She's thinking about taking one or two. The pills seem to help her mother.

### SCENARIO 4

Jim is the best pitcher in the county. His team is going all the way. He has a reputation for concentration and speed. For years, Jim has been chewing tobacco as part of his concentration strategy. He has not been feeling well lately and recently noticed a sore on the side of his mouth. Scouts are beginning to attend his games. He knows he has to be at the top of his game and that concentration is the key to his performance.

### SCENARIO 5

Tamara's father loaned her his car to attend the school's homecoming event and come straight home. She and her girls had a great time cheering while drinking spiked punch. Tamara didn't realize how much she had been drinking and now that the homecoming event is over, she is wobbling ... she can't walk a straight line or think coherently. She has to get her father's car home in one piece.

# Unit V

# How Drugs and Alcohol Can Harm Me

## Session 4: What Are the Effects of Drugs on My Body, My Future and My Overall Well-Being?

### Activity Type

Drug-Awareness Activity

### Goal

Members will learn the psychological and physical effects that underage drinking and various drugs have on the human body (physical/psychological dependence). Participants also will learn about community resources where people who have dependence problems with drugs can go for help.

### Essential Quote

Love life, engage in it, give it all you've got. Love it with a passion, because life truly does give back, many times over, what you put into it. (Maya Angelou)

### Approximate Time

45 minutes to one hour

### Materials

- Newsprint and markers
- Yarn or other string (long enough to stretch across the room)
- Two copies of *Drug Awareness Game – Questions*, with the questions individually cut out
- Copy of *Drug Awareness Game (Answers)*
- 20 pieces of colored construction paper
- 40 medium size bright-colored sticky notes
- Tape
- Participants' journals and pens/pencils
- *Drugs: Important Facts #1 – Gateway Drugs* and *Drugs: Important Facts #2 – Other Drugs*

### Before You Begin

- Ask peer leaders to tie the string slightly above head height across the meeting room.
- At the top of each side of the colored construction paper, tape one of the questions and turn it around and do the same to the other side, using the second copy you have of the same question. Do this for all of the questions, marking "Team A" on one side of each and "Team B" on the other side.
- Ask peer leaders to tape all 20 construction papers onto the string in a long line across the room.
- Using *Drug Awareness Game (Answers)*, write each answer in large, bold letters on a sticky note. (Note that some answers are longer than others.) Ask peer leaders to place the sticky

notes randomly in accessible areas around one side of the room, on one side of the string. Repeat this process, writing the notes and placing them around the other side of the room, on the other side of the string.

- Research and prepare a list of community resources people can access to get help for drug addiction. This list will be shared with members.
- Write the following definitions on newsprint:
  - \* **“Physical dependence** occurs when the body needs the drug to function. Without it, the dependent person feels physical discomfort: the shakes, nausea, pain. These are called withdrawal symptoms.”
  - \* **“Psychological dependence** occurs when people get into the habit of taking a drug because they crave the feeling it gives. They feel that they can’t make it through the day without the feeling it gives them. Without the drug, the individual may not feel physical discomfort, but will be anxious and upset.”
- Make sure there are enough peer leaders to assist with organizing the main activity.

### Warm-up/Log-in

1. Instruct members to have a seat and take out their journals to begin their response to the day's essential quote. Remind them not to touch the sticky notes until the game has begun.
2. Review the meaning of abuse of a drug: consistently misusing a drug, to the point where the user experiences physical and/or psychological problems.
3. Point out that when people use drugs to get “high” and to cover up uncomfortable or painful feelings, they may develop other problems. Because of being “high,” they may not learn the skills necessary to cope with everyday problems, much less a crisis. Instead of going to family members or friends for help and support, they try to escape by getting “high.”
4. You might also discuss smoking cigarettes and point out that tobacco is a drug that can become addictive. As with other drugs, smoking may be experimented with initially because a young person wants to fit in with a particular crowd or because they mistakenly believe that it will help relieve stress. Young people often begin smoking cigarettes as a way to feel older and because they believe it will make them appear “cool” to others. Sometimes they begin to smoke due to peer pressure. Most adults who smoke cigarettes do so because they are addicted, both psychologically and physically. A great deal of money and effort is spent every year by adults who are trying to quit the smoking habit.
5. Ask members if they know of anyone who is dependent on drugs, other than for medical necessity. Ask them to think about what it means to be dependent on a drug other than for medical necessity.
6. Post the definitions of physical and psychological dependence. Ask for volunteers to read aloud the definition of each.
7. Ask members: *Can a person be psychologically dependent but not physically dependent?* Explain that the answer is yes, but that usually a person who is physically dependent is also psychologically dependent. It doesn't really matter which one, because any kind of dependency creates problems for the individual.

## Main Activity

1. Distribute copies of *Drugs: Important Facts #1 – Gateway Drugs* and *Drugs: Important Facts #2 – Other Drugs*.
2. Inform members that they will be participating in a game to see which team can match the highest number of correct answers (the sticky notes) to the corresponding question on their side of the string. Explain that there are 20 questions about the effects of drugs and exactly 20 answers. Explain that using sticky notes allows members to switch placement of the answers if they need to make a change.
3. Suggest that they use the drug information sheets to help them make the matches.
4. To make the game a bit more challenging, prohibit talking of any kind. Members will want to keep their voices down anyway so that the other team does not hear them discussing possible answers with their teammates.
5. After 10 minutes, give a two-minute wrap-up notice.
6. When time is called, take down all of the question sheets, and have peer leaders count up the number of correct answers for each team and declare a winner/tie.
7. Discuss which answers were the most difficult to find. Ask if there were any questions that had more than one correct answer. Point out that many of the same side effects can be experienced with different drugs. Discuss what all drugs have in common.
8. Ask peer leaders to assist team players in making matches from the fact sheets.

## Wrap-up/Reflection

- Explain that when people are addicted or dependent on drugs, they usually need help to quit. Provide a list with the names of places in your community where people can get help if they know someone who has a drug problem.
- Ask members to continue their reflection on the day's essential quote in their journals. Ask them how Maya Angelou's words might be relevant to a discussion on drugs.
- Ask for volunteers to share their answers.

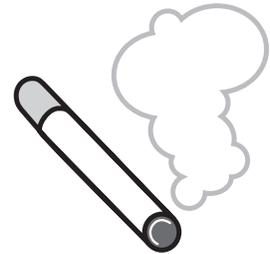
## Optional Activity

If you know that some of your members are facing difficult family situations because of alcohol or drug use at home, consider scheduling a special session with a guest speaker from Al-Anon, Ala-teen or the local health department – or another expert who is qualified to discuss these issues. (See SMART Moves Facilitator's Guide to find guidelines for preparing for a guest speaker.)

## Unit V, Session 4

# DRUG AWARENESS GAME — QUESTIONS

1. What is the name of the highly addictive ingredient in cigarettes?
2. "Chugging" which drug is extremely dangerous and can even cause death if done in excess or too fast?
3. True or False: Teens who use marijuana have double the risk of depression later in life.
4. Cocaine can cause this potentially fatal ailment even in young abusers.
5. Which drug distorts perception of time and the sense of touch?
6. Withdrawal symptoms can occur within a few hours after the last time of taking which drug?
7. Heroin abuse is associated with getting life-threatening, infectious diseases, because users often take the drug by \_\_\_\_\_.
8. Which drug causes bad breath, unpleasant smelling clothes, more frequent colds, yellow-stained teeth, premature wrinkles and loss of ability to taste or smell foods?
9. Why do most teenagers refrain from drinking alcohol?
10. Just like cigarettes, which drug contains carbon monoxide, tar and other poisons that damage the lungs?
11. Users of "meth" can sometimes become extremely \_\_\_\_\_.
12. What is the act of breathing in inhalants called?
13. The muscle-building version of this drug can stunt your growth and having disfiguring effects, like severe acne and baldness.
14. True or False: Prescription drugs are always safe.
15. Which drug can cause severe, terrifying thoughts and feelings of despair and can also cause dangerous flashbacks of these effects up to a year after the drug was consumed?
16. Dependence of marijuana, more than all the other illicit drugs combined, causes teens to seek \_\_\_\_\_.
17. What is a street name for inhalants?
18. Which over-the-counter medication contains DXM, a dangerous ingredient if abused or consumed in great quantity?
19. What side effects of underage drinking can cause inability to do well in school?
20. Fentanyl, a prescription pain relief drug that can cause death if abused, is most commonly administered in what form?
21. Methamphetamine (meth) can kill you by causing the body to \_\_\_\_\_.
22. "Speed" and "Crystal" are alternate names for which drug?



## Unit V, Session 4

# DRUG AWARENESS GAME

(ANSWERS FOR FACILITATORS)

1. What is the name of the highly addictive ingredient in cigarettes? **Nicotine**
2. "Chugging" which drug is extremely dangerous and can even cause death if done in excess or too fast? **Alcohol**
3. True or False: Teens who use marijuana have double the risk of depression later in life. **True**
4. Cocaine can cause this potentially fatal ailment even in young abusers. **Heart Attacks**
5. Which drug distorts perception of time and the sense of touch? **Ecstasy**
6. Withdrawal symptoms can occur within a few hours after the last time of taking which drug? **Heroin**
7. Heroin abuse is associated with getting life-threatening, infectious diseases, because users often take the drug by **Injection/Shared Needles**.
8. Which drug causes bad breath, unpleasant smelling clothes, more frequent colds, yellow-stained teeth, premature wrinkles and loss of ability to taste or smell foods? **Tobacco**
9. Why do most teenagers refrain from drinking alcohol? **To avoid making fools of themselves, because it harms the brain and leads to taking dangerous risks and can get them arrested**
10. Just like cigarettes, which drug contains carbon monoxide, tar and other poisons that damage the lungs? **Marijuana**
11. Users of "meth" can sometimes become extremely **Violent**.
12. What is the act of breathing in inhalants called? **Huffing**
13. The muscle-building version of this drug can stunt your growth and having disfiguring effects, like severe acne and baldness. **Steroids**
14. True or False: Prescription drugs are always safe. **False**
15. Which drug can cause severe, terrifying thoughts and feelings of despair and can also cause dangerous flashbacks of these effects up to a year after the drug was consumed? **LSD**
16. Dependence of marijuana, more than all the other illicit drugs combined, causes teens to seek **Treatment – i.e., Drug Rehabilitation Centers**.
17. What is a street name for inhalants? **Whippets**
18. Which over-the-counter medication contains DXM, a dangerous ingredient if abused or consumed in great quantity? **Cough Medicine**
19. What side effects of underage drinking can cause inability to do well in school? **Persistent learning and memory problems**
20. Fentanyl, a prescription pain relief drug that can cause death if abused, is most commonly administered in what form? **Adhesive patch**
21. Methamphetamine (meth) can kill you by causing the body to **Overheat**.
22. "Speed" and "Crystal" are alternate names for which drug? **Meth or Methamphetamine**

# Unit VI

# Understanding Relationships and Intimacy

## Session 1: What Constitutes a Healthy Relationship? / What Are Messages About Sexuality?

### Activity Type

Discussion, Brainstorming, Cooperative-Learning Activity

### Goal

Members will learn about the qualities that make up healthy relationships. Participants will be introduced to the concept of sexuality and will learn to identify messages about sexuality. Youth will explore their own attitudes about sexuality, as well as those of their parents, friends and popular media.

### Essential Question

What is a healthy relationship?

### Approximate Time

45 minutes to one hour

### Materials

- Newsprint and markers
- Copies of *Assessing Relationships – Five Scenarios*
- Participants' journals and pens/pencils

### Warm-up/Log-in

1. As members enter the room, instruct them to take out their journals and begin reflecting on the essential question.
2. Explain that the first part of the session will be about the qualities that make a relationship special.
3. Write the five qualities below on newsprint and ask the group to define them. Use their words as much as possible to create a group definition:
  - \* **Respect:** To respect others means to honor them, to hold them in high regard or esteem, to treat them as if they are worthwhile even if they are different from you.
  - \* **Responsibility:** To be responsible means that others can depend on you, that you will fulfill your obligations and will be able to distinguish right from wrong.
  - \* **Understanding:** To be understanding means to be knowledgeable about another person, what she or he wants and needs and how she or he feels. It means being able to put yourself in someone else's shoes and imagine what life looks like from another point of view.
  - \* **Effort:** To put effort into the relationship means that you work hard to show respect, to be caring, and to be present for the other person.
  - \* **Caring:** To be caring means to be concerned and interested in another person's

feelings, needs and wants and to want what is best for that person. It means feeling love or liking for that other person and wanting to protect, provide for and/or pay attention to her/him.

4. Point out that the best relationships result from both people contributing all these qualities. Many relationships are far from perfect. The best are those relationships that participants work hard to develop.
5. Ask peer leaders to distribute copies of *Assessing Relationships – Five Scenarios*.
6. Divide the group into five teams. Assign each team one of the five qualities of healthy relationships. Explain that each group will create two examples of what the teens on the handout could do to demonstrate the group's assigned quality.
7. Members should select one person from the group to record their examples and one to present to the larger group.
8. After five minutes, ask each group to present a scenario and their group's example that demonstrates the particular quality they were assigned.
9. Congratulate them on a job well done. Debrief/discuss the activity using the following guiding questions:
  - \* *How do you put the five qualities into your own relationships?*
  - \* *How would you feel about a friend who did not respect you or who did not put enough work into your friendship? What could you do about it?*
  - \* *How can these qualities make a relationship healthy as opposed to unhealthy?*

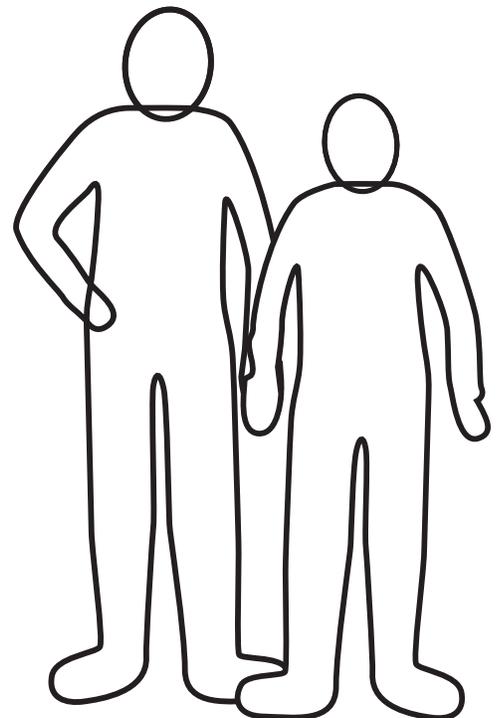
## Main Activity

1. Explain that the group will now explore definitions of and messages about sexuality. Acknowledge that it is normal for some teens to feel a little embarrassed or uncomfortable. Point out that in our society, although we hear about sexuality all the time in music, television programs, and movies, people often do not have serious discussions about the subject.
2. Write the word "sexuality" on newsprint. Ask for definitions and record the responses. Explain that when many people see the words "sex" or "sexuality," they most often think of sexual intercourse or other kinds of physical sexual activities.
3. Tell the group: *Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who every person is. It includes all the feelings, thoughts and behaviors of being female or male, being attracted and attractive to others, and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity.*
4. Tell members they will work in groups to think about and discuss what they have heard about sexuality from different sources.
5. Give the following instructions to the group:
  - \* *You will be divided into three teams.*
  - \* *Each team will have a different assignment. Team One will list what their parents have said about sexuality. Team Two will list what their friends have said about sexuality. Team Three will list what they have seen or heard about sexuality through the entertainment media—movies, music, magazines and television.*
  - \* *It is okay to list whatever you have heard or seen. There are no right or wrong answers in this activity.*

6. In order to form teams, have members count off by three. Send the teams to three different areas of the room.
7. Ask peer leaders to give each group a marker and newsprint. Assign "parents," "friends," or "media" to each group. Each group should assign a recorder to write the information on the newsprint. Tell teens they have five minutes to brainstorm.
8. Circulate and give suggestions to help groups start (or ask peer leaders circulate and help if you feel this is appropriate). For example, friends might say, "Everyone is having sex." Parents may have said, "Sex should wait for marriage." A common media message is "You'll be attractive to guys/girls if you use our product." Some music videos deliver very clear messages about male and female sexuality in both words and images.
9. After five minutes, ask each group to post the newsprint and share its list of messages.
10. Conclude the activity with guiding questions:
  - \* *How are the messages from parents, friends and the media similar? Different? Why do you think that is so?*
  - \* *Are media messages similar when it comes to healthy relationships?*
  - \* *Which messages do you agree with? Disagree with?*
  - \* *Can you think of any sexuality messages you have heard from other sources, such as religious teachings, romantic partners or health teachers?*
  - \* *Which of these messages might make a person feel uncomfortable talking about sexuality?*
  - \* *Are there messages you think are incorrect? Why?*

### Wrap-up/Reflection

- Ask members to respond in their journals to the following questions: *If you were a parent, what is the most important sexuality message you would give your child? How does having healthy relationships in your life help you deal with the differing views you, your friends, your parents and the media may have about sexuality?*
- Invite a few volunteers to share their responses.



## Unit VI, Session 1

# ASSESSING RELATIONSHIPS — FIVE SCENARIOS<sup>14</sup>

RESPECT    RESPONSIBILITY    UNDERSTANDING    EFFORT    CARING

Circle the relationship quality that has been assigned to your group. For each of the relationships described below, write two things one could do to demonstrate the quality you circled.

1. Kayla lives with her mom and her stepfather, Dwayne. She and Dwayne don't always get along, but she is trying to build a better relationship with him.

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2. Rosa and Sharon have become better friends this year. They try to do things together on the weekends, but Rosa has been pretty busy lately with the track team.

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3. Rodney and Malcolm had a fight they both regret. They both need to apologize before their friendship can get back on even ground.

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4. Tyrone and Salisha have been going together for six months. Most of the time they get along really well. Sometimes, though, they argue about stupid stuff. They both want to try to communicate better and argue less often.

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5. Kim really likes Roger. They just started going out together, but already she feels that Roger is taking things too fast. He wants to have sexual intercourse with Kim.

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<sup>14</sup> Life Planning Education, Advocates for Youth, Washington, D.C. [www.advocatesforyouth.org](http://www.advocatesforyouth.org).

# Unit VI

# Understanding Relationships and Intimacy

## Session 2: Managing Sexual Pressure

### Activity Type

Brainstorming Activity, Role-Play Activity

### Goal

Participants will discuss the reasons young people engage in sexual activity, will learn about possible delay tactics and will practice sexual pressure resistance skills. Members will reflect on their personal attitudes and behavior regarding these topics.

### Essential Quote

Motivation is a fire from within. If someone else tries to light that fire under you, chances are it will burn very briefly. (Stephen R. Covey)

### Approximate Time

One hour

### Facilitator Notes

Be sure to protect confidentiality during this session. Do not ask about members' own sexual behavior or allow them to use names when talking about other young people.

### Materials

- Newsprint and markers
- Colored markers
- Drawing paper
- Copies of *Possible Delaying Tactics*
- Copies of *Sexual Pressure – Five Scenarios*
- *iPlan – Tips from Teens to Teens* (print color copies from [www.stayteen.org](http://www.stayteen.org))
- Participants' journals and pens/pencils

### Warm-up/Log-in

1. As members enter the room, instruct them to take out their journals and begin reflecting on the essential quote.
2. Explain that the first part of the session will be about the benefits of abstaining from sexual activity.
3. Write the word "Abstinence" on newsprint, and then ask members to tell you what abstinence means to them. Take a few responses.
4. Ask members if people their age think about sex. Tell them that thinking about sex, having curiosity about sex and learning about sex from their parents, school and books is normal and healthy. Explain the difference between thinking about sex and actually having sex.

- Tell the group that most young people their age think about sex, yet most are not having sex.
5. Write down a working definition for abstinence on the newsprint. "Abstinence: Avoiding sexual intercourse with another person. Sexual intercourse can be vaginal, oral and anal." Explain to members that you are not including kissing or touching in this definition of abstinence.
  6. Ask the group why someone their age might have sex. Record their responses on the newsprint. Encourage them to explain their answers. Some reasons might be: feels good, boredom, proving manhood/womanhood, feeling pressure, curiosity, not wanting to lose boyfriend/girlfriend, in love, wanting to feel close.
  7. Ask members to tell you reasons somebody their age would choose not to have sex. Record their responses on the newsprint. Encourage them to explain their answers. Some reasons might be: to avoid pregnancy, to avoid STIs and HIV, to develop a deeper friendship, not ready, religious reasons, not to upset parents.
  8. Separate the group's answers into two columns. If the group does not come up with many reasons, you may want to add some of the reasons listed above.
  9. Use the following questions and answers to help guide a discussion about members' attitudes towards abstinence. (Keep in mind that there might be members in your group who have already been sexually active.)
    - \* *What are some activities that young people who feel romantically attracted to each other can do together without becoming sexually active?* Answers may include: hold hands, kiss, cuddle, write love letters, poetry, songs, spend time doing recreational activities together, such as hiking, sports, or working out.
    - \* *If somebody your age wanted to have sex, what would you tell him or her?* Answers will vary. These should come directly from participants.
    - \* *How would having sex affect the accomplishment of your goals?* Answers may include: might get sick from a STI, might be faced with an unplanned pregnancy, might risk ruining my reputation.
    - \* *Do you think abstinence is a realistic option for young people? Why or why not?* Answers will vary. These should come directly from members.
    - \* *Do you have to be a virgin to be abstinent?* Answer: No. A person who is abstinent is not necessarily a virgin. A virgin has never had sexual intercourse. Someone who is abstinent may have had sexual intercourse in the past, but is not currently sexually active. The choice to be abstinent can be made at any time, regardless of past experience. Just because a person has had sex before does not mean that that person must feel pressured to have sex again.<sup>15</sup>
  10. Summarize by saying that there are good reasons for young people to abstain from sex. Many young people believe in and practice abstinence. Abstinence can be a sign of real emotional maturity. Abstinence reduces the risk of unwanted pregnancy, sexually transmitted infections, and HIV, the virus that causes AIDS. In fact, abstinence from vaginal, anal and oral sex is the only 100 percent effective means of preventing pregnancy and STIs.

<sup>15</sup> Used with permission of Resource Center for Adolescent Pregnancy Prevention (ReCAPPP), ETR Associates, [www.etr.org/recapp/](http://www.etr.org/recapp/).

## Main Activity

1. Explain that members are going to practice skills necessary to deal with the various pressures to get sexually involved. Ask the group:
  - \* *Do young people get pressured to become sexually involved?*
  - \* *Do girls get pressured to do things they do not want to do?*
  - \* *Do boys get pressured to do things they do not want to do?*
  - \* *Is it right to pressure someone else to do something sexual that she or he does not want to do? What if it is just a kiss or a hug?*
2. Point out that it is never okay to pressure another person to do something sexual or to get involved in the use of alcohol, tobacco or other drugs.
3. Ask a peer leader to distribute copies of *Sexual Pressure – Five Scenarios and Possible Delaying Tactics*. Briefly review the five tactics described, making sure members understand them.
4. Divide the group into pairs. Members may choose the scenario they wish to act out, but be sure all of the scenarios are being covered. Explain that the pair is to prepare a role-play scene according to their scenario. The person feeling pressured should practice the actions and statement in the *Possible Delaying Tactics* handout. (It is important to remind members there should be no actual touching during the scene.)
5. Ask peer leaders to walk around and assist pairs by having them practice first and giving them feedback before they act out the scenario for the whole group.
6. Ask for pairs to come up to the front of the room and act out their scenario, using the delaying tactics as well as the decision-making techniques they learned earlier. After they have completed their role-play, ask members of the large group if they would have responded differently to the pressure being depicted. If so, what would they have said or done?
7. Congratulate members on their performances. Explain that both girls and boys can feel pressure to become sexually involved. At times, it can be tough to deal with, but using delaying tactics and seeking the guidance of a trusted adult can be an enormous help.

## Wrap-up/Reflection

- Ask peer leaders to distribute copies of *iPlan – Tips from Teens to Teens*. Read together the different icons and advice teens have given to other teens. Ask youth if they agree or disagree with the advice given. If they disagree, ask them what other tips they might give to their fellow teens.
- Ask peer leaders to distribute the drawing paper and markers. Explain to members that they are to create their own personal icons. These icons should represent who they are, what they believe in and/or what message they want to give the world about themselves. After they have drawn their icon, underneath it, they will write out a piece of advice of their own, referring back to either the abstinence discussion or skills for dealing with sexual pressures. Display all the icons after members have completed them.
- Ask youth to respond in their journals to the following questions: *What are one or two of the most important things you learned today? What might you do differently as a result of today's session?* Ask for volunteers to share their responses.

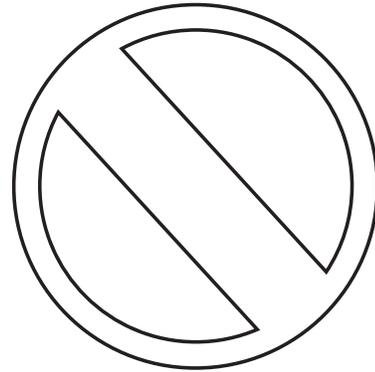
## Unit VI, Session 2

# POSSIBLE DELAYING TACTICS<sup>16</sup>

Review the delaying tactics listed below. In the space provided, add any additional ones you think of.

## 1. Delay Statements – Things you could say:

- \* “I’m not ready.”
- \* “Not now.”
- \* “Sorry, I have to go.”
- \* “It’s not the right time.”
- \* “Not tonight—I’ve got a sore throat.”
- \* “I have to call home.”



## 2. Delay Actions – Things you could do:

- \* Chew a cough drop.
- \* Look distracted.
- \* Drop something.
- \* Stop kissing.
- \* Go to the restroom.
- \* Pretend you lost something.

## 3. Creating Space – Things you could say or do:

- \* “I need to go and think about this.”
- \* Cross your arms in front of your body.
- \* Take a step back.
- \* Turn away.

## 4. Ending the Situation Quickly – Things you could say or do:

- \* “I’ve got to go now.”
- \* “Wow, look at the time!”
- \* Push the person away.
- \* Walk away.

## 5. Building the Relationship – Things you could say:

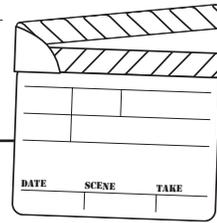
- \* “I know this isn’t easy for you.”
- \* “I like you too, but it’s not the right time.”
- \* “I’m not ready yet. Let’s wait.”

<sup>16</sup> Used with permission of Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, [www.etr.org/recapp/](http://www.etr.org/recapp/).

## Unit VI, Session 2

# SEXUAL PRESSURE

## FIVE SCENARIOS<sup>17</sup>



### SCENARIO 1

Jude and Connie have been friends since they were babies. Their families are close friends, and they have been going to the same campground together every summer since they can remember. Recently, they have talked a lot about sex and what it would be like. They are both curious and decide that when they are both ready, they want to try it together to see what it is like. One day, they try fooling around, and, before they know it, things are getting really serious.

### SCENARIO 2

Taylor and Mandeep have been flirting with one another for a long time. They are at a party at a friend's house. No parents are around, and there has been a lot of drinking. Both of them have had a few, and now they find themselves alone in one of the bedrooms. They are fooling around, and things begin to go further than one of them would like.

### SCENARIO 3

Avery and Kelly have just started seeing one another after Kelly broke up with a long-time partner. Kelly has had sex before, but isn't comfortable having another partner so soon. Kelly wants to remain abstinent in this new relationship. Avery doesn't understand. The two of them just went out for a really nice dinner after the school dance, and Avery expected it would lead to more than just a goodnight kiss.

### SCENARIO 4

Chris and Roshan have been going out for a long time. They have never had sex, but lately there have been several occasions during which they have felt pressure to "go further" sexually. Each time, one or the other has been able to suggest that maybe they'd better cool things down. This weekend, Roshan's parents are away, and Chris has come over to help baby-sit Roshan's little brother. Once Roshan's little brother has gone to bed, things begin to get out of hand.

### SCENARIO 5

Macomba and Riesha have been dating for three months and have been sexually active for two months. They have been using condoms, but one broke recently, and it has made Riesha think twice about the consequences. Riesha has decided to resume abstinence and stop having sex with Macomba. They've talked about it, and Macomba agreed it was okay. One day after school, they are working on homework in Riesha's room, and one thing leads to another. They are becoming seriously close to having sex when Riesha decides to stop.

<sup>17</sup> Used with permission of Alberta Health Services, [www.teachingsexualhealth.ca](http://www.teachingsexualhealth.ca).

# Unit VI

# Understanding Relationships and Intimacy

## Session 3: Abstinence First / Contraception Options

### Activity Type

Discussion, Brainstorming, Cooperative-Learning Activity

### Goal

Participants will review the benefits of abstinence, learn about other methods of contraception, learn about the availability of these methods in the community and discuss the optimal time to communicate with partners about contraceptive use. Members will reflect on their personal attitudes and behaviors toward these topics.

### Essential Question

What are ways I can prevent an unplanned pregnancy and sexually transmitted infections?

### Approximate Time

One hour

### Facilitator Notes

- Be sure to protect confidentiality during this session. Do not ask about members' own sexual behavior or allow them to use names when talking about other young people.
- It is important not to overload members with information, but to give them enough information so that they can access reliable methods of contraception when they need to.
- Be sensitive to the religious and cultural diversity of your group and keep in mind that some faiths and cultures are not supportive of some forms of contraception.

### Materials

- Newsprint and markers
- Tape
- Copies of *David and Rosa*
- Copy of *David and Rosa (Possible Answers)*
- *Fact Sheet – Questions and Answers for Methods of Pregnancy Prevention*
- Participants' journals and pens/pencils

### Before You Begin

- Using *Fact Sheet – Questions and Answers for Methods of Pregnancy Prevention*, prepare six sheets of newsprint by listing a different method of pregnancy prevention at the top of each one. List the questions members will be answering as well. Be sure that the sheets can be read from a distance, and leave enough space for members to record their answers.
- Gather birth control samples (including a card with the word "abstinence" written on it). Contact your local health department or Planned Parenthood affiliate and ask about

getting packages of expired birth control pills (remove the pills so that members have access only to the packaging), condoms, spermicides (sponge, VCF, foam, applicator).

- Tape the sheets of newsprint up at various points in the room. Place the appropriate sample method nearby for those who wish to get a closer look.
- A review of conception/ovulation may be needed for younger members, so they will be able to understand how several pregnancy prevention methods work. Similarly, a review of common STIs, including the HIV virus, may be necessary for some group members. Information on these are available for downloading from: [www.webMD.com](http://www.webMD.com), or [www.cdc.gov](http://www.cdc.gov).
- Identify stores, clinics and agencies in the community that sell or distribute the contraceptive methods you will be discussing. Collect contact information for clinics and agencies.

### Warm-up/Log-in

1. As members enter the room, instruct them to take out their journals and respond to the essential question. Ask for a few members to share their responses.
2. Remind members that in the last session they learned that abstinence is the only 100-percent safe and effective method of preventing pregnancy and STIs.
3. Provide definitions of the following terms: contraception, birth control, STIs (also known as STDs).
4. Tell youth they will be learning about different forms of contraception in this session in addition to abstinence. First, they will examine why young people who are sexually active may or may not use contraception.
5. Distribute the *David and Rosa* handout to members.
6. After they have finished reading the scenario, ask them to form into groups of three to discuss the questions on the handout. Give them about 10 minutes to complete this task.
7. When time is called, ask the small groups to share their answers to the questions with the large group. Provide reinforcement when members discuss responsible choices and give healthy advice. Correct misinformation as needed. Refer to the *David and Rosa (Possible Answers)* handout as you review the questions with the group.

### Main Activity

1. Refer members to the prepared newsprints with the different forms of contraception and questions.
2. Divide the large group into small teams and assign each team to a different method. Ask members to do their best to answer the questions and to record their answers on the newsprint. *Distribute Fact Sheet – Questions and Answers for Methods of Pregnancy Prevention* for reference and guidance.
3. Circulate between the groups to keep them on task or to assist them by asking them leading questions or giving information.
4. Once members have completed the questions (to the best of their ability), review each method with them. You may wish to have groups report their findings. Remember that the answer key does not provide all information about each method. The goal of this activity is to introduce members to the different methods of pregnancy prevention available

(particularly the methods that young people most commonly use), and to let them know about community resources.

5. Conclude by asking members:

- \* *Which methods do you think would be most effective for young people?* Possible answers include: abstinence/postponing intercourse, oral contraceptives (used with condoms), Depo-Provera (used with condoms), condoms and emergency contraception (for “emergencies” only).
- \* *What are some ways young people can obtain different methods of birth control?* Possible answers include: their parents, their doctors or other healthcare professionals; drug stores; some schools with a staff member who gives out condoms; agencies such as Planned Parenthood. Provide information that members can take away about resources in the community such as additional fact sheets, youth-friendly clinics or phone lines.
- \* *When is the best time to communicate with partners about birth control?* Possible answers include: long before sexual activity begins, once you and your partner have decided to have sexual intercourse.

### Wrap-up/Reflection

- Ask members to respond in their journals to the following questions: *What are one or two of the most important things you learned today? What might you do differently as a result of today’s session?* Ask for volunteers to share.
- Reinforce the fact that abstinence is the only 100-percent safe and effective method of contraception and preventing STIs.

## Unit VI, Session 3

# DAVID AND ROSA<sup>18</sup>



David is a junior in high school. He is a good student and hopes to go to college when he graduates. Rosa is also a junior and is also a good student. She hopes to be an airline pilot one day. David and Rosa met over the summer at a party hosted by a mutual friend. They have been dating for five months. They began having sex a few weeks ago. They both say they are “in love” with each other. David has had two previous sexual partners before Rosa. David is Rosa's first sexual partner. Rosa discusses almost everything with her best friend Jennifer, including her relationship with David. Rosa heard from Jennifer that birth control pills can make girls get fat, and she also heard something about birth control pills causing cancer. David and Rosa are using condoms... most of the time. They definitely do not want to get pregnant; it's just that sometimes they run out of condoms or sometimes they just don't feel like using them.

Answer the following questions about David and Rosa:

1. What is happening in the scenario (in your own words)?
2. What risks are David and Rosa taking? What are some of the possible consequences of their current behaviors?
3. Why do you think David and Rosa are not using contraception consistently?
4. How could David and Rosa reduce their risks and lower the chances for an unwanted consequence?
5. What advice do you have for David and Rosa?
6. Who should take primary responsibility for preventing pregnancy (by either abstinence or contraception)?

<sup>18</sup> Used with permission of Alberta Health Services, [www.teachingsexualhealth.ca](http://www.teachingsexualhealth.ca).

## Unit VI, Session 3

# DAVID AND ROSA

## (POSSIBLE ANSWERS FOR FACILITATORS)

1. What is happening in the scenario (in your own words)?
2. What risks are David and Rosa taking? What are some of the possible consequences of their current behaviors? Possible responses might be:

(-)	(+)
Pregnancy	Feels good
STIs including HIV	Brings more intimacy to their relationship
Emotional regret	Experience, satisfies curiosity
Stresses on their relationship	
Parents might find out	

3. Why do you think David and Rosa are not using contraception consistently? Possible responses might be:
  - \* Worried about getting fat or cancer (misinformation about birth control pill)
  - \* Doesn't feel good
  - \* Not always available
  - \* Not knowledgeable about options
  - \* Embarrassed to talk about or obtain contraceptives
4. How could David and Rosa reduce their risks and lower the chances for an unwanted consequence? Possible responses might be:
  - \* Abstain from sexual intercourse (100 percent effective in pregnancy prevention)
  - \* Use contraception correctly and consistently
  - \* Talk about contraception long before sexual activity begins
5. What advice do you have for David and Rosa? Possible responses might be:
  - \* Talk about their needs and expectations with each other
  - \* Get more information (from library, Internet, clinic or health class in school)
  - \* Visit a family planning clinic
  - \* Return to being abstinent or find other ways to be intimate
  - \* Use contraception correctly and consistently; always use condoms to help prevent against STIs, including HIV/AIDS.
6. Who should take primary responsibility for preventing pregnancy (by either abstinence or contraception)?
  - \* Both David and Rosa!

## Unit VI, Session 3

# FACT SHEET —

## QUESTIONS AND ANSWERS FOR METHODS OF PREGNANCY PREVENTION<sup>19</sup>

### Method: Abstinence/Postponing

#### What is it?

- It means not having vaginal or anal intercourse.
- However, there are differing views on the definition of abstinence. For some, kissing is the limit. For some, everything short of vaginal or anal intercourse is okay. Others have limits somewhere in between.
- People have to set limits for themselves and communicate their limits to their partner.

#### How effective is it?

- 100-percent effective in preventing pregnancy and STIs, but you have to use it all the time.
- Remember that STIs can be transmitted through oral sex.

#### What do you need to do to use it?

- Decide what your limits are (before you are in a romantic situation).
- Think about how you will discuss this with your partner. (Consider how to respond to your partner's questions and reactions.)
- Talk to your partner about your limits.
- People may wish to avoid situations where they may feel pressured or unable to stick to their limits (e.g., being at home alone with their partner, getting drunk or high).

#### Why would someone choose this method?

- Very effective protection from STIs and pregnancy.
- Not ready for sex or not interested in the stress that is involved in having vaginal or anal intercourse at an early age.
- Wanting to spend time on other things: sports, school, friends and to focus on personal growth before having intercourse.
- Religious beliefs, cultural beliefs.

#### Why not?

- Person really feels ready and is ready to take responsibility for having intercourse (getting/paying for birth control method, buying and using condoms to avoid STIs and/or unintended pregnancy).
- Feeling pressure from partner; not wanting to lose partner.
- Sexual desire (consider other ways of dealing with sexual feelings without having intercourse).
- Not feeling able to communicate personal limits.

<sup>19</sup> Used with permission of Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, [www.etr.org/reapp/](http://www.etr.org/reapp/).



## Method: Condoms and Spermicides

### What are they?

- Condoms prevent semen from getting into the vagina (and swimming up to the ovum).
- Condoms prevent semen from entering the anus.
- Spermicide kills sperm.

### How effective are they?

- Typical effectiveness of condoms is 88 percent.
- Effectiveness of condoms combined with spermicide is 97 percent. (Spermicide is not effective enough to use on its own.)
- Spermicides vary in the duration of effectiveness and in how quickly they become effective. For example, VCF (vaginal contraceptive film) is effective for one hour, but couples must wait 15 minutes after insertion for the film to dissolve. Sponges must be left in place for six to eight hours after sex. In general, most are effective for about one hour. Users must read package directions carefully.

### Where can you get them? How much do they cost?

- No prescription is needed.
- Drugstore: condoms – about \$7 for 12; spermicidal foam – about \$16.
- Many sexual health clinics provide free condoms and spermicides at low cost.

### Why would someone choose this method?

- Easy to get, no prescription needed, not expensive.
- Protection from most STIs (condoms do not provide complete protection from herpes, or from HPV – human papillomavirus – the virus that causes genital warts.)
- Concerned about side effects associated with other methods.
- Effective contraception.

### Why not?

- Must plan ahead to have method available: some people don't like to interrupt lovemaking to put on a condom.
- Some men feel that condoms reduce sensation (but with condoms, erections can last longer).
- Allergy to latex (in which case a latex condom can be doubled up with a lambskin condom).
- Some women may feel uncomfortable or have an allergic reaction to putting spermicide in their vagina.

## **Method: Emergency Contraception (Morning-after Pill)**

### **What is it?**

- It is a concentrated dose of estrogen and progesterone that can reduce the risk of pregnancy after unprotected vaginal intercourse, can delay or prevent ovulation (its primary mode of action) and can cause changes to the lining of the uterus to make implantation less likely.
- A woman must take it within 72 hours (three days), after unprotected vaginal intercourse (sometimes up to five days, but the sooner, the better).

### **How effective is it?**

- Prevents 75 percent of the pregnancies that would have occurred (98 percent of women who take it will menstruate within three weeks).
- More effective if taken as soon as possible after unprotected vaginal sex (within 72 hours).
- A woman should menstruate within 14 to 21 days.
- Spotting is also a common side effect, as is nausea.

### **Where can you get it? Is it expensive?**

- Must see a doctor to get it.
- Many walk-in clinics and doctors' offices, some hospitals (call first).
- Sexual health clinics, sexual assault treatment programs (call your local Health Department or Planned Parenthood affiliate to find out where it is available in your community).
- Usually free from sexual health clinics.

### **Why would someone choose this method?**

- Vaginal intercourse without any contraception.
- Condom breakage.
- Sexual assault.
- Forgetting to take birth control pills (without using condoms).

### **Why not?**

- Too late (if more than three to five days have passed since unprotected vaginal sex).
- Medical reasons for not taking emergency birth control pills.
- Emergency contraception *should not* be considered a routine form of birth control!



## Method: Oral Contraceptives

### What is it?

- Contains estrogen and progesterone (hormones normally present in a woman's body).
- Prevents ovulation.
- Thickens cervical mucus to block sperm.
- Thins the endometrium (lining of the uterus).

### How effective is it?

- Typical effectiveness is about 95 to 98 percent.
- Very important to take it every day, at about the same time each day.
- Antibiotics interfere with pill efficacy, as do vomiting and diarrhea. It is important to use a back-up method for the rest of the month.

### Where can you get it? Is it expensive?

- Need to see a doctor for a prescription. Young women need a check-up first and sometimes a pap test. Costs about \$20 for each pack (a month's supply) from a regular pharmacy. Many workplace drug plans cover it, and it is covered on drug cards for people receiving welfare benefits.
- Sexual health clinics usually provide low-cost pills. Contact your local Health Department or Planned Parenthood affiliate to find clinics in your community.
- Partner can share the cost.

### Why would someone choose this method?

- Very effective.
- Easy and safe.

### Why Not?

- Rare, but serious, side effects. A careful medical history, examination and follow up can help to prevent them from occurring. It is important to note that young women (under age 35) are at greater risk of dying in a car accident or from not using any method of birth control, than from using oral contraceptives. Most other side effects resolve within three months of pill use or can be resolved by switching to a different kind of birth control pill.
- Difficulty remembering to take every day.
- No protection from STIs; *must* be used with condoms.

## Method: Depo-Provera

- What is it?
- Contains progesterone (a female hormone).
- Prevents ovulation.
- Thins the endometrium (lining of the uterus).
- Thickens cervical mucus to block sperm.

- Because this method prevents ovulation and thins the endometrium, women using Depo-Provera don't have regular periods (either no periods at all, or irregular "spotting" or light bleeding).

#### **How effective is it?**

- Greater than 99 percent, as long as the woman returns every three months for the injection.

#### **Where can you get it? How much does it cost?**

- It is an injection: you can receive it from a physician or a clinic.
- Women also need a check-up and pap test.
- Doctor's office: about \$40 per injection. If someone receives social assistance, it will be covered on their drug card.
- Sexual health clinics usually provide it at lower cost. Contact your local Health Department to find such clinics in your community.
- Helpful if partner shares the cost.

#### **Why would someone choose this method?**

- Only have to think about it once every three months.
- Very effective.
- Some women would prefer not to have their period.

#### **Why not?**

- Some women may feel funny not getting their period.
- May not be willing to live with irregular spotting. About 50 percent of women get this in the first year on Depo-Provera; the other 50 percent have no periods or bleeding at all. The longer one is on Depo-Provera, the less likely it is that there will be bleeding.
- Side effects (e.g., decreased bone density, can make existing depression worse).
- Fear of injections.
- No protection against STIs; *must* be used with condoms.

## **Method: Withdrawal**

#### **What is it?**

- Withdrawal means pulling the penis out of the vagina before ejaculation, in the hope that sperm and egg won't meet.

#### **How effective is it?**

- Not reliable.
- Difficult to know when ejaculation will occur. There may also be a small number of sperm in the pre-ejaculate.

**Why would someone choose this method?**

- Nothing else available.
- Poor understanding of the risks of this method.

**Why not?**

- Not effective for pregnancy prevention.
- No protection from STIs.

**Method: Calendar/Rhythm Method****What is it?**

- A woman keeps track of her menstrual cycle to figure out when she is ovulating. She then only has vaginal intercourse when it is "safe."

**How effective is it?**

- Not very reliable.
- Many young women do not have regular cycles, so it is very difficult to predict ovulation.

**What do you need to do to use this method?**

- Women who use this method record their morning temperature, the character of vaginal mucous and their periods on a calendar for six months prior to using this method. They take special classes to learn how, and their partners are usually very involved. They avoid having vaginal intercourse for several days before, during, and after they ovulate, because sperm can live four to seven days inside a woman's body, and an ovum (egg) lives for 24 to 48 hours. Therefore, sperm might still be present in the fallopian tubes several days after having vaginal intercourse.

**Why would someone choose this method?**

- Nothing else available.
- Poor understanding of the risks of this method.
- To have a sense of really understanding one's fertility.

**Why not?**

- Not effective for pregnancy prevention.
- Complicated to monitor.
- Requires a substantial time commitment.
- No protection from STIs.

# Unit VI

# Understanding Relationships and Intimacy

## Session 4: Teen Pregnancy – One of the Most Life-Changing Consequences of Early Sexual Activity

### Activity Type

Brainstorming, Cooperative-Learning Activity, Game-Show activity

### Goal

Members will discuss the myths and facts surrounding teens having babies. Youth will reflect on their personal attitudes and behavior regarding these topics.

### Essential Question

Where do I want to be in my life in five years?

### Approximate Time

One hour

### Facilitator Notes

- It is important not to overload members with information but to give them enough facts so they can understand that having a baby at this time in their lives will more than likely prevent them from achieving many of their goals.
- Be sensitive to the possibility that some Club members may already be sexually active, may be teen parents, may be pregnant or may have a family member who is, was or is about to become a teen parent.
- Emphasize the obvious consequences for females who become pregnant, but also make sure to spend time discussing the implications and responsibilities for teenage fathers.

### Materials

- Newsprint and markers
- Tape
- Index cards (5" x 7")
- Copies of *Facts About Teen Pregnancy – Part I* and *Facts About Teen Pregnancy – Part II*
- Participants' journals and pens/pencils

### Before You Begin

- Prepare two sheets of newsprint by writing the following headings on at the top of each one.
  - \* "Why do teens have babies?"
  - \* "Why do people wait to become parents?"
- In preparation for the "Get the Facts" game-show activity, using the *Facts About Teen Pregnancy* handouts, create true/false questions or fill-in-the blank-questions – depending

on the maturity level of your group – on index cards. If time is short, you do not have to use all the facts to create the questions, just enough to amply cover the topics.

- If budget allows, have prizes for the winners of the game show. You will need enough for half the group.

### Warm-up/Log-in

1. Ask members to respond in their journals to the essential question. Ask for a few members to share their responses. Answers may resemble: be in college studying child psychology, have my own business, be in school or organizing a community volunteer program
2. Remind youth of the goals they identified for themselves early on in the program.
3. Ask them if having a baby now, or in the next few years, might impact their ability to achieve their goals. Ask: *What are the steps you need to take to achieve your goals?*

### Main Activity

1. Explain to members that they will be exploring myths and facts about teens having babies. Be very clear that this is one of the most life-changing consequences of engaging in sexual activity.
2. Divide members into two groups. Refer members to the prepared newsprint with the headings, "Why do teens have babies?" and "Why do people wait to become parents?"
3. Assign each group one of the questions.
4. Assign a peer leader to each group to help them come up with a complete list.
5. Distribute newsprint and markers. Ask each group to brainstorm the respective reasons. Allow five to 10 minutes for the brainstorming, and then have members list their answers on the newsprint.
6. Lists should resemble the following:

*Why do teens have babies?*

- \* If I have a baby, my boyfriend/girlfriend will love me/stay with me.
- \* People will think I am more grown up.
- \* I do not feel loved by anyone; the baby will love me.
- \* I want to feel like I have accomplished something important so people will respect me.
- \* I/we didn't plan the pregnancy.
- \* I am depressed; a baby will make me happy.
- \* The baby's mother/father talked me into it.
- \* I/we teens believe it is a sign of greater manhood/womanhood.
- \* Having a baby will give me a sense of purpose.

*Why do young people wait to become parents?*

- \* I want to finish my education first.
- \* I do not want the responsibility now.
- \* I am not ready – emotionally, financially.
- \* I am not mature enough.
- \* A baby would be a burden.

- \* I want to travel, go to college, and see the world before I settle down to have a family.
  - \* I want to be in a secure relationship/married first before I have a baby.
  - \* My parents would kill me!
  - \* People will think I am irresponsible or careless.
7. Bring the two groups back together. Review the list you made for “Why do teens have babies?” For each item on the list, ask the group if they think the reason is likely to prove true, or if it is a myth. Emphasize that many of the reasons teens want to have babies backfire. For example, often a teen seeking love from a baby finds that the baby is demanding, irritating at times and extremely time-consuming. Or a teen, hoping his girlfriend will stay in the relationship if she has his baby, is often disappointed when the girlfriend chooses to end the relationship.
  8. Divide the group into two small teams. Explain that they will now play a game show called “Get the Facts.”
  9. Have peer leaders distribute the *Facts About Teen Pregnancy* handouts to all members.
  10. Review the handout with them. Give members a few minutes to study the facts. Have one peer leader act as the host of the show and another peer leader keep track of the points.
  11. Explain the rules of the game:
    - \* Each team will have a chance to answer questions, steal questions and earn points.
    - \* Flip a coin to see which team will answer first.
    - \* For each correct answer, teams will earn 10 points. If a team cannot answer a question correctly, the other team can “steal” the question and get a chance to earn the points.
    - \* Teams may not refer to the *Facts About Teen Pregnancy* handouts once the game begins.
    - \* Teams are allowed 15 seconds to confer before answering the question.
    - \* When time is called, or all questions answered, tally points and declare a winner. If budget permits, award prizes to the winning team.

### Wrap-up/Reflection

- Ask members to respond in their journals to the following questions: *What are one or two of the most important things you learned today? What might you do differently as a result of today’s session?* Ask for volunteers to share their responses.
- Lead a brief discussion. Reinforce the fact that having a child too early can prevent young people from achieving their goals.

## Unit VI, Session 4

# FACTS ABOUT TEEN PREGNANCY – PART I<sup>20</sup>

### HALF A MILLION

There are nearly half a million children born to teenage mothers each year.

### ABOUT 750,000

The number of teen pregnancies each year.

### 35 PERCENT

The number of girls who become pregnant at least once before reaching 20.

### 52

The number of teen girls who become pregnant every hour.

### TWO

The number of people it takes to cause a teenage pregnancy. You both have to be responsible.

### 34

The percentage of teen mothers who are under 18 years old.

### FOUR IN 10

The number of teen mothers, under 18, who finish high school.

### EIGHT IN 10

The number of teen fathers who do NOT marry the baby's mother.

### \$800

The average amount of annual child support that absent fathers give to mothers who gave birth as teens.

### 2.5

Young mothers, especially under 15, are 2.5 times more likely to die while giving childbirth than mothers between 20 and 24.

### 28 PERCENT

The proportion of babies born with low birth weights is 28 percent higher for babies born to teens than to babies born to mothers between 20 and 24.

### \$7 BILLION

The amount of money the federal government spends to help families that began with teenage mothers.

### DOUBLE

The reported incidents of abuse and neglect of children in families started by teenage mothers is double that in families that started with a mother in her 20s.

<sup>20</sup> The National Campaign to Prevent Teen Pregnancy; "Not Just Another Single Issue," [www.teenpregnancy.org/resources/data/pdf/notjust.pdf](http://www.teenpregnancy.org/resources/data/pdf/notjust.pdf).

Unit VI, Session 4

# FACTS ABOUT TEEN PREGNANCY – PART II<sup>21</sup>

- Babies born in the U.S. to teen mothers are at risk for long-term problems such as school failure, poverty and physical or mental illness. Teen mothers themselves also are at risk for these same problems.
- Teenage pregnancy is usually a crisis for the pregnant girl and her family. Common reactions include anger, guilt and denial. If the father is young and involved, similar reactions can occur in his family.
- Adolescents who become pregnant may not seek proper medical care during their pregnancy, leading to an increased risk for medical complications. Pregnant teens require special understanding, medical care and education – particularly about nutrition, infections, substance abuse and complications of pregnancy. They also need to learn that using tobacco, alcohol and other drugs can damage the developing fetus. All pregnant teens should have medical care beginning early in their pregnancy.
- Hispanic teens have the highest teen pregnancy rate. For young women aged 15-19, Hispanic teens are most likely to become pregnant (127 per 1,000 women). Slightly lower rates occur among black teens (126 per 1,000), followed by non-Hispanic whites (44 per 1,000).<sup>22</sup>
- Teens who become pregnant are less likely to attend college. Although teenage mothers today are more likely to finish high school or earn their GEDs than in the past, pregnant teens are less likely to attend college than teens who do not become pregnant.
- Pregnant teens can have many different emotional reactions:
  - \* Some may not want their babies.
  - \* Some may want them for idealized and unrealistic reasons.
  - \* Others may view the creation of a child as an achievement and not recognize the serious responsibilities.
  - \* Some may keep a child to please another family member.
  - \* Some may want a baby to have someone to love but not recognize the amount of care the baby needs.
  - \* Many do not anticipate that their adorable baby can also be demanding and sometimes irritating.
  - \* Some become overwhelmed by guilt, anxiety, and fears about the future.
  - \* Depression is also common among pregnant teens and teen parents.

<sup>21</sup> Used with permission of Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, [www.etr.org/recapp/](http://www.etr.org/recapp/).

<sup>22</sup> Guttmacher Institute, U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity, January 2010, [www.guttmacher.org](http://www.guttmacher.org).

# Unit VI

# Understanding Relationships and Intimacy

## Session 5: Sexually Transmitted Infections (STIs)

### Activity Type

Brainstorming, Poster-Making Activity<sup>23</sup>

### Goal

Youth will learn about sexually transmitted infections (STIs), including HIV, and create and present posters on the topic. Members will reflect on their personal attitudes and behavior regarding this topic.

### Essential Questions

What do I know about STIs? What do I want to know about STIs?

### Approximate Time

One hour

### Facilitator Notes

This session contains a great deal of content and several activities. You may wish to allot more time to the session or break it up over two Club meetings. Every group is different and, since you know your Club members best, decide what makes sense for your group.

### Materials

- Newsprint and markers
- Up-to-date pamphlets or fact sheets about six or seven of the most common STIs
- Magazine or public-service ads related to STIs
- Colored markers
- Participants' journals and pens/pencils

### Before You Begin

- Collect or purchase up-to-date pamphlets or fact sheets about the six or seven most common STIs, (i.e., herpes, gonorrhea, syphilis, Chlamydia, hepatitis B, HIV/AIDS, HPV, genital warts). Check that the pamphlets match the group's reading level. Fact sheets are available from the Centers for Disease Control and Prevention ([www.cdc.gov/std/healthcomm/fact\\_sheets.htm](http://www.cdc.gov/std/healthcomm/fact_sheets.htm)), the American Red Cross ([www.redcross.org](http://www.redcross.org)), and the American Social Health Association ([www.ashastd.org/news/news\\_factsheets.cfm](http://www.ashastd.org/news/news_factsheets.cfm)). Easy-to-read pamphlets also can be purchased from ETR Associates at [pub.etr.org](http://pub.etr.org).
- Collect magazine or public-service ads related to health issues or get obtain posters from your local health department to illustrate to youth effective poster design.
- List the six to seven STIs to be addressed on a sheet of newsprint (the most common ones found among youth).

<sup>23</sup> Used with permission of Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, [www.etr.org/recapp/](http://www.etr.org/recapp/).

- Write on a sheet of newsprint the five general areas of information to be covered in the posters:
  - \* "Transmission"
  - \* "Symptoms"
  - \* "Treatment"
  - \* "Prevention"
  - \* "Responsibility"
- Be sensitive to the possibility that some of the Club members may already be infected with one of the STIs, or may have a family member who is infected.

### Warm-up/Log-in

1. Ask members to respond in their journals to the essential question. Ask for a few members to share their responses. Record their responses on newsprint. To avoid any confusion, be sure to record only accurate answers.
2. Tell members that they will be learning about STIs. Say that you hope that all they want to know will be covered in this session. Emphasize that it is important for youth to know about STIs in order for them to protect themselves and stay healthy.

### Main Activity

1. Explain to members that there are more than 30 STIs, and sometimes it may seem overwhelming to know enough about all of them to protect ourselves from infection. The good news is that there are really only five general areas of information that people need to know to protect ourselves from STIs. These areas are:
  - \* **Transmission:** How does the STI pass from one person to another?
  - \* **Symptoms:** How can people tell if they have the STI?
  - \* **Treatment:** How is the STI treated? Is it curable? What happens if it goes untreated?
  - \* **Prevention:** How can a person prevent himself/herself from getting an STI?
  - \* **Responsibility:** What should people do if they find out they have an STI?
2. Tell members they will work in small groups to make a poster about one STI. They should design the poster as if it is for a bus ad or a billboard. They will be given a pamphlet or fact sheet for a specific STI, and they will make a poster that answers questions about each general area of information.
3. Set parameters for the explicitness of the posters to reflect the maturity of your audience and the standards of the sponsoring agency. (Tell members that a general rule of thumb is to make a poster that would not shock a principal or parent entering the room.)
4. Have the group form small teams (three to five members on each team). Explain that each team should choose a different STI on which to work. (Assign a peer leader to work with each group.)
5. Ask peer leaders to distribute newsprint, markers and the appropriate pamphlet or fact sheet to each group.
6. Give the groups 15 minutes to create the posters. Instruct them to write all the information in a legible and attractive manner.

7. Invite groups to briefly share their posters and their answers to the questions about STI transmission, symptoms, treatment, prevention and responsibility.
8. After all groups have presented, review how STIs are transmitted. Ask if there is a general statement they can make about most STIs, e.g., "STIs are transmitted by sexual contact with an infected person." Write this generalization on the newsprint next to the word "transmission." Note: Stress that HIV and Hepatitis B may also be transmitted by exchange of contaminated needles.
9. Ask youth for general statements about what they learned about STI transmission, symptoms, treatment, prevention and responsibility. Write these statements on the newsprint. If not mentioned by members, add important generalizations from information below:
  - \* **Transmission:** STIs can be spread through sexual intercourse and also through skin-to-skin contact with an infected person.
  - \* **Symptoms:** A change in the look or feel of genitals or unusual genital discharges may indicate an STI; for example, sores, lumps or rashes. Some STIs can infect the body without any symptoms. Therefore, it is recommended that sexually active people get tested for STIs once per year or every six months.
  - \* **Treatment:** Anyone who thinks he or she may have an infection, should promptly go to a clinic or doctor for medical treatment. It is critical to take all the medication prescribed.
  - \* **Prevention:** Abstinence is the only 100-percent effective way of avoiding STIs. The risk of getting an STI can be reduced by limiting the number of sexual partners and by using latex condoms and spermicide or dental dams every time one has sex.
  - \* **Responsibility:** Anyone with an STI should go to a healthcare provider for treatment and inform his/her sexual partner or partners. In addition, anyone who is already infected has a moral, and in some cases, legal obligation to inform his or her sexual partners.

## Wrap-up/Reflection

- Ask members to respond in their journals to the following questions: *What are one or two of the most important things you learned today? What might you do differently as a result of today's session?* Ask for volunteers to share their responses.
- Stress that it is not necessary to know detailed information about an STI, such as which symptoms indicate gonorrhea and which indicate syphilis, or what drug is used to treat Chlamydia. That is the job of your healthcare provider.
- Tell members that to protect themselves, they need to remember five things:
  1. Unprotected sex with an infected person may result in an STI, **and** it is not always possible to know if a person has an STI.
  2. Be aware of how your body feels when it's healthy so you will notice any change that could indicate an STI. And, since some STIs have no symptoms, sexually active people should get tested for STIs once a year, if not more often, depending on the circumstances.
  3. If you notice any of the changes that might indicate an STI, you need to go to a clinic or doctor for treatment. STIs do not usually go away on their own; they only get worse.
  4. **Not having sex (abstinence) is the only 100-percent effective way to avoid getting STIs.** Limiting the number of sexual partners and using condoms with spermicide or dental dams every time can greatly **lower the risk** of getting an STI.
  5. If you do have an STI, you need to get medical treatment and let your sexual partner(s) know.

# Concluding Unit

# Staying SMART

## Post-Test

Administer the Post-Test. (See the SMART Moves Evaluation Guide for guidelines on administering the Post-Test. Time will be determined by individual Clubs.)

## Stay SMART Post-Test: Facilitator Instructions

1. Explain to participants:
  - \* *Now that we have completed the program, we are going to ask you to take a test. The test asks you questions about yourself and your opinions about things that are important to young people your age.*
  - \* *Your answers will be kept private. No one will know what you write.*
  - \* *Please answer the questions truthfully. The answers you give are very important and will help us make this program better.*
  - \* *If you have any questions, please raise your hand.*
2. Respond to any questions participants might have about this process.
3. If necessary, read the questions out loud (optional).
4. Remind participants to fill in their ID numbers on the post-test.
5. When the post-tests are completed, collect them and file them in a safe place for later coding and matching.

## Celebrate!

# STAY SMART POST-TEST

ID# \_\_\_\_\_ = the first letter of your first name + the first letter of your last name + your birthday (month/day/year)

## Tell us about yourself:

1. I am \_\_\_\_ years old
2. I am a:  Boy  Girl
3. I am:
 

<input type="radio"/> Latino/Hispanic	<input type="radio"/> White
<input type="radio"/> Asian/Pacific Islander	<input type="radio"/> Native American
<input type="radio"/> African-American	<input type="radio"/> Bi-racial/Multiracial/Mixed Heritage
<input type="radio"/> Other _____	
4. I am in the \_\_\_\_ grade.
5. I have been a member of this Club for:
 

<input type="radio"/> Less than a year	<input type="radio"/> More than 3 years
<input type="radio"/> 1 to 2 years	<input type="radio"/> I am not a member
<input type="radio"/> 2 to 3 years	
6. I come to the Club:
 

<input type="radio"/> Once a week or less	<input type="radio"/> 4 or more times a week
<input type="radio"/> 2 or 3 times a week	
7. I have other family members who come to the Club.
 

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

For office use only

TOTAL NUMBER CORRECT \_\_\_\_\_  
(only tabulate correct answers for questions 8-24)

## True or False?

8. A teen needs a prescription to buy condoms.  
**True      False**
9. The younger you are when you start drinking, the more likely you are to become an alcoholic.  
**True      False**
10. Meth can cause overheating, convulsions and comas.  
**True      False**
11. A girl cannot get pregnant the first time she has sex.  
**True      False**



12. Tobacco can cause lung, mouth, throat, bladder and kidney cancer.

**True      False**

13. Fentanyl is a prescription drug that, when abused, can lead to death.

**True      False**

## Multiple Choice

14. A possible side effect of using inhalants is:

**a) Slurred speech      b) Vomiting      c) Brain damage      d) All of the above**

15. The drug that blocks messages from getting to your brain and virtually all body functions is:

**a) Tylenol      b) Alcohol      c) Nicotine      d) None of the above**

16. The leading preventable cause of disease, disability and death in the United States is:

**a) Tobacco      b) Alcohol      c) Marijuana      d) None of the above**

17. Sexually transmitted infections and HIV can be transmitted through:

**a) Oral sex      b) Vaginal sex      c) Anal sex      d) All of the above**

18. Users of methamphetamines can sometimes become extremely:

**a) Violent      b) Calm      c) Thirsty      d) Hungry**

19. The approximate number of teen pregnancies in the U.S. each year is:

**a) 750      b) 750,000      c) 7,500      d) 75**

## Survey

20. Drinking wine coolers does not make young people look cool or fit in.

**Strongly Agree      Agree      Disagree      Strongly Disagree**

21. I can say "no" to people I really like who want me to get high with them.

**Strongly Agree      Agree      Disagree      Strongly Disagree**

22. Before I make a decision, I think about what might happen because of my decision.

**Strongly Agree      Agree      Disagree      Strongly Disagree**

23. It is not okay to use prescription drugs to relax.

**Strongly Agree      Agree      Disagree      Strongly Disagree**

24. Teens who try alcohol, tobacco and marijuana are more likely to try other drugs.

**Strongly Agree      Agree      Disagree      Strongly Disagree**

25. I like coming to Stay SMART.

**Strongly Agree    Agree    Disagree    Strongly Disagree**

26. I would recommend Stay SMART to my friends.

**Strongly Agree    Agree    Disagree    Strongly Disagree**

27. Adult leaders in the Stay SMART program care about me.

**Strongly Agree    Agree    Disagree    Strongly Disagree**

28. The Stay SMART program teaches important things that all teens should know about.

**Strongly Agree    Agree    Disagree    Strongly Disagree**

# Glossary of Terms: Stay SMART (Ages 13 to 15 Years)

This glossary is for helping youth who may need further clarification of these terms.

**Abstaining** – choosing not to participate; not engaging in sexual intercourse

**Abstinence** – avoiding sexual intercourse with another person

**Adolescence** – the state or process of growing up; the period of life from the beginning of puberty to full maturity

**Adversity** – adverse or unfortunate event; difficult experience

**AIDS** – a disease of the human immune system caused by the human immunodeficiency virus (HIV)

**Aspire** – to hope to become

**Assertiveness** – the act of standing up for one's rights; open, direct expression of thoughts and feelings

**Assessing relationships** – forming an opinion about the characteristics of the relationship

**Best practices** – techniques or methods that have proven reliable

**Birth control** – a regimen of one or more actions, devices, or medications intended to deliberately prevent or reduce the likelihood of a woman becoming pregnant or giving birth.

**Bisexual** – a person who is sexually attracted to both sexes

**Brainstorm** – to collect ideas and encourage creativity from a group about a subject

**Bullying** – an action by an overbearing person that threatens a physically smaller or weaker person

**Collage** – a work of art made by pasting diverse elements on a surface

**Condoms** – a sheath placed over the erect penis before penetration, preventing pregnancy by blocking the passage of sperm

**Consequence** – the effect, result or outcome of something occurring earlier

**Consumerism** – continual expansion of one's wants and needs for goods and services

**Contraception** – the deliberate prevention of conception or impregnation by any of various drugs, techniques or devices; birth control

**Coping techniques** – ways to deal with stress or difficult situations

**Delaying tactics** – ways to put off dealing with uncomfortable situations

**Depo-Provera** – form of birth control using injections every three months to prevent ovulation

**Drug dependence** – an escalated stage of drug use where the user thinks they need the drug to survive

**Drugs** – non-food substances that cause a change in the body, the mind or the way someone behaves

**Ejaculate** – to eject or discharge abruptly, especially to discharge (semen) in orgasm.

**Entice** – to tempt; attract

**Expert** – someone with specialized knowledge of a field

**Eye appeal** – something that is attractive visually

**Fertility** – the ability to become pregnant through normal sexual activity

**Gateway drugs** – drugs that may open the gate to other drug involvement

**Goal setting** – writing down things one wants to achieve in life

**Humble** – to be modest; not brag about yourself

**Imply** – to suggest rather than say plainly; to express or indicate indirectly

**Limits** – boundaries beyond which you will not go

**Media literacy** – knowledge about communication that reaches or influences many people

**Media messages** – information or opinion communicated in the media

**Meditation** – practicing concentrated focus upon a sound, object, visualization, the breath or movement in order to increase awareness of the present moment, reduce stress, promote relaxation and enhance personal growth

**Myth** – fictitious story, person, or thing

**Options** – the power or right of choosing

**Oral contraceptives** – pills that prevent ovulation; birth control pills

**Ovulation** – the release of the ripe egg from the ovary

**Peer influence** – the feeling that someone your age is pushing you to make a certain choice

**Personal inventory** – making a list of one's traits, interests, hopes and dreams for the future

**Psychology** – the particular ways in which an individual or group thinks or behaves; subtle tactical action or argument used to manipulate or influence another; the study of the human psyche

**Puberty** – the period of becoming capable of reproducing sexually that is brought on by the production of sex hormones and the maturing of the sex organs (such as the testes and ovaries) and is marked by the development of secondary sex characteristics (such as male facial hair growth and female breast development) and by the occurrence of the first menstruation in the female.

**Public good** – something that is positive for many people; something that is in the best interest of the community

**Randomly** – no particular plan, purpose or pattern

**Reflect** – to think seriously and carefully

**Resist** – to say “no” to something; refuse; disagree

**Sexuality** – all the feelings, thoughts and behaviors of being female or male

**Skits** – mini-plays

**Spectrum** – a broad sequence or range of related qualities, ideas or activities

**Spermicide** – a substance that kills sperm, inserted vaginally prior to intercourse to prevent pregnancy

**Statistics** – a collection of numerical data

**STI/STD** – sexually transmitted infection/sexually transmitted disease

**Stress** – a physical, chemical or emotional factor that causes bodily or mental tension; the body's response to changing circumstances, demands or pressure

**Symbol** – something that represents something else; something real that stands for or suggests another thing that cannot in itself be pictured or shown

**GREAT FUTURES START **HERE.****



**BOYS & GIRLS CLUBS  
OF AMERICA**

