



Department of Education
English Programs

Prince Edward Island Health Curriculum

Health

Grade 9

CURRICULUM

2007
Prince Edward Island
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Table of Contents

Acknowledgments	3
Program Rationale and Philosophy	5
Meeting the Needs of All Learners	6
Assessment and Evaluation	7
General Curriculum Outcomes	8
Specific Curriculum Outcomes	9
How to Use the Four-Column Curriculum Layout	9
Teacher Notes	11
Student LifeWork Portfolio Matrix	12
Curriculum Outcomes Overview	13
Wellness Choices: PEI Specific Curriculum Outcomes	17
Wellness Choices: Four-Column Spread	18
Relationship Choices: PEI Specific Curriculum Outcomes	57
Relationship Choices: Four-Column Spread	58
Life Learning Choices: PEI Specific Curriculum Outcomes	73
Life Learning Choices: Four-Column Spread	74
Appendix: Teacher Information/Student Activity Sheets	89

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The Department of Education extends appreciation to the province of Nova Scotia for granting permission to reproduce/adapt materials from *A Question of Influence*, a drug education curriculum supplement.

Adapted/Excerpted with permission from the province of Nova Scotia, Department of Education and Department of Health Promotion and Protection, *A Question of Influence* (2007).

This curriculum guide is intended to provide teachers with an overview of the outcomes framework for grade 9 health education and to assist teachers in designing learning experiences and assessment tasks.

Program Rationale and Philosophy

Health education involves learning about the habits, behaviours, interactions, and decisions related to healthy daily living and planning for the future. The home, school, and community play important roles in contributing to the healthy personal development of students, by providing an opportunity for them to consider information and acquire, practise, and demonstrate strategies for dealing with the challenges of life and living.

The aim of the health curriculum is to enable students to make well-informed, healthy choices and to develop behaviours that contribute to the well-being of self and others.

- Choices are based on attitudes, beliefs, and values. The family is the primary educator in the development of student attitudes and values. The school and community play a supportive and crucial role in building on these attitudes and values.
- To make responsible and healthy choices, students need to know how to seek out relevant and accurate information. They learn health-related information from many sources, including home, school, peers, the community, and the media. This program assists students in identifying reliable sources of information and in becoming discerning consumers of health-related information.
- Students develop decision-making skills that support informed personal health practices and responsibility for health, learn to prevent or reduce risk, and have opportunities to demonstrate caring for self and others.
- Students focus on safety and injury prevention and develop strategies to assess risk, to reduce potential harm, and to identify support systems for self and others. Students learn about products, substances, and behaviours that may be injurious to their health. They also learn strategies to use in unsafe situations.
- Students are encouraged to promote and maintain health as a valued and valuable resource, and to examine health issues and factors that promote or limit good health. They gain an understanding of their individual behaviours as well as social and environmental factors which all have an impact on their health.
- In an environment of acceptance, understanding, respect, and caring, students can learn to acknowledge and express personal feelings and emotions, as well as to appreciate the strengths and talents of self and others. There are opportunities for students to accept and appreciate diversity and the uniqueness of self and others in our global society. There is an emphasis on healthy interactions and safe and caring relationships. Friendship skills are developed and then extended to incorporate skills for working in groups.
- Students build and expand upon safe and supportive networks for self and others that link the home, school, and community.
- Students develop the skill of goal setting and begin to realize their ability to influence or control many outcomes and results.
- Students acquire a strong foundation of knowledge, skills, and attitudes basic to employability. Successful careers are founded on a basis of self-knowledge, self-esteem, healthy interactions, lifelong learning, and skill development. A fundamental aspect of career education is to move students from being dependent learners to being independent and interdependent, contributing citizens.
- Students gain confidence and a sense of commitment to family, school, and community through opportunities for participation in cross-age interactions, volunteerism, and meaningful involvement in activities.
- Students develop practical skills directly related to further education, job seeking, and career path exploration.

Meeting the Needs of All Learners

Students learn in different ways and at different rates. Each student comes to class with varying interests, experiences, developmental maturity, background knowledge, and skills. What is important is that within each lesson, there is something for everyone—something that meets the needs and learning styles of each and every student.

An effective approach for accommodating student differences is to begin lessons with a whole-group activity and shared experience. Students then choose from a variety of ways to process their thinking and represent their learning. This allows students to work on the same concept in ways that most suit their individual learning styles and developmental stages. Teachers should utilize materials and strategies that accommodate student diversity and ensure that all students have equitable opportunities to experience success as they work toward achieving designated outcomes.

Learning supports for students with special needs, including English as an additional language (EAL), could include

- alternate formats for print materials, such as audiotapes, large print, talking computer books, and read alouds
- a scribe for written assignments and/or tests
- access to computers
- content-area spelling and vocabulary word lists
- peer support
- questions to guide or focus reading
- demonstrations or modelled examples
- extra time to complete work
- highlighted or underlined sections in textbooks
- specific assistance with organization
- graphic organizers
- visual prompts and pictures

The variety of learning experiences described in this guide, and the suggestions for a variety of assessment practices, will assist teachers in accommodating the diversity of learners.

Assessment and Evaluation

The terms “assessment” and “evaluation” are often used interchangeably, but they refer to quite different processes.

Assessment is the systematic process of gathering information on student learning.

Assessment Techniques

- **Formal / Informal Observation** is gathers information while a lesson is in progress. When observation is formal, the student is made aware of what is being observed and the criteria being assessed. Informal observation could be a frequent, but brief, check on a given criterion. You might be observing the student’s participation level, use of a piece of equipment, or application of a process. You could record the results with a checklist, a rating scale, or written notes. Remember to plan the criteria, have recording forms ready, and be sure all students are observed in a reasonable time period.
- **Performance** encourages learning through active participation. This could be a demonstration/presentation. The performance is most often assessed through observation.
- **Journals** provide opportunity for students to express thoughts and ideas in a reflective way. They permit a student to consider strengths and weaknesses, attitudes, interests, and new ideas.
- **Interviews** promote understanding and application of concepts. Interviewing a student allows the teacher to confirm that learning has taken place beyond factual recall. Interviews may be brief or extensive. Students should know what criteria will be used to assess formal interviews. This assessment technique provides an opportunity for students whose verbal presentation skills are stronger than their written skills.
- **Paper and Pencil** assessments can be formative or summative. These assessments may be written assignments or tests.
- **Presentations** require students to analyse and interpret information and to then communicate it. These may be given orally, in written/pictorial form, as a project summary, or by using video or computer software.
- **Portfolios** allow the student to be central in the process. A student can make decisions about what goes in it, how it is used, and how it is evaluated. It should provide a long-term record of growth in learning and skills.

Evaluation is the process of analysing, reflecting upon, and summarizing assessment information, and making judgments or decisions based upon the information gathered. The assessment provides the data, and the evaluation process brings meaning to the data. When students are aware of the outcomes for which they are responsible, and of the criteria by which their work will be assessed or evaluated, they can make informed decisions about the most effective ways to demonstrate their learning.

General Curriculum Outcomes

Three general outcomes serve as the foundation for the health curriculum.

Wellness Choices

- **Students will make responsible and informed choices to maintain health and to promote safety for self and others.**

Throughout the grades, students study active living, positive health habits, growth and change, body image, nutrition, substance awareness, and abuse awareness, as developmentally appropriate. Each grade level focuses on different aspects of these significant health issues.

Consideration about safety for self and others in the home, school, and community begins in the early grades and continues throughout the program.

Relationship Choices

- **Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.**

Students learn the characteristics of healthy relationships. They learn that the development and maintenance of effective relationships require the communication skills of listening, expressing needs and emotions, and providing feedback. They learn about support networks, mentors, and developing healthy relationships and positive interdependence.

Students learn how to maintain relationships and how to deal with change and transitions in a variety of life roles.

They also learn to value the strengths and gifts of self and others, as well as their uniqueness.

Life Learning Choices

- **Students will use resources effectively to manage and explore life roles and career opportunities and challenges.**

Students begin to develop practices, knowledge, and skills related to career development in grade one. They learn to respect the property of others and to understand the concepts of consequence and accountability.

Self-direction and personal responsibility are developed as students learn to organize and manage their own resources of time, energy, and personal property.

Students begin by recognizing the strengths, interests, attributes, and skills of self and others as a basis for understanding that opportunities and possibilities for learning are ever present and lifelong.

Service learning experiences and explorations provide students with opportunities to learn, practise, and refine skills while making meaningful contributions to their families, schools, and communities.

The general curriculum outcomes are interrelated and interdependent. Each is to be achieved through a variety of experiences. The emphasis is on overall well-being. Students learn to enhance attitudes and behaviours that reflect healthy choices and reduce the potential for harm. They develop personal responsibility for health and they demonstrate caring for others.

Specific Curriculum Outcomes

Each general curriculum outcome includes specific curriculum outcomes that students are expected to achieve by the end of each grade. Specific outcomes within each grade are developmentally appropriate, building upon and making connections to prior learning.

Thus, the specific curriculum outcomes are progressive and lead to more developmentally complex thinking skills that address the interrelated dimensions of health: physical, emotional/social, mental/cognitive, spiritual. The specific outcomes incorporate the potential for students to extend and refine learning in real-life situations.

Depending on the learning context and developmental needs of students, outcomes can be integrated or reclustered within the grade, as appropriate.

How To Use The Four-Column Curriculum Layout

The curriculum has been organized into four columns to relate learning experiences to the outcomes by

- providing a range of strategies for learning and teaching associated with a specific outcome or a cluster of outcomes
- demonstrating the relationship between outcomes and assessment strategies
- suggesting ways that teachers can make cross-curricular connections
- providing teachers with resource suggestions

Column 1: Specific Curriculum Outcomes

Column 1 provides specific curriculum outcomes describing what students are expected to know, be able to do, and, hopefully, value by the end of the year.

Specific outcomes are identified with a coding system (for example, W-9.6, R-9.3, or L-9.7). The letter in the abbreviation refers to the general outcome—Wellness, Relationship, or Life Learning Choices. The number after the hyphen is the grade level, and the final number refers to the order number of the specific outcome. The heart symbol \heartsuit is used to identify outcomes that should be addressed with sensitivity.

Column 2: Elaborations-Strategies for Learning and Teaching

The first part of this column contains an elaboration of the outcome and/or some background related to the outcome for the teacher. The bullets in the second column indicate suggestions for learning and teaching.

Column 3: Tasks for Instruction and/or Assessment

This column provides suggestions for ongoing assessment that forms an integral part of the learning experience.

The suggestions are grouped into a variety of types of assessment.

Column 4: Resources/Notes

This column provides additional information for teachers including resource titles, cross-curricular links, supplementary resources, and web links. Appendix items with teacher information, student information, and activity sheets are also indicated in this column.

The Four-Column Spread

The curriculum has been organized in four columns in a two-page layout as illustrated below. The content of these columns is explained on pages 9 and 10.

WELLNESS CHOICES

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- Identify several risks associated with the use of alcohol, cannabis, and other drugs (W-9.1)

Elaborations-Strategies for Learning and Teaching

Explain to the class that one of the challenges in alcohol and other drug education is finding meaningful ways to communicate factual information to students without boring them and having them stop listening. Yet, having the facts, particularly about the potential harms linked to substance use, is essential in making healthy choices. The class will take on the responsibility of becoming a communication team responsible for youth prevention education. The way that this will be done is by developing a series of information resources on five topics.

Divide the class into six groups of no more than five students. [If there are more than 30 students in the class, you can add a seventh group and give out one of the topics twice.] Using the Prevention Education Resource Topics overhead (Appendix), either ask students to choose a topic for their group or assign the topics to the groups yourself.

Distribute copies of Student Handouts *Prevention Education Resource Research Starting Points* to the appropriate student groups. Explain to the class that the task of each group is to develop an education resource such as a pamphlet or a poster that presents the facts on the risks related to their topic.

Distribute copies of Student Handout *Prevention Education Resource Research and Development Guidelines* (Appendix) to each student or group. Go over the points on the handout to make sure the students understand. Although a pamphlet or a poster is the typical education resource, encourage the groups to use another means (such as a brief video if someone can use their family's video camera or the school has access to one, a web page or site, a computer assessment quiz, a teen magazine quiz, or a board game about the facts) if they believe it will be more effective.

Monitor the groups' progress at the start of the second class to see if they are going to need additional time to adjust the other sessions accordingly.

If the resources can be designed and the students want to do it, consider how the resources might be distributed to other students in other grades within the school. The final results of each group's work will be presented to the rest of the class through group presentations. If possible, distribute final copies to all class members, and have each group present highlights of their efforts in a presentation of three to five minutes.

WELLNESS CHOICES

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

- Think about and discuss in writing the following questions.
 - What are the risks associated with 2 of the substances searched and presented?
 - What did you think about the facts and the presentations? Were they interesting to you? Were they more or less believable than if a health professional had been brought in to present these facts? Why is that?
 - What did you learn from researching and developing your own topics?
 - Would you recommend doing this same activity next year with new grade 9 students? Why or why not?

Resources/Notes

"Prevention Education Resource Topics (Appendix)"
 "Prevention Education Resource Starting Points" (Appendix)
 "Prevention Education Resource Research and Development Guidelines" (Appendix)
 Fact Sheets (Appendix A)

Teacher Notes

- Health is a compulsory subject for grades 7-9. The time allotment based on the *Minister's Directive No. MD 99-05* is as follows:
4-6 % (12-18 minutes/day, or approximately 37-55.5 hours/year)
- Authorized Resources:
 - Grade 7 - *Health For Life 1*, Student Text
 - *Health For Life 1*, Teacher's Resource
 - *Prince Edward Island Health Curriculum Guide, Grade 7*
 - Grade 8 - *Health For Life 2*, Student Text
 - *Health For Life 2*, Teacher's Resource
 - *Prince Edward Island Health Curriculum Guide, Grade 8*
 - Grade 9 - *Choice For Positive Youth Relationships*, Instructional Guide
 - *Smart Start*, Binder
 - *Prince Edward Island Health Curriculum Guide, Grade 9*
- Human Sexuality outcomes are boldfaced and included with Wellness Choices. Before addressing any of these outcomes, you must provide parents with information about the content. The minimum expectation is to inform them by letter. An "opt-in" form must be signed by the parent/guardian and returned to the school. (A sample letter is available in the appendix.) Schools may decide to have an information meeting or discuss the program at events such as "Meet-The-Teacher Night."
- Life Learning Choices Outcome L-9.5 should be addressed early in the school year so students may engage in the process of creating this portfolio throughout the school year.
- In column 4, **Other Suggested Resources** (books, videos, web sites) are listed. Teachers are encouraged to use a variety of resources to address the curriculum outcomes (e.g., videos, posters, reference materials, community programs, web sites, resource people). Please ensure that the material being used is appropriate, engaging, and accurate.
- Eastern School District teachers have access to a selection of materials from the Teachers' Resource Centre. Western School Board teachers are encouraged to visit the Little Red School House for resources. All teachers are encouraged to use the Confederation Centre Library and to consult with the teacher-librarians in their schools for updated video curriculum lists as well as other resources.
- Each school has a *School Healthy Eating Toolkit* from the PEI Healthy Eating Alliance.
- The heart symbol \heartsuit is used to identify outcomes that should be addressed with sensitivity. It is important to know your students and to consider what outcomes/issues should be handled with care.
- Consider community opportunities when planning. Look for designated weeks or months such as Verbal Abuse Prevention week, or Heart and Stroke Month, to address topics that complement the health curriculum.

Student LifeWork Portfolio Matrix

Student LifeWork Portfolio outcomes are embedded throughout the curriculum from grade 7 to grade 9. This matrix has been prepared to provide teachers with a comprehensive understanding of how the portfolio outcomes are addressed from grade 7 through to grade 9. Portfolio work is continued at the high school level.

Grade	Outcome <i>Students will be expected to</i>	Resources and Expectations
7 Health	<ul style="list-style-type: none"> • Collect data for a personal portfolio showing evidence of interests, assets, and skills (L-7.5) 	<ul style="list-style-type: none"> - Introduction to Portfolios. - Begin collecting Portfolio pieces - Identify Personal Skills and Interests - <i>Career Cruising</i> Software - <i>Health For Life 1</i>, Student Text and Teacher's Resource
8 Health	<ul style="list-style-type: none"> • Collect data for a personal portfolio showing evidence of interests, assets, and skills (L-8.5) 	<ul style="list-style-type: none"> - Continue to collect pieces that show relevant skills and achievement - Explore careers related to their skills and interests through <i>Career Cruising</i> Software Program - <i>Health For Life 2</i>, Student Text and Teacher's Resource
9 Health	<ul style="list-style-type: none"> • Create a LifeWork Portfolio (L-9.5) 	<p>Core Items Produced</p> <ul style="list-style-type: none"> - Cover Page - Table of Contents - Life History Narrative - Chronological Record - Goals - Documentation
Senior High and Beyond	<ul style="list-style-type: none"> • Select items and maintain a LifeWork Portfolio • Demonstrate an understanding of the career - building process • Present LifeWork Portfolio to an audience • Practise selecting portfolio artifacts for a presentation (e.g., admission to college, specific job, or other purpose) 	<ul style="list-style-type: none"> - Select items and maintain a LifeWork Portfolio - Interpret, evaluate and use career information - Engage in LifeWork decision making - Research career paths - Write reflections on artifacts

Grade 9

WELLNESS CHOICES-General Curriculum Outcome



Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Specific Curriculum Outcomes

Personal Health

Students will be expected to

- identify several risks associated with use of alcohol, cannabis, and other drugs
- identify several signs and stages of dependence on a substance
- identify several strategies for helping a friend who is having problems with alcohol or other drugs
- identify ways that laws and community-based services support the treatment of addictions

Safety and Responsibility

Students will be expected to

- give examples of the consequences of unsafe work practices
- identify and describe the four categories for hazard recognition
- identify the responsibilities of an employee within a workplace
- identify the rights of an employee within a workplace
- identify the responsibilities of the employer within the Occupational Health and Safety Act

Sexual Health

Students will be expected to

- describe coping strategies when experiencing different rates of physical, emotional, sexual, and social development
- identify the four basic types of sexual assault
- describe the consequences of sexual assault on a victim and those people associated with that victim
- determine “safer” sex practices
- describe responsibilities associated with pregnancy and parenting
- develop strategies that address factors to prevent or reduce the risk of STIs and HIV

RELATIONSHIP CHOICES-General Curriculum Outcome



Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Specific Curriculum Outcomes

Interactions

Students will be expected to

- identify and categorize various types of abuse
- develop an awareness of the warning signs of abusive relationships and available community support
- distinguish between abusive relationships and healthy relationships
- gain an understanding of the complex societal and individual factors that perpetuate abuse
- identify safe and effective alternatives to abusive behaviour
- determine effective support for a friend who may be involved in an abusive relationship, as a victim or as an abuser

LIFE LEARNING CHOICES-General Curriculum Outcome



Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Specific Curriculum Outcomes

Learning Strategies

Students will be expected to

- apply personal time management skills to a variety of learning opportunities
- relate the value of lifelong learning to personal success and satisfaction
- use decision-making skills to select appropriate risk-taking activities for personal growth and empowerment
- refine personal goals and priorities relevant to learning and career paths

Life Goals and Career Development

Students will be expected to

- create a LifeWork Portfolio
- create a learning plan for transition to senior high school

Volunteerism

Students will be expected to

- analyse the potential impact of volunteerism on career opportunities

Wellness Choices



Notes:

PEI Specific Curriculum Outcomes

Personal Health

Students will be expected to

- identify several risks associated with use of alcohol, cannabis, and other drugs (W-9.1)
- identify several signs and stages of dependence on a substance (W-9.2)
- identify several strategies for helping a friend who is having problems with alcohol or other drugs (W-9.3)
- identify ways that laws and community-based services support the treatment of addictions (W-9.4)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- identify several risks associated with the use of alcohol, cannabis, and other drugs (W-9.1)

Elaborations-Strategies for Learning and Teaching

PERSONAL HEALTH

Having the facts, particularly about the potential harms linked to substance use, is essential in making healthy choices. The class will take on the responsibility of becoming a communication team responsible for youth prevention education. The way that this will be done is by developing a series of information resources on five topics.

Divide the class into six groups of no more than five students. (If there are more than 30 students in the class, you can add a seventh group and give out one of the topics twice.) Using the “Prevention Education Resource Topics” overhead (Appendix), either ask students to choose a topic for their group or assign the topics to the groups yourself.

Distribute copies of Student Handouts “Prevention Education Resource Research Starting Points” to the appropriate student groups. Explain to the class that the task of each group is to develop an education resource, such as a pamphlet, or a poster which presents the facts on the risks related to their topic.

Distribute copies of Student Handout “Prevention Education Resource Research and Development Guidelines” (Appendix) to each student or group. Go over the points on the handout. Although a pamphlet or a poster is the typical education resource, encourage the groups to use another means (such as a brief video if someone can use the family video camera or the school has access to one, a web page or site, a computer assessment quiz, a teen magazine quiz, or a board game about the facts) if they believe it will be more effective.

Monitor the groups’ progress at the start of the second class to see if they are going to need additional time, and adjust the other sessions accordingly, if necessary.

If the resources can be designed and the students want to do it, consider how the resources might be distributed to other students in other grades within the school. The final results of each group’s work will be presented to the rest of the class through group presentations. If possible, distribute final copies to all class members, and have each group present highlights of their efforts in a presentation of three to five minutes.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Think about and discuss in writing the following questions.
 - What are the risks associated with two of the substances researched and presented?
 - What did you think about the facts and the presentations? Were they interesting to you? Were they more or less believable than if a health professional had been brought in to present these facts? Why is that?
 - What did you learn from researching and developing your own topics?
 - Would you recommend doing this same activity next year with new grade 9 students? Why or why not?
- What are several risks associated with the use of alcohol, cannabis, and other drugs?

Resources/Notes

Appendix

“Prevention Education Resource Topics”

“Prevention Education Resource Starting Points”

“Prevention Education Resource Research and Development Guidelines”

Fact Sheets

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- identify several signs and stages of dependence on a substance (W-9.2) ♥

Elaborations-Strategies for Learning and Teaching

PERSONAL HEALTH

Explain to the class that not all patterns of drug use carry the same potential for harm, and that not everyone who tries alcohol or other drugs goes on to experience serious harm or dependence. Explain that there are people who may never try alcohol or other drugs, while others may begin to use heavily and experience high risk and problems. In between, there are people who may experiment for a while and then return to no use at all. Students may encounter friends who seem to be getting in over their heads with alcohol, cannabis, or another drug.

Some signs of problem or high-risk use include heavy, quite frequent use, and a substance becoming very important to a person. He or she will make personal sacrifices to get and use the substance and will spend a lot of money and time using the drug. He or she craves the drug and even feels uncomfortable without it. In fact, he or she needs to have the drug to feel “normal”. The person continues to use the drug even though it is causing various problems at school, at home, with friends, or with money. The person’s substance use can become a concern within a family when it interferes with day-to-day life.

Ask the class what signs they would look for that might indicate a friend is getting in over his/her head and having problems with a substance, or experiencing high risk. Spend a few minutes brainstorming and record their responses. The list may include things like

- skipping classes
- changes in appearance
- not showing up for things you’ve planned to do
- hanging out with new people
- asking to borrow more money
- drinking or using another drug every weekend
- drinking or using another drug on school nights
- using greater quantities or strengths of alcohol and other drugs
- passing out from drinking or using other drugs
- doing dangerous or stupid things under the influence of alcohol or other drugs
- having unplanned, unwanted, or unsafe sex while using a substance
- injecting drugs

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Presentation

- In a novel or movie, find a first-person account about struggling with an addiction, and share it with the class.
- Design a poster that outlines signs of a specific addiction, and list local resources and supports available. Keep the tone of your message positive, and build a case for overcoming addiction and making healthier life choices.

Resources/Notes

Invite a guest speaker to address the class on drug addictions.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- identify several strategies for helping a friend who is having problems with alcohol or other drugs (W-9.3) ♥

Elaborations-Strategies for Learning and Teaching

PERSONAL HEALTH

Ask the class what they might be able to do to help friends who seem to be in over their heads. Spend a few minutes brainstorming the options. Record their responses on the board or flipchart.

Explain to the students that there are three categories for the types of responses they may have to a friend who is having difficulty with a substance (Interfering, Enabling, and Helping) and present the following descriptions:

- Some young people will worry that saying or doing anything is *interfering*, so they will not do or say anything.
- Others will *enable* their friend, which means doing things that actually (without realizing it) help their friend stay in trouble or get deeper into trouble.
- Some young people will be *helpful* by speaking to their friend, expressing their concern and offering their support.

Have students categorize their brainstormed ideas as interfering, enabling, or helping. Ask the class to suggest other examples of each of the types of behaviour.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Presentation

- Work in groups of three to generate three guidelines for helping a friend with a substance use problem. The guidelines can start with a “do” or a “don’t”.

As a group, present your guidelines to the whole class. Record all guidelines. From all the responses, ask the class to choose a list of three “do’s” and three “don’t’s” for helping a friend. Your list might contain items such as

- **DO** be specific about the behaviours you have seen in your friend that concern you, and ask if he or she is okay.
- **DO** have the name of a counsellor ready in case your friend admits he or she needs help.
- **DON’T** agree to buy CDs or other belonging from your friend if you suspect the money is being used on substances.
- **DON’T** talk to your friend’s parent before talking to your friend and finding out what is going on.

Resources/Notes

Invite a guest speaker to address the class on drug addictions.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- identify ways that laws and community-based services support the treatment of addictions (W-9.4)

Elaborations-Strategies for Learning and Teaching

PERSONAL HEALTH

The ways in which attitudes and laws related to alcohol have changed over time are complex. By focusing on three Canadian case studies that reflect the interplay between intervention options, attitudes, and the law, this outcome provides students with the opportunity to reflect on their own attitudes. The case studies require students to consider their attitudes towards long-term drug users and those with addictions. Through class discussion of the case studies, students will be exposed to three key and current events in the Canadian substance-abuse field. Together, they reflect the most significant shift in drug laws and attitudes in our country over the past 10 years; that is, they each reflect a harm-reduction approach, in that they are concerned with minimizing harm to the user and community without necessarily requiring that the person stop using.

- Have students read each case study (Appendix). (This may be a homework assignment). Have students participate in a class discussion of each case study by responding to the questions provided in the appendix.

Wrap up the discussion by noting that each of these cases reflects a harm-reduction approach to dealing with substance-use problems. Harm reduction is an approach that is concerned with reducing the various harms (e.g., overall health of the person, public disorder) associated with substance use without necessarily requiring abstinence. Harm reduction is now considered one of the four pillars of drug policy in this country (along with prevention, treatment, and enforcement) and, although controversial in some respects, represents the most significant shift in public attitudes and government policies witnessed in this country in the past 10 years.

Extention Opportunity

All of these case studies work well in the form of a class debate. This could be an opportunity to collaborate with the Language Arts Teacher.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Journal

- Consider some of the broader, societal aspects of responding to alcohol and drug-use problems like those presented in the case studies. What do you think of those actions? Are there other approaches/actions that you feel would be beneficial?]

Paper and Pencil

- Identify several ways that laws and services support the treatment of addiction.

Resources/Notes

Appendix

Case Studies

Case Study Questions

Teacher Background

Invite a resource person from a local treatment program to discuss available programs and how they address addiction issues.

Notes:

PEI Specific Curriculum Outcomes

Safety and Responsibility

Students will be expected to

- give examples of the consequences of unsafe work practices (W-9.5)
- identify the rights of an employee within a workplace (W-9.8)
- identify and describe the four categories for hazard recognition (W-9.6)
- identify the responsibilities of the employer within the Occupational Health and Safety Act (W-9.9)
- identify the responsibilities of an employee within a workplace (W-9.7)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- give examples of the consequences of unsafe work practices (W-9.5)

Elaborations-Strategies for Learning and Teaching

SAFETY AND RESPONSIBILITY

Topic: Safe Work Practices

Young workers between the ages of 15 and 24 years are 33% more likely to get injured on the job than any other working group. In Canada one in every seven young workers is injured on the job. Between 1993 and 2003 there were six young worker fatalities on PEI. Between 1998 and 2003 the cost of claims for 7000 young workers was over \$4,000,000. On PEI, five young workers are injured every week.

Explain to the students that unsafe work practices contribute to these injury claims, and that young worker injuries generally fall within the following categories:

- slips/trips/falls
- overexertion
- struck by, or against an object
- exposure to chemicals
- burns.

Discuss the five most common injuries that young workers experience as a result of unsafe practices:

- sprains and strains, including back injuries
- soft tissue injuries (cuts, punctures, bruises)
- bone fractures
- inflammation of the joints
- burns or scalds

- Have students brainstorm the possible factors that can contribute to unsafe work:
 - Factors that may not be within their control include the nature of the task; lack of orientation, training, and/or supervision; environments; and harassment.
 - Factors that are within their control include personal behaviours and attitudes, fatigue, stress, substance abuse, absenteeism, complacency, frustration, rushing, poor nutrition, and peer pressure.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

View the video *It Only Takes a Second*

Paper and Pencil

- **What factors contributed to the accidents you have just observed?** Responses should include lack of attention, lack of training, lack of protective equipment, rushing, poor housekeeping, risk-taking, etc.
- **Other than the previous response, what individual factors might contribute to the high injury rates among young workers?** Responses might include some of the following: inexperience, feeling of invincibility (bravado attitude), fear of appearing incompetent, fear of reprisals for questioning authority, poor communication skills, fear of job loss.
- **How would your life as you presently know it be changed if you were injured?**
- **How would your family's life be affected?**
- **What broader impacts can unsafe work practices have on society and the environment?** Responses should include some of the following:
 - increased health care costs
 - increased demands on health care workers
 - contamination of soil, water, air
 - bad reputation for the company

Journal

- Write about your own work experiences to share personal observations about workplace safety practices.
- What can your employer, or you as a young worker, do to reduce the number of accidents and unsafe work environments? Responses should include some of the following:
 - provide/acquire adequate knowledge
 - require/develop appropriate skills
 - ask questions for clarification
 - provide/participate in an orientation
 - provide/expect adequate supervision
 - provide, maintain, utilize, adequate tools and equipment
 - establish safe work standards
 - follow the rules
 - develop a healthy safety culture (attitude)

Resources/Notes

Smart Start: Teaching Youth About Workplace Health and Safety. Teacher Resource. Activity 1.

It Only Takes A Second (Video)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- identify and describe the four categories for hazard recognition (W-9.6)

Elaborations-Strategies for Learning and Teaching

SAFETY AND RESPONSIBILITY

A **hazard** is defined as any situation, activity, or substance that can cause harm (injury or illness) to a person, property, or the environment. Explain that hazards occur in the course of our daily living, both at home and in the workplace.

Display the overhead “Four Categories of Hazards” and explain to the students that workplace hazards are organized into four categories:

- **Physical hazards** include electrical currents, heat, vibration, noise, radiation, stress, and harassment.
- **Chemical hazards** include battery acids and cleaning supplies (this is an opportunity to refer to OH&S WHMIS requirements).
- **Biological hazards** include bacteria, viruses, dusts, and animal bites.
- **Ergonomic hazards** (work design) include lighting, repetitive movements, and work station design.
- Have the students reflect on the video *It Only Takes a Second* and chart their recollection of the accident clips that occurred in the home and in the workplace.
- Using their charted responses, have the students identify the category/categories of hazard/s presented.
- Brainstorm with the students to determine other hazards and/or activities they encounter in their lives at home, at school, and at work. Responses may include cuts, slips/trip/falls/, fatigue, stress, cleaning products, mechanical tools, power tools, computers, lifting/pulling/pushing, electricity, noise, shift work, poor ventilation, unsanitary conditions, moulds, personal hygiene practices, sexual harassment, workplace violence, and substance abuse.
- Working in small groups, have the students group the hazards on their brainstormed list into the appropriate categories.
- Have the students develop the following statement in their notebooks:
“I think a safe workplace for me is one with these characteristics.”

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Record two hazards that exist in your home, your school, and your or someone else's workplace.
 - What effects could these hazards have on you, your parents, your friends, your environment?
 - What actions can you take to eliminate or control these hazards in your home, school, workplace?

Presentation

- Prepare a mock display, or a collage of pictures representing numerous unsafe scenarios. Identify as many hazards as you can recognize, identifying the appropriate hazard category. Possible scenarios might include home, school, workplace, and seniors home. Categorize these using the four categories of hazard recognition.
- With a partner, complete the "Hazardous Situation Worksheet." Identify the effect a particular hazard could have on a person, place, and/or the environment, and a "Best Practice" that could avoid this effect.

Resources/Notes

Smart Start: Teaching Youth About Workplace Health and Safety; Teacher Resource. Activity 2.

It Only Takes A Second (Video)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- identify the responsibilities of an employee within a workplace (W-9.7)

Elaborations-Strategies for Learning and Teaching

SAFETY AND RESPONSIBILITY

Identify the difference between responsibilities (obligations, duties, expectations, reasonable actions) and rights (just claims, entitlements, or privileges, justice, fair treatment).

Discuss with the students that as employees they have a responsibility to be aware of hazards in their workplace, and to report recognized hazards to the supervisor. If it is feasible for the hazard to be eliminated or controlled by the employee, then he/she has a responsibility to do so. For example, you are whipper snipping long grass. The potential for injury to your hands, feet, legs, and eyes exists. You cannot eliminate the hazard, which is the whipper snipper; therefore, you have a responsibility to wear proper protective equipment to protect yourself. If there is none available then your responsibility is to report this, and request protective equipment from the supervisor.

Explain to the students that although they have a personal responsibility for their own health & safety, there...is a provincial law, the Occupational Health & Safety Act (OH&S Act), which protects them while they are working. Show the students the overhead of the employees' responsibilities. The employees responsibilities include

- following the safety rules
 - asking for training if needed in order to perform the job safely
 - reporting injuries and unsafe working conditions
 - wearing personal protective equipment
 - performing the job safely
- Using the following examples, have the students identify how they would respond to each situation within their scope of responsibility and accountability.
 - You notice an obstacle on the floor of the restaurant where you work that has the potential to trip someone. (personal responsibility)
 - You find broken wires on a coffee maker at the coffee shop where you work. (report to supervisor)
 - You recognize that you have overloaded the electrical circuits at your work station. (personal responsibility)
 - You cannot find the protective gloves you need when cleaning the swimming pool where you work. (report to supervisor)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Presentation

Show the overhead “You’ve Got Rights and Responsibilities” to the class. Have the students replicate the matrix in their notebooks.

Divide the class into groups.

- Have each group select a recorder and a presenter.
- Supply each group with a scenario from the “Responsibility for Safety Scenarios.”
- Have each group analyse the scenario identifying and recording in the matrix the employer’s and employee’s responsibilities.
- Show your group’s scenario, and your group’s analysis of the scenario, with the class.

Resources/Notes

Smart Start. Teaching Youth About Workplace Health and Safety: Teacher Resource. Activity 3.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- identify the rights of an employee within a workplace (W-9.8)

Elaborations-Strategies for Learning and Teaching

SAFETY AND RESPONSIBILITY

Explain to the students that the rights of the employee are also protected by the Occupational Health & Safety (OH&S Act) Act (*Smart Start Binder*).

Show the video *Are You in Danger?*

Discuss with the students the three basic rights of an employee in the workplace. These are the following:

- **The Right To Know:** Every employee has a right to information and training regarding the hazards in the workplace (e.g., cleaning supplies pose a potential chemical hazard to the user; therefore the employee has a right to receive WHMIS (Workplace Hazardous Materials Information System) training—refer to additional resources).
- **The Right To Participate:** Every employee has a right to participate by reporting unsafe conditions, by participating in appropriate training (e.g., WHMIS) and by becoming a member of the workplace Health & Safety Committee as an H&S representative of the other employees.
- **The Right of Refuse:** All employees have a right to refuse unsafe work if they feel it is unsafe to continue. For example, you have been asked to clean the pool deck with a mixture of bleach and water. You have a right to ask for the proper protective equipment, and if none is available you can refuse to do the task until the proper equipment is supplied.

Discuss with students the appropriate strategies to effectively communicate their rights with regard to the following health & safety topics:

- the right to request **safety training** to perform a required task for which they may have minimal or no experience (e.g., proper operation and care of a lawn mower, a fork lift, a deep fryer, a snow-blower, a farm tractor, etc.)
- the right to be supplied with **personal protective equipment** (e.g., gloves to clean the pool; a hard hat when working in a trench; steel toed boots, eye glasses, and hearing protection when mowing lawns, weed whacking, snow blowing, or working in a lumber yard; protective gloves and eye glasses when mixing cleaning solutions, etc.)
- the right to request **safe work procedure** when performing a task with associated risks (e.g., the operation of a lawnmower, gas pump, potato grader, conveyor belt, deep fryer, etc.)
- the right to know when, what, how, and to whom to **report** unsafe working conditions (e.g., broken equipment, unavailability of eye glasses, etc.)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Presentation

- Working in pairs, complete the reflective worksheet for the video *Are You In Danger?*
- With your partner, design and present a role-play demonstrating your rights as an employee in a workplace of your choice.

Paper and Pencil

- In your notebook, respond to the following questions:
 - What have you learned that you didn't know previously about your rights as a young worker?
 - What surprised you most about what you have learned about your rights as a young worker?
 - Provide an example of how you can communicate your rights as a young worker in a proper, respectful, effective manner.
 - When can you lose your job for refusing unsafe work?
 - What can you do if you feel a task is unsafe to perform?
- Where are the rights of an employee within a workplace?

Resources/Notes

Smart Start: Teaching Youth About Workplace Health and Safety. Teacher Resource. Activity 4.

Are You In Danger (Video, Government of Canada)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- identify the responsibilities of the employer within the Occupational Health and Safety Act (W-9.9)

Elaborations-Strategies for Learning and Teaching

SAFETY AND RESPONSIBILITY

Explain to students that not only are the employees' rights and responsibilities defined in the Occupational Health & Safety Act (OH&S Act), but the employers' responsibilities are also defined. The concept that everyone in the workplace is responsible for workplace safety is referred to as the Internal Responsibility System (IRS).

Display the overhead of the employer's responsibilities:

- taking reasonable precautions to ensure the health & safety of all employees (e.g., supplying orientation to new employees)
- complying with the OH&S Act and ensuring that employees comply with the Act (ie., understanding what the law requires in a workplace, and agreeing to comply)
- providing training and supervision to employees
- advising employees of workplace hazards
- maintaining equipment
- providing personal protective equipment (p.p.e.)
- establishing a Joint Health & Safety Committee, and co-operating with the Health & Safety Representative

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Show the students the video *Dying to Work*.

Paper and Pencil

- Reflect on the video and respond to the following questions:
 - What reasonable precautions did the employers take or not take to keep the workers safe? Responses should include orientation, training, use of personal protective equipment, and supervision.
 - Did the employers advise the employees about the hazards in their workplace? If so, what were they?
 - Were the employees encouraged to ask questions if they were unsure of the hazards associated with the task? Give an example.
 - What did the employers do, or what should they have done, to maintain the equipment in good working condition? Responses can include regular maintenance, machine guarding, safe work procedures, and lockout procedures.
 - What reporting procedures were in place for the employee?
- Identify the employers' responsibilities by completing the Video Viewing Guide for *Dying to Work*.
- What are the seven responsibilities of an employer within the Occupational Health and Safety Act?

Presentation

- Working in groups, prepare a role-play of some things the employer could have done to prevent the accidents that happened in the video. The role-play should portray
 - the major safety issue associated with the accident
 - the employee's responsibility and/or rights in this situation
 - examples of the employer's responsibilities in the situation

Resources/Notes

Smart Start: Teaching Youth About Workplace Health and Safety. Teacher Resource. Activity 5.

Dying to Work (Video, CTV W5)

PEI Specific Curriculum Outcomes

Sexual Health

Students will be expected to

- describe coping strategies when experiencing different rates of physical, emotional, sexual, and social development (W-9.10)
- identify the four basic types of sexual assault (W-9.11)
- describe the consequences of sexual assault on a victim and those people associated with that victim (W-9.12)
- determine “safer” sex practices (W-9.13)
- describe responsibilities associated with pregnancy and parenting (W-9.14)
- develop strategies that address factors to prevent or reduce the risk of STIs and HIV (W-9.15)

* Sexual health outcomes may only be taught with written permission from parents/guardians.

Information Pertinent to Sexual Health Outcomes (W-9.10 - W-9.15)

Sexual Health

- * Parents/guardians will retain the right to exempt their child from school instruction of sexual health outcomes W-9.10 - W-9.15. (see sample letter, Appendix). Schools will provide alternative learning experiences for those students who have been exempted.

Setting the Scene

At the beginning of this unit, it is important to establish or reinforce class rules, climate, and responsibilities. These can be established as a class, or the teacher may decide to present them. The appendix includes ideas for these.

Teachers will explain the outcomes of this section and the rationale for studying this topic.

Sexuality Education will

- provide opportunities to explore attitudes, feelings, values, and moral views that may influence their choices regarding sex and sexual health
- provide accurate information to students to help them develop the knowledge and skills to make informed, healthy behavioural choices that have a positive impact on sexual health
- foster self-image and self-worth
- prepare students for the present and future, whether they choose to be sexually active or not
- show where and how teens can find correct information about sexuality (suggested books, web sites, videos, and resource people must be relevant and developmentally appropriate)

As a class, discuss and clarify the meaning of **sexuality**.

Most students will have previously discussed this concept in earlier grades. It is important that students understand that sexuality is a cumulative process continuing throughout our lives.

As we grow and mature, we change, and our sexuality changes as well.

The activity “Human Sexuality is...” (Appendix) will explain how sexuality develops and changes throughout life, from birth to death.

- Invite students to discuss these questions in their journal:
 - What stage of sexuality are you in? How does sexuality in the stage you are in compare with sexuality in other stages of the life span?
 - How is sexuality in childhood similar to sexuality in old age? How is it different?
 - What would help people to develop positive attitudes about their own sexuality? (“What do you Think About Yourself?”)
 - What aspects of human sexuality would be the same or different if a person were gay or lesbian? Physically or developmentally disabled?
 - What is common in all age groups?

Resources/Notes

Appendix

Sample letter

“Teaching Tips”

“Instructional Methods”

“Sex Facts in Canada” (Teacher Information)

“Sexuality is...”

“Setting Ground Rules”

“Classroom Climate”

“What do you Think About Yourself?”

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- **apply coping strategies when experiencing different rates of physical, emotional, sexual, and social development (W-9.10) ♥**

Elaborations-Strategies for Learning and Teaching

SEXUAL HEALTH

Growing up is not a neat and tidy experience. Teens will experience differing rates of physical, emotional, sexual, and social development. Discuss what happens when one kind of development occurs faster or slower than another. For example, a 14-year-old boy could be almost six feet tall but still be interested in the same social activities he enjoyed when he was 11 or 12 years old.

Along with physical changes, there are a number of emotional, sexual, and social changes associated with puberty. There may be some stress, and students should realize that this is normal. Stress can affect people physically (e.g., headache, stomach ache, loss of appetite, tiredness, inability to sleep). It can also bring about emotional response (e.g., sadness, loneliness, anger, irritability, withdrawal, anxiety). It is important to think about ways to cope with change and to deal with stress.

*Students will have studied the parts and functioning of the male and female reproductive systems in grades 6, 7 and 8. If teachers wish to do a brief review, Blackline Masters for overheads, and descriptions of parts and functions are available in the appendix.

Discuss the challenges faced by teens who experience rates of growth different from their peers. Discuss other challenges that teens may deal with.

Divide the students into small groups and invite them to discuss strategies for coping with the challenges identified by the class.

- Invite each group to share ideas about coping strategies with the class and make a list on the board. For example,
 - talk to someone you trust
 - eating right
 - taking time to relax
 - being patient with mood swings
 - accepting that it is okay to be different
 - remembering to maintain individuality in a group
 - attending peer support groups within the school
 - getting health information from reliable sources
 - crying
 - exercising
 - positive self-talk
 - asking for help

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Presentation

- Create a tip sheet for teens offering advice for coping with the challenges of growing up. Suggest coping strategies and the benefits of those strategies. Make your tip sheet friendly and informative.

Journal

- Reflect on the challenges you are facing related to growing up. For example, you might feel that friends are more or less mature, or you might feel self-conscious about your rate of growth. How do you cope with these challenges? If you are experiencing negative feelings or consequences because of these challenges, are there strategies you can apply to improve your sense of self-worth? If you feel quite positive about yourself, what are you doing to accomplish this?

Resources/Notes

Appendix

“Puberty Review Quiz”, and “Answer Key”
Information on Male and Female
Reproductive Systems

Sex Smart For Teens (DVD)
(Copy in School Library)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Journal

- Discuss the importance of knowing how to stay safe and prevent assault.
- Generate ideas for the prevention of sexual assault in your school and community.

Paper and Pencil

- What are the four basic types of sexual assault. Describe each type briefly.

Journal

- Write a letter to a fictitious friend who is struggling with the consequences of a recent sexual assault. Offer support and words of encouragement.

Paper and Pencil

- What are some consequences of sexual assault on a victim or people associated with that victim?

Resources/Notes

Appendix

- “Sexual Abuse” (Teacher Information)
- “Sexual Violence” (Teacher Information)
- “Date or Acquaintance Rape” (Teacher Information)
- “Sexual Assault” (Teacher Information)
- “Sexual Assault: The Law” (Teacher Information)
- “Circle of Caring For Children”

Teacher Note

Teachers are required by law to report knowledge of abuse of a student. Be sure to familiarize yourself with your school board's policy regarding the means of reporting abuse. This information should be communicated to teachers at staff orientation meetings. It is also recommended that you alert your school counsellor when you will be discussing sexual assault.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- **determine “safer” sex practices (W-9.13) ♥**

Elaborations-Strategies for Learning and Teaching

SEXUAL HEALTH

Remind your class that many teens are not having sex. According to the *Canadian Youth, Sexual Health and HIV/AIDS Study (2003)*, by grade 9 only 23% of boys and 19% of girls have had intercourse. Regardless whether students are sexually active or not, everyone needs information on contraception and safer sex.

Be sensitive to the religious and cultural diversity of your students as some faiths and cultures are not supportive of some form of contraception.

Discuss the physical and emotional risks involved with sexual activity (vaginal or anal intercourse, or oral sex) at a young age. Some issues for possible discussion include the following:

Physical Consequences

- increased probability of pregnancy
- increased probability of STIs and associated complications (e.g., infertility)
- increased probability of HIV
- increased probable risk of cervical cancer for women (possibility of more sexual partners, cervix at puberty more not fully mature and not well protected from STIs, easier for sexually transmitted bacteria and viruses to get inside)

Emotional Consequences

- damage to reputation
- guilt (keeping this from one’s parents)
- damaged or changed relationship
- loss of emotional closeness
- disagreement with friends
- worries about pregnancy, STIs, etc.
- feeling pressured, resentful in relationship
- loss of self-esteem, feeling used
- regret
- pain in coping if the relationship ends

Safer Sex Practices

- abstaining from intercourse and oral sex
- using condoms and effective contraception
- engaging in lower risk sexual activities (kissing, hugging, touching, etc.)

Review reliable methods of contraception (“flipchart questions for Methods of Pregnancy Prevention,” and Answer Keys - Appendix). Students learned about contraceptive methods in grade 8.)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Presentation

- Create a poster or print advertisement for a method of pregnancy prevention.

Journal

- In your own words, describe “safer” sex practices that teens need to consider when making decisions about sexual activity.

Resources/Notes

Appendix

“Flipchart Questions For Methods of Pregnancy Prevention,” and Answer Key
“Sex, Drugs, and Alcohol”

Arrange a time for the Public Health Nurse to do a condom demonstration with your class.

Sex Smart For Teens (DVD)
(Copy in School Library)

Teacher Note

According to Canadian law, there is no minimum age to prescribe contraception, and youth are under no obligation to inform their parents that they are being prescribed or are using contraception. Clinical staff are also under no legal obligation to report contraceptive use to parents. This would breach client-patient confidentiality.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- **describe responsibilities associated with pregnancy and parenting (W-9.14) ♥**

Elaborations-Strategies for Learning and Teaching

SEXUAL HEALTH

You may wish to begin by having the students complete the “My Birth” [or “My Adoption”] Interview found in the appendix.

Most teen pregnancies are unplanned. Factors such as lack of correct information, belief of incorrect information, alcohol and drug use, negative peer pressure, and portrayals of risk free sex in the media all contribute to this problem.

Facts About Pregnancy Prevention

- ▶ Whenever sperm are in or near the opening of the vagina at the same time that an ovum is present in a Fallopian tube, pregnancy is possible. It is difficult even for mature women to know exactly when ovulation occurs each month, and sperm can live for three to six days in the female reproductive tract. Because it's very difficult to know when when ovulation is going to occur, there is no period free of the risk of pregnancy.
- ▶ Females can ovulate before their first menstrual period, so a teen can become pregnant before she knows she's fertile.
- ▶ Sperm normally live for 12 to 48 hours inside the female reproductive tract, but they can live for as long as six days.
- ▶ Because the timing of ovulation varies and sperm can live inside the reproductive tract for several days, fertilization is possible even if sexual intercourse occurs during the female's menstrual period.
- ▶ It only takes one sperm and one ovum for pregnancy to occur, and any act of sexual intercourse, even the first, can result in pregnancy.
- ▶ Sperm cannot be flushed out of the vagina by urinating; urine leaves the body through the urethra, not the vagina.
- ▶ Sperm cannot be flushed out of the vagina by douching; in fact, douching may push sperm further into the vagina, making fertilization more likely.
- Review the process of pregnancy and, birth (Appendix).
- Review “Myths and Facts About Pregnancy” (Appendix).
- Do the “Considering Pregnancy Risk and Impact,” “Dealing With An Unintended Pregnancy,” and “Pregnancy Impact” activities (Appendix).

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Research and report on the risks and health consequences of teenage pregnancy from three perspectives: the teen mother, the teen father, the new born. Consider the psychological, emotional, and social implications. How are the lives of these individuals changed? Explain how this experience touches the lives of others as well, such as family and friends.

Presentation

- Research a topic related to reproduction and prenatal care. Some possible topics include the following:
 - Smoking During Pregnancy (can include second-hand smoke)
 - Nutrition and Pregnancy
 - Fetal Alcohol Syndrome
 - Illegal Drug Use and Pregnancy
 - Exercise and Pregnancy
 - Prenatal Care (midwifery, obstetrics)
 - Breastfeeding
 - Responsibilities of Parenting

Visit services in the community to gather information and brochures, or use the Internet. Prepare a presentation.

Journal

- Brainstorm a list of at least 10 new responsibilities you would have if you discovered you were about to become a teen mother or father.

Resources/Notes

Appendix

- “My Birth [My Adoption]”
- “Pregnancy and Birth” (Activity)
- “Myth Information - Pregnancy”
- “Considering Pregnancy Risk and Impact”
- “Chances of Pregnancy Chart”
- “Pregnancy Impact”
- “Pregnancy and Pregnancy Options”
- “Percentage of PEI Births to Women Under 20 Years of Age”

Sex Smart For Teens (DVD)
(Copy in School Library)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- **develop strategies that address factors to prevent or reduce the risk of STIs and HIV (W-9.15) ♥**

Elaborations-Strategies for Learning and Teaching

SEXUAL HEALTH

Adolescents need to develop healthy behaviour patterns to protect themselves from STIs and HIV. After years of decline, reported cases of chlamydia and gonorrhoea have been steadily increasing since 1997 in Canada. Over half of the reported cases of chlamydia are in the 15-29 year old age group. Over two-thirds of the reported cases are female. Left untreated, STIs can cause sterility. Of the reported cases of gonorrhoea, 64% are in the 15-29 years old age group. The potential for HIV remains significant among young Canadians. The most notable trend has been the diagnoses among young women. In 2005, females comprised 36% of HIV diagnoses in the age group 15-29.

This outcome should provide students with a review of general issues related to STIs and HIV: transmission, effect, treatment, community resources, and prevention. (Students will have studied this in grade 8.) Use “General STI Questions” activity, handout, answer keys in appendix. The “STI Pre-Test” can also be used to check students’ level of knowledge of STIs.

The suggested activities for this outcome will enable students to develop healthy behaviour patterns and strategies to protect themselves from STIs and HIV. These include

- acquiring knowledge about STIs/HIV
- abstaining from vaginal and anal intercourse
- abstaining from oral sex
- using condoms each and every time while having sex
- recognizing that alcohol and other drug use can be a risk
- assertive communication
- being aware of rape drugs, and taking precautions

Teacher Information: (2007)

**There are approximately 600 diagnosed cases of hepatitis C in PEI, with it being estimated that there are over 1,000 cases. Since 1985, there have been 46 diagnosed cases of HIV/AIDS on PEI. This does not include those who tested positive in other provinces, or those who went off Island for anonymous testing. Anonymous testing is not available on PEI. The estimated number of cases for PEI is 200.*

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Create a 10-point checklist for staying safe and preventing or reducing the risk of STIs and HIV.

Presentation

- Create a one-minute public service announcement on reducing sexual risk of HIV and STIs.

Resources/Notes

Appendix

“STI Pre-Test”

“General STI Questions” (Activity and Answer Keys)

Notes on HIV

“Handshake Virus” (Activity)

“Interviewing Parents About HIV”

“Protecting Myself”

“Spreading The Word About HIV and STIs”

“Being Assertive”

“Demonstration: Using a Male Condom Properly”

You may make arrangements for a Public Health Nurse to do this demonstration.

“Attitudes About Condoms”

“Sexually Transmitted Infections” (PEI STATS)

Sex Smart For Teens (DVD)
(Copy in School Library)

Relationship Choices



Notes:

PEI Specific Curriculum Outcomes

Interactions

Students will be expected to

- identify and categorize various types of abuse (R-9.1)
- gain an understanding of the complex societal and individual factors that perpetuate abuse (R-9.4)
- develop an awareness of the warning signs of abusive relationships and available community support (R-9.2)
- identify safe and effective alternatives to abusive behaviour (R-9.5)
- distinguish between abusive relationships and healthy relationships (R-9.3)
- determine effective support for a friend who may be involved in an abusive relationship, as a victim or as an abuser (R-9.6)

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- identify and categorize various types of abuse (R-9.1) ♥

Elaborations-Strategies for Learning and Teaching

INTERACTIONS

Abuse may be defined as the use of physical, psychological, or sexual behaviour to control and maintain power over another person.

Physical Abuse includes hitting, slapping, pushing, kicking, shoving, pinching, choking, pulling hair, scratching, or biting. Physical assault may also include throwing objects, inflicting burns, or using weapons.

Psychological Abuse affects our feelings. It includes verbal abuse and name-calling, put-downs, ridicule, and humiliation, which lead to poor self-esteem and feelings of low worth. It induces fear by threats against the victim loved ones, threats of suicide, or blackmail. It can take the form of reckless driving, playing with a weapon, or hurting pets. It includes controlling another's activities, isolation from family or friends, destruction of property, and withholding money.

Sexual Abuse often starts with demeaning jokes, sexual name-calling, and unwanted touching. It includes any forced or coerced sexual activity that the victim is uncomfortable with, excessive jealousy, sexual accusations, or flaunting of other relationships. It is often accompanied by violence or the threat of violence.

Read aloud different situations and have students decide if they think the situation is abusive. (Some examples can be found on p. 40 in *Choices For Positive Youth Relationships*.)

- Have students identify the many different relationships teens assume. Students should recognize that with each role comes a relationship that may be healthy or abusive.
- Ask students to identify power imbalances in our society. (Use the chart on p. 45 of *Choices For Positive Youth Relationships* for any that may be missed.)

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Journal

- Discuss in writing the statement, “Recognizing violence is the first step to ending it.”

Paper and Pencil

- Choose one of the types of abuse (physical, psychological, or sexual) and generate a list of twenty possible examples of this abusive behaviour in a relationship. Examples can come from TV or movies, or personal experience.

Resources/Notes

Choices For Positive Youth Relationships
Lesson One.

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- develop an awareness of the warning signs of abusive relationships and available community support (R-9.2) ♥

Elaborations-Strategies for Learning and Teaching

INTERACTIONS

Prepare students for viewing of the film *A Love That Kills*. This is a true story about a young girl who was murdered by her former boyfriend. In the film her mother and friends draw attention to the warning signs of abusive relationships. This film may upset some students. Students may also gain the courage to disclose a personal situation. Make arrangements in advance to ensure that the school counsellor is available for support.

Following the film, many students will have questions. The answer to the most frequently asked questions can be found in the *Choices For Positive Youth Relationships* Instructional Guide, pp. 58-62.

- Ask students to complete Handout 2-1: “Risk Factors” (Instructional Guide, pp. 54-55). Remind them of the various relationships they may have. Stress that every check mark indicates a warning sign to which they should pay attention.
- Use the “Circle of Caring for Children” handout (Appendix), and Handout 2-2: “Where Do I Go For Help” (Instructional Guide, pp. 56-57) to inform students of sources of information and support.

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Journal

- Discuss in writing the statement, “Asking for help is a sign of courage.”

Resources/Notes

Choices For Positive Youth Relationships
Lesson 2.

A Love That Kills (video)

“Circle of Caring for Children”
(Appendix W-9.11 / W-9.12)

Invite a guest speaker to address the class about abuse issues in your community.

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- distinguish between abusive relationships and healthy relationships (R-9.3) ♥

Elaborations-Strategies for Learning and Teaching

INTERACTIONS

Relationships enrich the lives of the people involved. A healthy relationship is one in which the people involved enjoy each other and realize their own potential too.

- Invite students to do a think-pair-share (see column 4) on what it takes to maintain a healthy relationship. Compare students' answers with the following research findings on what contributes to healthy relationships:
 - time spent together
 - mutual desire for closeness
 - mutual respect, equality
 - honest communication
 - a high degree of trust built over time
- As a class, brainstorm characteristics of an unhealthy/abusive relationship. Ask students to recall examples of abusive behaviours in the film *A Love That Kills*. Remind them to think of psychological as well as physical abuse (e.g., isolation, put-downs, economic abuse, fear). Encourage students to recognize less overt examples of abuse (e.g., as evident in body language, facial expressions, challenges to personal space, tone and intensity of voice).

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Journal

- Discuss in writing the statement, “Setting personal boundaries protects us from abuse!”
- Create a list of people with whom you have a positive relationship. Beside each name, write one quality that you appreciate about that person, and one positive activity, feeling, or moment that you associate with that person.

Paper and Pencil

- Create a Venn diagram comparing and contrasting healthy and unhealthy relationships.

Resources/Notes

Choices For Positive Youth Relationships
Lesson 3.

A Love That Kills (Video)

Think-Pair-Share

In think-pair-share, the teacher poses a topic or question for a given amount of time, usually 1-3 minutes. Each student then pairs with a partner to discuss the question, allowing students to clarify their thoughts. Next, each pair has an opportunity to share their answers with a larger group or whole class. Think-pair-share is a co-operative learning strategy that provides opportunities for students to

- participate
- learn from others
- make connections

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- gain an understanding of the complex societal and individual factors that perpetuate abuse (R-9.4) ♥

Elaborations-Strategies for Learning and Teaching

INTERACTIONS

Certain social conditions and beliefs encourage violence, and while adolescents usually don't face many of the difficulties confronting adult abused victims (like children, financial dependency, and shared property), there are many similarities.

- Divide the class into small groups. Distribute one of Handouts 4-1 (a, b, or c) seminar questions (See Instructional Guide) to each group. More than one group of students may prepare the same topic.
- Ask each group of students to answer the discussion questions and record answers on chart paper. Each group of students makes a presentation to the class. (Fill in any missed points from "Recommended Reading Material," pp. 83-91 of the Instructional Guide).

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Presentation

- Explore the theme “Behaviour is a choice” in a creative arts medium—photography, creative writing, painting, etc.

Resources/Notes

Choices For Positive Youth Relationships
Lesson 4.

Invite an abuse counsellor, an abuse survivor, or a reformed abuser to speak to the class.

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- identify safe and effective alternatives to abusive behaviour (R-9.5) ♥

Elaborations-Strategies for Learning and Teaching INTERACTIONS

Reassure students that anger is a legitimate emotion. It is OK to feel angry ... it's not okay to hurt someone when you do.

Display the sentence "Behaviour is a choice" on a flipchart or blackboard.

Ask the following questions and write the answers on the flipchart or blackboard.

- How do you know when you are becoming angry?
- What are some physical signs?
- What can you do before you act?
- How can you distract yourself?
- What can you say to yourself to calm down?
- What other emotions could be at work?
- How could you express yourself in a positive and safe way?

When you get angry, there are steps you should follow:

- Recognize what your physical signs of anger are (e.g., tight feeling in neck, ears becoming hot).
- Distract yourself (e.g., go for a walk).
- Talk yourself down (think about the situation).
- Figure out why you are angry (is this anger or another feeling, such as embarrassment?).
- Express your feelings verbally ("When you did or said this, I felt like that.").

- Divide the class into small groups. Distribute one scenario (*Choices for Positive Youth Relationships*, pp. 99-103). Provide each group with discussion questions (p. 96). Invite each group to present its scenario and answers to the class.

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Create a scenario that reflects a realistic abusive situation. Suggest a positive action plan for the victim or the abuser.
- Complete the sentences in Handouts 5-1a and 5-1b (pp. 97-98 Instructional Guide) to create responsible behaviour choices.
- Find current stories from newspapers and magazines concerning abuse in relationships and create a collage from the headlines, text, and photos.

Resources/Notes

Choices For Positive Youth Relationships
Lesson 5.

Invite a psychologist, social worker, or counsellor from the community to be a guest speaker about anger management or conflict resolution.

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- determine effective support for a friend who may be involved in an abusive relationship, as a victim or as an abuser (R-9.6)
♥

Elaborations-Strategies for Learning and Teaching

INTERACTIONS

Inform students that it is likely that at some point in their lives, a friend will tell them that s/he has been a victim of dating violence, sexual assault, sexual harassment, or bullying. While it is less likely that a friend will come up to you and disclose that he or she is the perpetrator of any of these, you may be aware of or witness a friend acting inappropriately. Knowing how to assist and/or intervene can be very important in these difficult times.

- Using the two scenarios on p.112-113 of *Choices For Positive Youth Relationships*, have students discuss how to most effectively help their friend, victim or abuser, in each situation. (Fill in any missed points from “Recommended Reading Material,” pp. 115-118.)

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Journal

- Compose a letter to Monica or Adam. If you had an opportunity to talk with Monica or Adam, what would you want to say?

Paper and Pencil

- Research Criminal Harassment (stalking) laws in Canada.

Resources/Notes

Choices For Positive Youth Relationships
Lesson 6.

Life Learning Choices



Notes:

PEI Specific Curriculum Outcomes

Learning Strategies

Students will be expected to

- apply personal time management skills to a variety of learning opportunities (L-9.1)
- use decision-making skills to select appropriate risk-taking activities for personal growth and empowerment (L-9.3)
- relate the value of lifelong learning to personal success and satisfaction (L-9.2)
- refine personal goals and priorities relevant to learning and career paths (L-9.4)

Life Goals and Career Development

Students will be expected to

- create a LifeWork Portfolio (L-9.5)
- create a learning plan for transition to senior high school (L-9.6)

Volunteerism

Students will be expected to

- analyse the potential impact of volunteerism on career opportunities (L-9.7)

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- apply personal time management skills to a variety of learning opportunities (L-9.1)

Elaborations-Strategies for Learning and Teaching

LEARNING STRATEGIES

In grade 8, students have learned the importance of having a well-rounded life that involves both work and play. Time management strategies/skills and learning to use a planner were introduced. With this outcome, students will review the importance of time management.

Discuss the advantages of using effective time management strategies and the disadvantages of having poor time management skills.

Discuss the importance of time management in the workplace. Generate a list of work situations in which good time management skills are essential.

- As a class, brainstorm a list of time management strategies that people use.
- Have students identify typical situations during the grade 9 year that require the use of time management skills.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Describe three time management skills you use throughout the school day. Explain how these strategies help you be a more effective learner.

Presentation

- Design a brochure outlining five effective time management strategies you can use in your home and social life.

Interview

- Interview the busiest person you know and discuss his or her time management strategies.

Resources/Notes

Appendix

- “Tips on Time Management” (Notes)
- “Managing Your Time” (Activity - 2 sheets)
- “Time Well Spent?” (Activity)
- “Help Kathy Manage Her Time” (Activity)
- “Kathy’s Errands” (Activity)

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- relate the value of lifelong learning to personal success and satisfaction (L-9.2)

Elaborations-Strategies for Learning and Teaching

LEARNING STRATEGIES

The purpose of this outcome is to have students understand that opportunities and possibilities for learning are ever present and lifelong, and recognize that there are a variety of ways to learn, and many people and resources to support learning.

- Do a think-pair-share discussing a specific skill you learned that gave you great satisfaction. (e.g., learning to ride a bike). Think-Pair-Share is described on p. 67.
- As a class, brainstorm a list of things you learned how to do that give you a sense of personal success and satisfaction.
- Have students list the situations in which they learned these new things and the people who helped them. Discuss how learning happens everyday. Many people in your life can be teachers.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Create a top ten list of learning milestones in your own life.
- Create a list of things you would like to learn in the future.
Discuss how these new skills will contribute to your personal success and satisfaction.

Resources/Notes

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- use decision making skills to select appropriate risk taking activities for personal growth and empowerment (L-9.3)

Elaborations-Strategies for Learning and Teaching

LEARNING STRATEGIES

Safe or appropriate risk taking changes as you mature. What is an unsafe risk at one point in your life may be quite safe months or years later. For example, jumping off a cliff into water would only be a safe risk to take after you had learned to swim. Deciding if a risk is an appropriate one to take is tied to three factors:

- your understanding of the consequences of the risk
- the skills you possess to cope with the risk and its consequences
- your ability or competence in the situation

Risks help us develop and learn new things. They move us forward in life and help us realize our full potential.

With this outcome, students should review the steps to making a decision.

D efine the problem.

E xplore the alternatives.

C onsider the consequence of each alternative.

I dentify the decision.

D o it now. Act on the decision.

E valuate the results.

- Review the concept of **positive risk taking**.
- Have students brainstorm a list of positive risks they could take to increase their self-confidence and positive sense of self.
- Have students brainstorm decision-making strategies for selecting positive risks. (e.g., weighing the pros and cons, talking it over with a parent or trusted friend).
- Discuss how making decisions for yourself gives you more personal freedom, but also makes you responsible for the consequences.
- Share examples of talented and famous people who took positive risks that contributed to their personal growth and empowerment.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Resources/Notes

Journal

- Describe one positive risk you took this month. Explain how it affected your personal growth and sense of power. Describe how you made the decision to take this risk.
- Identify three choices you are able to make for yourself now that you couldn't make five years ago. Identify the positive and/or negative consequences of each choice.

Interview

- Interview an adult who has been successful as a result of a risk he or she has taken. Find out more about the factors that went into deciding whether or not to take the risk. With permission, create a one-page bio of the person, focussing on how and why he or she was successful.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- refine personal goals and priorities relevant to learning and career paths (L-9.4)

Elaborations-Strategies for Learning and Teaching

LEARNING STRATEGIES

The focus of this outcome is to investigate education programs including senior high school programs and those related to potential careers. Students will also look at planning and saving for post-secondary education.

- Review the following work-related terms that were learned in grade 8:
 - Job: a position a person holds doing specific duties (e.g., grade 9 health teacher at Queen Charlotte Intermediate School).
 - Occupation: a group of similar jobs for which people usually have to develop skills and knowledge (e.g., teacher).
 - Career: the total of our work activities including work at home, at our paid work, at school, and in our communities.
- Have students work with a partner to discuss career goals and the steps necessary to take to reach these goals. (e.g., accessing college and university calendars).
- As a class, brainstorm a list of opportunities for post-secondary education that are available in this province / Atlantic Canada (e.g., UPEI, Holland College, Apprenticeship programs, Private Training Institutes).
- With their career goals in mind, have students take five minutes to write down what they think the total cost of a post-secondary education would be. Have them list expected expenses and the costs of each; multiply by the number of years of education required; and compare their estimates with a partner.
- Invite students to use “Refining Your Goal” (Appendix) to look at how and why their learning and future career plan goals have changed over the past year. (Students would have identified a career path of interest in grade 8 - SCO L-8.4.)
- Have students research options for saving and paying for post-secondary education “Financing Your Education” (Appendix) suggests a number of options.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Make a list of your top ten questions about planning and saving for post-secondary education.
- Use Student Activity “Financial Goals” (Appendix) to develop an action plan for planning and saving for your post-secondary education. (The rubric in the appendix may be used to evaluate this.)

Interview

- Interview several students who are currently attending college, university or other post-secondary training. Discuss career goals, how they saved for their education and what advice they have.

Resources/Notes

Appendix

“Refining Your Goal” (Handout)

“Financing Your Education”
(Information Sheet)

“Financial Goals” (Activity)
Rubric to Evaluate Financial Goals Activity

“Skilled Trades Careers” (Handout)

“Pathway to Certification through
Apprenticeship Training”

“Apprenticeships Route Toward Certification”
(Handout and Teacher Notes)

“Additional Information about Apprenticeship
Training”

“Trade Exploration Project” (Activity)

Atlantic College and University Calendars

Career Cruising(Computer Program)

Invite a student from a college, university, or technical institute to talk with students and share personal experiences about planning and saving for post-secondary education.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- create a LifeWork Portfolio (L-9.5)

Elaborations-Strategies for Learning and Teaching

LIFE GOALS AND CAREER DEVELOPMENT

*This outcome should be addressed early in the school year to remind students that their portfolio is a living document that they will continue to add to.

The LifeWork Portfolio is developmental in nature. Students begin their portfolios in grade 7, develop and adapt the content through their intermediate and senior high years, and take portfolios with them when they complete their high school education.

Students have previously identified their personal skills and interests (gr. 7), and have explored careers related to their skills and interests (gr. 8) through ***Career Cruising***. The LifeWork Portfolio is a purposeful selection of items that students gather throughout grades 9 to 12, which serves as a guiding link connecting their experiences to the world of lifelong learning and work. Beginning in grade 9, the portfolio provides a chronological record of a student's personal growth and achievement as he/she plans, develops, and documents pathways to a successful career.

Purposes

As they develop their LifeWork Portfolios, students can

- clarify their interests, abilities, and aspirations
- grow in confidence and pride in themselves and their accomplishments
- establish goals and develop plans
- identify their strengths and their learning needs
- recognize transferable skills
- make connections among courses, and between the school and community
- illustrate their growth and achievements in school and in the community
- take responsibility for their personal growth and career development
- document, develop, and market their skills

Process versus Product

Although the ultimate goal of a portfolio is a product, the process of creating that product is where the most learning takes place.

In part one of the portfolio development process, students gather data to learn who they are by reflecting on their own personalities, interests, strengths, and skills. The data that has been collected in grades 7 and 8, along with new data, will be presented. Artifacts are documents that provide evidence or proof of students' interests, strengths, and skills. (See Appendix.)

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Portfolio

- Create your LifeWork Portfolio. Describe one new thing you learned about yourself from working on your portfolio. Describe the types of new information you would like to add to your portfolio over the next year.

(Teachers will set up a system for reviewing the portfolio, including self-evaluation, peer review, and teacher conferencing. Teachers may develop checklists for each review and encourage regular monitoring and evaluation.)

Resources/Notes

Invite community members to class to show their portfolios and discuss how they developed them and the purposes they serve.

Career Cruising(Computer Program)

Appendix

“Core items in the Student LifeWork Portfolio”

“Biopoem Template”

“Artifacts”

“Student Reflection”

“Rubric”

“Essential Skills for Life and Work”

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- create a learning plan for transition to senior high school (L-9.6)

Elaborations-Strategies for Learning and Teaching

LIFE GOALS AND CAREER DEVELOPMENT

The focus of this outcome is to develop strategies to deal with the transition from intermediate school to senior high school.

- Have students create a Venn diagram showing similarities and differences between intermediate school and high school, including academic courses, social and personal issues/ activities, and extracurricular activities.
- In groups, have students identify three ways high school will be different from intermediate school, and the adaptations they will make to ensure successful transitions.
- Have students research college and university calendars to investigate admission requirements for specific programs of interest to them. Using the PEI high school graduation requirements, along with their local high school course description handbook, students will develop a learning plan for their three years of high school. ("Program Planning Sheet," Appendix) Students will share their plans with partners, and discuss the pros and cons of each plan.
- Have students interview grade 10 students to investigate their perceptions of their transitions to senior high school. Grade 10 students may be asked to reflect on the following: What would you have done differently? What was one thing that surprised you about senior high? Did you have to make changes in your work habits, study habits, and time management plans in high school?

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Paper and Pencil

- List three potential career choices and explain how these choices will influence the courses you take in senior high school.
- Complete the following statements:
 - Intermediate school has been . . .
 - What I will miss most about intermediate school is . . .
 - In senior high school, I'm looking forward to . . .
 - I'm a little worried about . . .
 - To get ready for senior high, I . . .
- Write a goal plan for your first year of high school. Discuss it with your parents/guardians.

Resources/Notes

College and University Calendars
PEI High School Graduation Requirements
Local high school Course Description Handbook
Appendix
"Program Planning Sheet"

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- analyse the potential impact of volunteerism on career opportunities (L-9.7)

Elaborations-Strategies for Learning and Teaching

VOLUNTEERISM

Youth volunteers have many reasons for volunteering to discover their talents, to explore career options, to act on their social awareness, to gain self-confidence, to build a sense of independence, or to fulfil a curriculum requirement. The focus for this outcome is how volunteerism can support career exploration.

- Discuss the ways in which volunteer experiences can lead to career opportunities. For example, it provides an opportunity to see if you like the field; you make contacts in a field of interest; you can develop a reputation which might lead to future paid positions.
- Review and discuss Student Information Masters “Volunteering and Career Building” and “Volunteer Work.”
- Have students complete “Your Skills and Volunteering” (Appendix). Students may have used this handout last year, but they will most likely find that their skills have expanded.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Portfolio

- Design several pages for your personal portfolios that illustrate your volunteer interests and experiences.
 - Analyse the portfolio pages you designed. What new skills did you learn from volunteering? What are the potential career-related benefits?

Paper and Pencil

- Identify five potential volunteer activities that you might like to participate in. Explain how these activities connect with your career aspirations.
- List five ways that volunteer experience as a playground leader could potentially affect future career opportunities.
- Complete “What I Believe About Volunteering” (Appendix).

Resources/Notes

Appendix

“Volunteering and Career Building”

“Volunteer Work”

“Your Skills and Volunteering” (Activity)

“What I Believe About Volunteering”

Teacher Background: Community-Based Learning

(Although this is not currently widely-practised at the intermediate level at this time, teachers should be familiar with it.)

Ideas for promoting volunteerism in school and community

Students can

- volunteer in local businesses and social agencies
- organize peer education projects on workplace preparation within the school
- be aware of rules for safety in volunteer or part-time work (*Smart Start*-Workplace Safety unit)

Parents can

- participate in the Take our Kids to Work program
- provide opportunities for teens to talk about issues in their jobs, volunteer placements, or work experiences

Communities can

- provide volunteer and part-time employment for teens in the community
- expect and reward responsible efforts from teen volunteers
- encourage teen volunteers to complete their education

APPENDIX

PREVENTION EDUCATION RESOURCE TOPICS

- Alcohol-related high-risk behaviour
- Alcohol poisoning
- The risk of cannabis use
- The risks of using hallucinogens, with a focus on magic mushrooms (psilocybin)
- The risks of anabolic steroids and other performance enhancing drugs
- The risks of drinking and other drug use during pregnancy

ALCOHOL-RELATED HIGH-RISK BEHAVIOUR

Prevention Education Resource Research Starting Points

- Fact sheet (get a copy from the teacher)

- The Canadian Public Health Association's youth web site to raise awareness about the harms associated with high-risk drinking: www.drinkingfacts.ca

- Your Life, Your Choice. Interactive Canadian web site on alcohol for 13- and 14- year-olds: www.2learn.ca/currlinks/Health/E/MainMenu/index.html

- *PEI Student Drug Use Survey 2002:*
www.gov.pe.ca
http://www.gov.pe.ca/photos/original/hss_drug_high_e.pdf

ALCOHOL POISONING

Prevention Education Resource Research Starting Points

- “Alcohol Poisoning: How to Help a Drunk Friend” (University of California, Davis):
<http://healthcenter.ucdavis.edu/topics/alcoholpoisoning.html>

- “Stop Alcohol Poisoning” Wallet Card (SAM Spady Foundation):
<http://www.sampadyfoundation.org/cards.html>

THE RISKS OF CANNABIS USE

Prevention Education Resource Research Starting Points

- Fact sheet (get a copy from the teacher)

- www.NationalAnti-DrugStrategy.gc.ca

- The ABCs - Cannabis
www.aadac.com

- Health Canada's "Be Drug Wise" website and booklet "Straight Talk About Marijuana":
www.drugwise.gc.ca

- *PEI Student Drug Use Survey 2002:*
www.gov.pe.ca
http://www.gov.pe.ca/photos/original/hss_drug_high_e.pdf

THE RISKS OF HALLUCINOGEN USE

Prevention Education Resource Research Starting Points Hallucinogens with a Focus on Magic Mushrooms (Psilocybin)

- Fact sheet (get a copy from the teacher)
- The Alberta Alcohol and Drug Abuse Commission's resource "The ABCs - Magic Mushrooms": www.aadac.com
- *PEI Student Drug Use Survey 2002:*
www.gov.pe.ca
http://www.gov.pe.ca/photos/original/hss_drug_high_e.pdf

THE RISKS OF USING ANABOLIC STEROIDS AND OTHER PERFORMANCE-ENHANCING DRUGS

Prevention Education Resource Research Starting Points

- Fact sheet (get a copy from the teacher)
- The Canadian Health Network's pamphlet "Everyone else is using them... why not me?"
Search for steroids at www.canadian-health-network.ca.
- The Alberta Alcohol and Drug Abuse Commission's resource "The ABCs - Steroids"
www.aadac.com
- *PEI Student Drug Use Survey 2002:*
www.gov.pe.ca
http://www.gov.pe.ca/photos/original/hss_drug_high_e.pdf

THE RISKS OF DRINKING AND OTHER DRUG USE DURING PREGNANCY

Prevention Education Resource Research Starting Points

- Health Canada web site on fetal alcohol spectrum disorder: www.fas-saf.com
- Canadian Health Network article "Not Worth the Risk." Go to www.canadian-health-network.ca and search for "fetal alcohol syndrome."
- *PEI Student Drug Use Survey 2002*: www.gov.pe.ca
http://www.gov.pe.ca/photos/original/hss_drug_high_e.pdf
- *The National Database of FASD and - Substance Use During Pregnancy Resources* (Canadian Centre on Substance Abuse): www.ccsa.ca/fas/

PREVENTION EDUCATION RESOURCE RESEARCH & DEVELOPMENT GUIDELINES

Divide up the workload

- Assign group members their roles or tasks.

Gather the facts

- Identify the substance and how it affects teenage users.
- Identify two or three “high-risk” behaviours that can occur when using the substance.
- Include a few statistics from the *PEI Drug Use Survey 2002*.

Set a priority

- Decide, from all that you’ve learned, what single message is the most important to share — and make sure you emphasize it.

Decide on a format

- Decide whether to produce a pamphlet, poster, PowerPoint presentation, or video.
- Decide whether to focus on presenting facts or busting myths.

Be credible

- Speak “to teens from teens.”
- Include a short list of references in your resource.

Be creative

- Take a risk and do what you think needs to be done to have the message hit home.
- If your creative idea cannot be completed in the time available, write a description of what you think needs to be done to make the resource get noticed by teens.

DRUG FACT SHEETS

Detailed Drug Information for Selected Drugs

The following more detailed fact sheets have been prepared for two groups of substances:

1. Those of greatest concern (alcohol, cannabis, mescaline/psilocybin, non-medical use of amphetamines and methylphenidate (Ritalin))
2. Those that are seen as emerging drugs of concern (ecstasy, pharmaceutical products, anabolic steroids, and methamphetamine)

These fact sheets are intended primarily as additional information for teachers to assist in responding to questions students may have. They can also be photocopied and distributed to students to support some of the work required by the learning outcomes. Every effort has been made to simplify the reading level of these sheets. The nature of some of the terms and concepts associated with specific drugs means that some students may struggle with some of the material in these sheets. Teachers may want to review the sheets for appropriateness before distributing them to students.

ALCOHOL

Classification

Central nervous system depressant

Examples

beer, wine, spirits, (e.g., whiskey, rum, gin, vodka, liqueurs), coolers

Short-term effects

- Relaxation
- Loss of inhibitions (lowered feelings of shyness, self-consciousness, or reservation)
- Reduced coordination
- Slower reflexes and mental processes (e.g., reaction time)
- Attitude changes, poor judgment

Effects are increased by using alcohol with other drugs, including minor tranquilizers, opiates, and antihistamines (e.g., allergy medication).

Short-term dangers

- Serious overdose may lead to death from respiratory depression (breathing slows or stops).
- Alcohol-related harm can happen right away, such as death or injury from fighting, car crashes, work-related incidents, drowning, falls, and fires.

Effects and harms from long-term use

Long-term, regular heavy drinking (five drinks or more at a time) increases the possibility of

- diseases such as gastritis, pancreatitis, cirrhosis of the liver, certain gastrointestinal cancers, heart disease, brain damage
- alcohol dependency syndrome (also known as alcoholism), which usually brings on a range of health, safety, legal, and money problems, as well as problems with family, friends, and working life

Alcohol use and pregnancy

- There is no safe time to drink alcohol during pregnancy. There is no safe amount of alcohol to drink during pregnancy. Binge drinking (for females, this means drinking more than four or more drinks on an occasion) is most likely to harm the unborn baby. However, research shows that children born to mothers who drank as little as one drink during pregnancy may have behaviour and learning problems. Therefore, all drinking should be avoided during pregnancy.
- Drinking during pregnancy can cause a range of lifelong effects known as fetal alcohol spectrum disorder. In the worst cases, a child with fetal alcohol syndrome might grow less, have mental disabilities, and look different than other children. These effects do not go away over time.

- Stopping or drinking less alcohol at any point in a pregnancy increases the chances of positive results for the child. No alcohol during pregnancy is the best and safest choice for a healthy baby.

Alcohol dependence

- An alcohol-dependent person gets used to the effects of alcohol, has a higher tolerance (needs more alcohol to feel its effects), and experiences alcohol withdrawal syndrome when stopping.
- Other signs of alcohol dependence include drinking alcohol in larger amounts or over a longer period of time than the person meant to; failed attempts to quit; spending increasing amounts of time on activities linked to drinking or getting alcohol; not looking after other daily activities; and not thinking about the consequences of negative behaviours.

Withdrawal

- The first (and sometimes only) phase involves trembling, excessive sweating, feeling upset or on edge, headache, nausea (feeling sick to your stomach, like you might throw up), and higher blood pressure and heart rate.
- A withdrawal syndrome that features seizures, convulsions, hallucinations (seeing or hearing things that aren't there), and/or delirium tremors (which includes sweating, shaking, anxiety, and confusion) may occur when quitting after drinking alcohol heavily and regularly for a long time.

Alcohol and the law

- Currently, you must be at least 19 years old to purchase alcohol in all provinces and territories, except for Quebec, Manitoba, and Alberta, where you must be 18 years old.
- Provincial laws make it illegal for restaurants and bars to sell alcohol to underage, drunk, or disruptive people. Owners of restaurants and bars, and those holding special events, must pay attention to these regulations because courts have sent a message to these establishments that they must be careful not to serve a guest to the point of drunkenness. In recent years, there have been several court cases in which licensed establishments were sued after an intoxicated person hurt him- or herself or someone else.
- Both the federal and provincial governments have a responsibility to control alcohol advertising on television and radio and in newspapers, although over the past number of years, governments have stepped back and allowed the alcohol and advertising industries to make sure they follow the rules themselves.
- It is against the law to drive with a blood alcohol content (BAC) of .08 percent or more. It is also illegal to drive while drunk even if one's BAC is less than .08 percent. On top of the federal laws, all provinces and territories have laws that mean you can have your driver's license suspended almost right away if your BAC is over a certain limit (in most cases, lower than .08 percent) or if you don't provide a breath sample.
- All provinces and territories in Canada except for Nunavut have graduated licensing programs for new drivers, and in all provinces and territories it is against the law for new drivers to drive with any alcohol at all in their blood.

Use of alcohol in PEI

- Aside from caffeine, alcohol is the most commonly used drug in PEI.
- In 2002, 49% of students in grades 7-12 in Prince Edward Island reported that they had drunk alcohol in the past year — down from 53% in 1998. The higher the grade, the larger the percentage of students drinking: 10.3% of grade 7s, 38.8% of grade 9s, 63.2% of grade 10s, and 80.6% of grade 12s.
- The percentage of students who have not only drunk alcohol but who have been drunk in the past year also increases through the grades: 4.4% of grade 7s, 15.7% of grade 9s, 34.4% of grade 10s, and 45.9% of grade 12s.

Standard drink

A standard drink has the same amount of alcohol (17ml or 0.6 oz.) no matter what kind of drink it is. For example, each of the following is equal to one standard drink:

Regular beer	340ml (12 oz.)	5% alcohol
Light beer	426ml (15 oz.)	4% alcohol
Spirits	43ml (1.5 oz.)	40% alcohol
Wine	142ml (5 oz.)	13% alcohol
Fortified wine	85ml (3 oz.)	18% alcohol
Coolers (wine and spirits)	340ml (12 oz.)	5% alcohol

CANNABIS

Classification

Cannabis is considered in a class of its own.

Examples

marijuana, hash, hash oil, Marinol (man-made drug for medical use)

Short-term effects

Psychological (effects may be different depending on how often it is used)

- Feeling sleepy, relaxed
- Feeling of well-being, joy, or happiness
- Decreased driving skills and motor performance
- Bigger appetite
- Problems remembering things
- Trouble paying attention or concentrating
- Warped experience of time and space
- Mood changes (silly to depressed or withdrawn behaviour)
- Slow reaction time
- Feelings of loss of contact with yourself and your surroundings
- Hallucinations (seeing or hearing things that aren't really there)
- Extreme mood swings
- Panic
- Feeling paranoid, suspicious, or fearful

Physical

- Red eyes, enlarged pupils
- Irritation of the respiratory tract (the parts of the body involved in breathing)
- Cough, dry mouth
- Increase in heart rate
- Higher blood pressure
- Constipation
- Inability to urinate

Effects and harms from long-term use

- Loss of motivation and interest in continuous activity
- Growing risk of problems with learning and memory
- Linked with schizophrenia (a mental illness)
- Damage to the respiratory system (breathing)

Use during pregnancy

- Lower birthweight babies
- Lack of attention and mild learning problems in early and later childhood

Cannabis dependence

- Tolerance (needing to use more to feel its effects) appears to develop in regular users who use large amounts of the drug.
- Withdrawal symptoms include anxiety, crankiness, sleeping problems, sweating, and loss of appetite.
- The mental craving for the drug combined with these withdrawal symptoms can make it hard for long-term cannabis smokers to stop using the drug.
- Mental and physical dependence on cannabis can occur in people who use regularly and heavily. Dependence means that they use the drug even though it interferes with family, school, work, and leisure activities.

Cannabis and the law

- Plans by the Canadian government to reduce the charge for possession of small amounts of cannabis from a criminal offense to a ticketing offense, with lighter penalties (while increasing the punishments for growing and selling) have been placed on hold. Under the proposed changes, it would still have been against the law to possess or sell cannabis, but the penalty for possession of small amounts would have been a fine instead of the heavier penalties resulting from criminal charges.
- The Controlled Drugs and Substances Act (CDSA) remains the law. According to the CDSA, anyone in possession of small amounts of cannabis is subject to a fine of \$1,000 or imprisonment for up to six months, or both, with larger penalties for larger amounts and for repeat offences.

Use of cannabis in Prince Edward Island

- In 2002, 24% of Prince Edward Islanders in grades 7-12 reported having used cannabis in the past year. The higher the grade, the larger the percentage of students using the drug: 5.4% of grade 7 students, 20.4% of grade 9 students, 30% of grade 10 students, and 41% of grade 12 students.
- Approximately one in four clients in selected Canadian drug treatment programs report that cannabis is a “problem” substance for them.

Medical uses

- Artificially made cannabis is now available as a medicine. It works as a painkiller, controls nausea (feeling sick to one’s stomach) and vomiting, and increases appetite. It appears that it is useful for patients having chemotherapy and those suffering from AIDS-related anorexia. However, the exact way in which cannabis works is unknown.
- In Canada, there are two prescription forms of artificially made cannabis available: pill and spray. In pill form, it is used to increase appetite and reduce nausea and vomiting among cancer and AIDS patients; as a mouth spray, it is used as a pain medication for people who have multiple sclerosis.
- In 2001, as a result of pressure from the courts, Canada became the first country to start a system controlling the use of marijuana as medicine.
- Currently, people who suffer from incurable illness, multiple sclerosis, spinal cord injury, epilepsy, severe pain and weight loss from cancer or AIDS, and very bad arthritis can get marijuana for medical reasons through a doctor (in 2004, fewer than 1,000 people did this).

AMPHETAMINES AND METHYLPHENIDATE (RITALIN)

Classification

Central nervous system stimulants

Immediate and short-term effects

- At low doses, effects include increased alertness, energy, and a feeling of well-being, but can also include nervousness, decreased appetite, rapid heart beat and breathing, increased blood pressure, sweating, enlarged pupils, and dry mouth.
- A person may become talkative, restless, or excited; feel powerful, superior, aggressive, and hostile; or behave in a strange, repetitive way.
- With higher doses, a person may feel happy and excited. Smoking or injecting amphetamines can produce what is described as an extremely pleasurable feeling that lasts a few minutes.
- Very large doses cause blushing, very fast or unsteady heartbeat, shaking, severe paranoia, and frightening hallucinations. Large doses can also cause death from burst blood vessels in the brain, heart failure, or very high fever.
- Violence, accidental or not, is the leading cause of amphetamine-related deaths.
- Overdose can cause delusions, hallucinations, high fever, delirium, seizures, coma, stroke, heart failure, and death.
- Use with alcohol and other drugs is especially dangerous because it leads to very unpredictable effects.

Effects and harms from long-term use

- Long-term heavy users tend to be malnourished because these drugs make you lose your appetite.
- Long-term users are also likely to experience “amphetamine psychosis,” an experience similar to paranoid schizophrenia that usually disappears after the drug leaves the body.
- Amphetamine users can develop violent tendencies.

Use during pregnancy

- Babies born to amphetamine users are more likely to be born prematurely, have low birth weight, have a higher risk of birth defects, and experience withdrawal symptoms such as distress and drowsiness.

Amphetamines, methylphenidate, and dependence

- Regular users develop tolerance and will experience withdrawal when they stop use.
- After long-term use, even using small amounts, users can develop psychological dependence.
- Regular use at high doses can cause extremely obsessive use of the drugs.
- Quitting can result in extreme tiredness, disturbed sleep, anxiety, hunger, depression, and suicidal thoughts.
- Intense cravings, along with a desire to avoid physical withdrawal symptoms, mean that users may go to great lengths (including using violence) to get the drug.

Amphetamines, methylphenidate, and the law

- The laws for amphetamines and methylphenidate are part of Schedule III of the Controlled Drugs and Substances Act. The penalty for possession can be a fine up to \$1,000, prison for up to six months, or both (summary conviction).
- The penalties increase for further (repeat) offences and with larger amounts in possession (e.g., as for trafficking), offenders may go to prison for up to 10 years.

Use of amphetamines and methylphenidate in Prince Edward Island

- In 2002, about 10.1% percent of students in grades 7-12 in Prince Edward Island reported having used either amphetamines or methylphenidate without a prescription in the past year (basically the same percentage as in 1998).

MESCALINE AND PSILOCYBIN (MAGIC MUSHROOMS)

Classification

Hallucinogens

Immediate and short-term effects

- Effects from psilocybin use are felt after about a half hour and last for several hours; effects from mescaline use also appear slowly and last 10-18 hours.

Psychological effects

- As hallucinogens, they change the way a person sees, smells, hears, tastes, and experiences touch (e.g., visual effects, distortion of sound, and changes in the sense of time and place).
- They may produce hallucinations; that is, a person may see or hear something that is not really there.
- Effects are unpredictable and emotional reactions can differ greatly.
- Difficulty concentrating makes it very dangerous to drive or operate machinery.
- Injuries and death can occur with these substances because of accidents caused by confusion and risky behaviour.

Physical effects

- Dilated (enlarged) pupils, higher body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, dry mouth, and shaking
- Nausea, vomiting, shivering, chills, and sweating
- No evidence of fatal overdose

Effects and harms from long-term use

- Daily use is uncommon because tolerance can build very quickly so that a few days' break is needed for the drug to keep having an effect.
- There are no significant physical problems resulting from long-term use.
- Depression, anxiety, and psychosis are a possibility, particularly among people who are more likely than other people to develop mental health problems.

Use during pregnancy

- Little is known about the effects of these hallucinogens on pregnancy.

Mescaline, psilocybin and dependence

- These substances do not appear to cause physical dependence, even after long-term use.
- Regular users can become psychologically dependent (i.e., they feel as if they need the drug and without it, they get anxious or even panicky).

Mescaline, psilocybin and the law

- Mescaline and psilocybin are governed by Schedule III of the Controlled Drugs and Substances Act. Conviction for possession of these drugs can result in a fine of up to \$1,000, prison for up to six months, or both.
- Further (repeat) offences or possession of larger amounts can result in larger penalties (e.g., trafficking and related activities can result in imprisonment for up to 10 years).

Use of mescaline and psilocybin in Prince Edward Island

- In 2002, 7% of students in grades 7-12 in PEI reported having used mescaline or psilocybin in the past year, about the same percentage as in 1998.

METHYLENEDIOXYMETHAMPHETAMINE (MDMA-ECSTASY)

Classification

Stimulant (with hallucinogenic effects)

Names

ecstasy, E, XTC, Adam, euphoria, X, MDM, and love doves

Origins and ingredients

- This substance usually comes in gelatin capsules or tablets.
- Pills can be any colour and may have a design on one side, such as a dove or a diamond.
- It can also come as a powder, which is snorted or, less commonly, dissolved and injected.
- As with all illegal drugs, it is impossible to know exactly what chemicals might be found in a pill that is supposed to be ecstasy; the actual amount of ecstasy in a tablet can vary greatly.
- Effects of taking a moderate dose start after 20-60 minutes (longer if on a full stomach) and can last for three to six hours.
- “Herbal ecstasy” (spelled wrong on purpose to set it apart from MDMA) has been marketed as a natural and legal alternative to ecstasy. It is a blend of herbs and compounds that usually include ephedra and caffeine. Users often think that “natural” products imply “safe” products. However, these products can be quite harmful. Health Canada has warned that products containing ephedra/ephedrine have led to serious health problems (such as stroke, heart attacks, heart rate irregularities, seizures, and psychoses) and death.

Immediate and short-term effects

- At first the pupils become enlarged, the jaw tightens, and there is often a short period of nausea, sweating, and dry mouth and throat.
- Blood pressure and heart rate increase, and loss of appetite is common.
- Many users experience a rushing feeling at first, followed by an odd combination of energy and calm.
- Loss of anger, the ability to understand and feel for other people, and an increased sense of being able to communicate are commonly reported.
- Some users also report an increased sense of their surroundings, greater appreciation of music, and more intense sexual and sensual experience.
- Some users have bad experiences, including depression, sleep problems, intense fear and worrying, confusion, and unpleasant distortion of the senses. These experiences may, in some way or other, last for days or even weeks. This is more likely if users take high doses or are already feeling anxious or unstable.
- Disorienting effects may make accidents more likely. Deaths that have been linked to ecstasy have mainly been connected with non-stop dancing in hot, crowded clubs, which resulted in hyperthermia (overheating) and severe dehydration. This is because ecstasy can interfere with the body’s ability to regulate its temperature.

- After taking ecstasy, users may feel very tired and need a long period of sleep to recover.
- Regular use may lead to sleep problems, lack of energy, dietary problems (including anorexia nervosa), and feeling depressed or anxious.
- Increased vulnerability to colds, flu, and sore throat may follow.

Effects and harms from long-term use

- Although little is known about the long-term effects of regular use, there are definite concerns around learning, behavioural, and emotional changes.
- Depression, mood changes, and disrupted sleep patterns can occur in the week after use.
- Users may experience flashbacks or psychosis.
- Problems with short-term memory can occur (it is not clear if these changes are permanent or not).
- Severe liver damage can occur shortly after taking ecstasy, usually because of hyperthermia (overheating).
- Liver damage, apparently unrelated to hyperthermia, can also occur days or weeks after even a few times using ecstasy.

MDMA and dependence

- People who use ecstasy regularly for several weeks or months need larger amounts to feel the same effects.
- There is little information on whether regular ecstasy users experience dependence or withdrawal symptoms if they quit.
- Psychological dependence on the feelings of euphoria and calmness and the lifestyle around ecstasy use is not uncommon.

MDMA and the law

- As a hallucinogen, ecstasy is governed by Schedule III of the Controlled Drugs and Substances Act. Conviction for possession of these drugs can result in a fine of up to \$1,000, prison for up to six months, or both.
- Further (repeat) offences or possession of larger amounts can result in larger penalties (e.g., trafficking and related activities can result in imprisonment for up to 10 years).

Use of MDMA in Prince Edward Island

- As with other substances, the use of ecstasy increases with grade level, from 2.5% in grade 7 to 4.8% among grade 12 students (according to the 2002 survey).
- The rate of use in Prince Edward Island in 2002 was similar to 2002 rates in New Brunswick and Nova Scotia, and 2003 rates in Ontario.

PHARMACEUTICAL (PRESCRIPTION) DRUGS

Classification

The most commonly prescribed drugs that affect mood and behaviour fall into the categories of stimulants, opiates, and CNS depressants.

Stimulants

- At one time, prescription stimulants were more commonly available. However, the risk that they can produce serious problems linked to dependence has led to a change in prescribing practice.
- Stimulants are now prescribed for treating only a few health conditions, including narcolepsy (a sleeping disorder where a person cannot help suddenly falling asleep), and attention-deficit hyperactivity disorder (ADHD).
- Methylphenidate (Ritalin) is commonly prescribed in these cases. For people with these disorders, this drug has a calming rather than stimulating effect. However, others seeking a stimulant effect sometimes abuse them.

Opiates

- Drugs from the opiate family (sometimes referred to as narcotics) are quite useful in treating pain (e.g., codeine, morphine).
- Because drugs in this family can also produce feelings of pleasure, they are used non-medically as well. Effects include drowsiness, constipation, and, with larger doses, slowed breathing.
- Taking a large single dose (such as through injection with a needle) can stop breathing and cause death.
- Because tolerance develops with long-term, use and because withdrawal is difficult, dependence on these drugs happens easily.
- **OxyContin**, an opiate-like substance that is very effective in managing severe pain, deserves special mention:
 - Its form can be altered, making a substance that some are using non-medically because of effects similar to heroin. It is highly addictive when used this way.
 - Hundreds of deaths have occurred in the US as a result of overdose, and a growing number of deaths have been reported in Atlantic and Eastern Canada in the past five years.

CNS Depressants

- These substances slow down normal brain function.
- Barbiturates, also called “downers,” were developed to treat sleep problems, anxiety, tension, high blood pressure, and seizures. Some are used as anesthetics.
- Benzodiazepines have replaced barbiturates in the treatment of many disorders. They are usually prescribed to treat anxiety and nervousness, to relax muscles, to control certain types of muscle spasm, and to treat sleep problems. Although they are safer and have fewer side effects than barbiturates, they can also produce dependence and are generally recommended for short-term use only.

- CNS depressants should not be combined with any medication or substance that causes drowsiness, including alcohol, opiate pain medicines, or certain over-the-counter cold and allergy medications. If combined, they can multiply each other's effects and slow breathing and the heart to the point of death.

Control of pharmaceutical products

The pharmaceutical industry produces hundreds of drugs that can affect a person's mood and behaviour. These all have medical uses that can provide real benefits when used responsibly. Several groups play a role in controlling these drugs and making sure they are used responsibly:

- Governments need to make sure that scientific proof of safety and effectiveness of new drugs is available; keep an eye on the production, sale, and distribution of these products; and make sure there is a balance between public health and the business interests of the pharmaceutical companies.
- Pharmaceutical companies must provide full, accurate information on the benefits and problems that may result from use.
- Physicians and pharmacists need to have a strong understanding of the product and the patient, communicate this information to the patient, and watch for signs of dependency.
- Patients need to be honest about their conditions and their use of the drug. Because it is possible for a person to become dependent on most of these substances, sometimes being responsible might mean looking for alternatives to pharmaceutical drugs (for example, by improving relaxation and stress-management skills).

Use of pharmaceutical products in Prince Edward Island

- In 2002, about 10% of students in grades 7-12 in Prince Edward Island reported having used amphetamines or Ritalin without a prescription in the past year. As with most other substances, use increases through the grades (from 6.9% of grade 7s reporting having used drugs in the past year, to 11.9% of grade 12s).

ANABOLIC STEROIDS

Classification

Ergogenic or performance-enhancing drugs

Origin and uses

- These drugs are available legally only by prescription to treat conditions that take place when the body produces abnormally low amounts of testosterone, such as delayed puberty and some types of impotence. They are also prescribed to treat body wasting in patients with AIDS and other diseases that result in loss of lean muscle mass.
- Athletes and others abuse anabolic steroids to improve performance and also to improve physical appearance. These drugs increase lean muscle mass, strength, and endurance, but they have not been found to improve acrobatic skills, cardiovascular capacity, or recovery from activity.
- Anabolic steroids are swallowed or injected. Athletes who cheat in this way take doses 5 to 10 times larger than those prescribed medically. Body builders and weight lifters may take doses up to 200 times larger.
- Selling anabolic steroids for non-medical use is illegal. Most of these steroids come from the “black market,” and like any illegal substance they may be mixed with other substances that may be toxic.

Immediate and short-term effects

- Anabolic steroids cause unpleasant side effects such as acne, high blood pressure, and increased cholesterol levels (which can lead to heart problems). Users can also have sexual problems.
- People who inject anabolic steroids run the added risk of getting or passing on HIV/AIDS or hepatitis, which causes serious damage to the liver.
- Many users report feeling good about themselves while on anabolic steroids. Even so, researchers report a range of other psychological effects, including anxiety, crankiness and aggression (“roid” rage), insomnia, depression, mania, and psychosis. Depression often occurs when the drugs are stopped and may contribute to dependence on anabolic steroids.

Effects and harms from long-term use

- In teenage and young adults males who use large amounts (in some cases equal to 100 to 200 mg testosterone weekly), anabolic steroids may cause baldness, shrinking of the testicles, reduced sperm count, increased risk of tumours of the testicles and prostate, and enlargement of breasts.
- Women who use anabolic steroids are at risk of “masculinization,” including development of body hair, breast reduction, deepened voice, and lighter periods or no periods at all. Many of these effects are permanent.

- Both sexes may experience liver damage and cancer, acne, increased chance of ruptured tendons, damaged joints, jaundice, swelling of feet and ankles, increased blood pressure, and cardiac problems such as increased risk of heart attack and enlarged heart.
- Anabolic steroids are dangerous for teenagers because they may affect growth.
- Research also shows that some users might turn to other drugs to deal with some of the negative effects of anabolic steroids.

Steroids and dependence

- Users do not appear to develop tolerance. This means that larger doses are not needed over time to achieve the same effects. However, dependence on steroids does occur. Users can experience both physical and psychological withdrawal symptoms when they stop taking steroids. These include nausea, headache, sweating, dizziness, irritability, and depression.

Steroids and the law

- In Canada, anabolic steroids are regulated by the Controlled Drugs and Substances Act (Schedule IV). Trafficking and related offences can result in imprisonment for up to three years. The International Olympic Committee banned steroid use in 1975. Since then, most sports organizations have put steroids on their list of banned substances.

Use of steroids in Prince Edward Island

- Among Prince Edward Island high school students surveyed in 2002, 4% said they had used steroids in the past year. This percentage is similar to rates in other parts of Canada, which are around 3-4%.

EMERGING ISSUE: METHAMPHETAMINE (CRYSTAL METH)

Note:

Information about methamphetamine is intended for the teacher's information only rather than for use with students, unless local data indicate otherwise.

- Methamphetamine (called speed, crystal meth, ice, or crank) is often grouped with substances referred to as amphetamine-type stimulants (ATS), which also include ecstasy and amphetamine.³ Among ATS, methamphetamine has a particularly high potential for abuse and addiction.
- Methamphetamine can be found in powder form or in a waxy form known as “base,” “paste,” “wax,” or “point.” “Crystal” or “ice” (d-methamphetamine hydrochloride) is usually a clear crystal of high purity that consists of a recrystallized powder. Methamphetamine can also be sold in capsules or tablets, generally referred to as speed in this form.
- The “high” experienced when using methamphetamine has been compared to that resulting from cocaine, though methamphetamine is relatively cheap when compared to cocaine, and the effects last much longer.⁴

Immediate and short-term effects and harms

- At low doses, effects generally include increased alertness and energy, a feeling of well-being, decreased appetite, rapid heart beat and breathing, increased blood pressure, sweating, dilated pupils, elevated body temperatures, and dry mouth.
- At higher doses, a person may experience euphoria and a sense of feeling powerful and superior. Other effects include more intense sexual pleasure and endurance; becoming talkative, restless, excited, aggressive, or paranoid; or behaving in a bizarre, repetitive fashion. The positive effects of crystal methamphetamine most cited by one sample of users are energy, sociability, euphoria, and loss of inhibitions. Weight loss may be experienced, which is often seen as a benefit, by women especially. This substance is also said to be an aphrodisiac.
- Later in a high there is a state of agitation that can lead to violence in some. Problems and negative effects often mentioned by users in two studies include the unpleasant comedown, paranoia, inability to sleep, hallucinations, weight loss, and aggression.^{5,6}

³ Deguire, A.E. (2005). *Methamphetamine*. Ottawa: Canadian Centre on Substance Abuse.

⁴ Zickler, P. (2004). Long-term abstinence brings partial recovery from methamphetamine damage. *NIDA Notes 19*(4). http://www.drugabuse.gov/NIDA_notes/NNvol19N4/LongTerm.html

⁵ Brecht, M.L., O'Brien, A., von Mayrhauser, C., & Anglin M.D. (2004). Methamphetamine use behaviours and gender differences. *Addictive Behaviours 29*(1):89-106.

⁶ Degenhardt, L., Barker, B., & Topp, L. (2004). Patterns of ecstasy use in Australia: Findings from a national household Survey. *Addiction, 99*(2): 187-195.

Effects and harms from long-term use

- Malnourishment may occur, because these drugs suppress the appetite.
- Amphetamine psychosis, which can include paranoia and a sensation of insects crawling on the skin, usually ends upon stopping use; however, a small percentage fail to recover completely (they may have had mental health problems before starting to use amphetamines).^{7, 8}
- Violent tendencies that are linked to psychosis are quite common among long-term users.⁹ Violence, accidental or otherwise, is the leading cause of amphetamine-related deaths.
- Depression, cognitive difficulties (such as problems with abstract thought, capacity to learn and retain new information, and verbal competency) and memory problems may occur.
- Sexual dysfunction (an inability to achieve or maintain an erection) may result, leading to simultaneous use of erectile dysfunction drugs like Viagra by some. Rough sex presents a risk of bleeding and infection from blood-borne diseases.
- High rates of HIV are found among gay and bisexual meth/amphetamine injection drug users, a result of needle sharing, an increased number of partners, and increased rates and incidence of unprotected sex.
- Physical damage may include dental erosion, skin lesions, lung problems from smoking, inflammation of heart lining, and damage to dopamine- and serotonin-related brain cells.¹⁰
- Social problems associated with the use of methamphetamine include family strain/breakup, severe legal penalties, sex trade/drug dealing/petty criminal activity for drug money, unplanned pregnancy among women, and isolation due to criminality.
- Overdose can cause delusions, hallucinations, high fever, delirium, seizures, coma, stroke, heart failure, and in rare cases, death. Death can result from use as a consequence of burst blood vessels in the brain, heart failure, or very high fever.
- To find the desired effects, users may take higher doses of the drug, take it more frequently, or change their method of drug intake, with dependence often the result.
- Withdrawal effects include sleeping disturbances (nightmares, either sleeping a lot or hardly at all), shakiness, increased appetite, irritability, depression (which may last for months after the last binge), anxiety, and craving for the drug.

Effects on the community and the environment

- Threat to safety of home occupants, first responders, and neighbours may be caused by clandestine labs in residential areas, especially since labs are usually discovered following a mysterious explosion or fire. Residents may lack a sense of public safety.
- Environmental harms may be caused by the production of methamphetamine and the disposal of the resulting waste. The chemicals involved are corrosive, explosive, flammable, and toxic.
- There are the economic impacts associated with community resources being diverted to deal with these issues and with reduced real estate values.

Methamphetamine and the law

In 2005, methamphetamine was moved from Schedule III of the Controlled Drugs and Substances Act to Schedule I of the act, which provides access to the highest maximum penalties. The maximum penalty for production and distribution of methamphetamine has increased from 10 years to life in prison.

A number of jurisdictions in Canada and the US have introduced legislation to limit the availability of “precursor” chemicals used to manufacture methamphetamine.

⁷ Srisurapanont, M., Kittiratanapaiboon, P., & Jarusuraisin, N. (2005). Treatment for amphetamine psychosis. The Cochrane database of systematic reviews. *The Cochrane Library*, 3.

⁸ McKetin, R. & McLaren, J. (2004). *The methamphetamine situation in Australia: A review of routine data sources*. Perth, AU: NDARC Technical Report No. 172 .

⁹ Ibid.

¹⁰ It is not yet clear whether this damage reverses itself upon quitting.

CASE STUDIES: CASE 1

Insite — North America's first legal supervised injection service

In September 2003, Vancouver became home to North America's first legal supervised injection site (SIS). The site is located in Vancouver's Downtown East Side, one of Canada's poorest neighbourhoods, and home to close to 5,000 injection drug users (IDU). The site operates from 10:00 a.m. to 4:00 a.m., seven days a week.

What is it?

The SIS, known as Insite, is a clean, safe environment where users can inject their own drugs under the supervision of clinical staff. Nurses and counsellors provide on-site access and referral to addictions treatment services, primary health care, and mental health providers, as well as first aid and wound care.

So that Insite could operate legally, Health Canada granted organizers an exemption to Canada's drug laws (the Controlled Drugs and Substances Act), which make it illegal to possess various drugs, and provided around \$1.5 million to support the scientific research pilot project. The provincial government in BC has also provided \$2 million to fund the program. It has been established in partnership with the City of Vancouver, the Vancouver Police Department, and local community groups.

Insite is being studied to determine whether it will reduce the harm associated with injection drug use to individuals (particularly from overdose, HIV, and hepatitis) and the community (particularly from public injecting). The Downtown East Side has significant health issues relating to infectious diseases and substance misuse. Over the course of the next three years, researchers will examine whether Insite reduces overdoses, improves the health of injection drug users, increases their appropriate use of health and social services, and reduces the health, social, legal, and incarceration costs associated with injection drug use. (Updated information may be available from Health Canada.)

How does it work?

Clients who enter the SIS are assessed and led through a waiting area to a 12-seat injection room where they can inject their own drugs under the supervision of trained medical staff. They will have access to clean injection equipment including spoons, tourniquets, and water, aimed at reducing the spread of infectious diseases.

After injecting, they move to a post-injection room where, if appropriate, staff can connect clients with other on-site services. These include primary care for the treatment of wounds, abscesses, and other infections; addiction counselling and peer support; and referral to treatment services such as withdrawal management, opiate replacement therapy, and other services.

Along with the on-site co-ordinator, two registered nurses are present at all times, and an addiction counsellor and physician are available on-call. Program assistants help greet and register people, and provide peer contact to encourage safe injection practices and show drug users how to use the site.

The SIS can accommodate up to several hundred injections each day as part of the research pilot project, although the experience at similar sites in Australia and Europe suggest the user community will take a while to accept the concept of a legal injection site.

**CASE STUDY:
INSITE—NORTH AMERICA'S FIRST SUPERVISED INJECTION SITE**

- What are the benefits of having a supervised injection site (SIS) available for injection drug users?

- What are the potential drawbacks of an SIS?

- What are some of the attitudes that community residents display towards a local SIS?

- What do you think? Is an SIS a good idea or not?

- What would happen if a group of injection users organized and requested an SIS in our community?

CASE STUDIES: CASE 2

Forcing a woman to take substance abuse treatment to protect her child (the Case of Ms. G)

The Situation

“Ms. G” was a 23-year-old woman from Winnipeg who was ordered into treatment by the provincial court when five months pregnant with her fourth child. She was addicted to glue sniffing, which could have damaged the nervous system of the developing fetus. As a result of her addiction, two of her previous children were born permanently disabled and are permanent wards of the state. Ms. G. was unable or unwilling to stop sniffing glue on her own. A provincial court judge ordered that Ms. G be placed in the custody of Manitoba Child and Family Services and held in a health centre for treatment until the birth of her child.

At the same time, the Child and Family Services asked the court for the power to order substance-using pregnant women into treatment, even against their will, and looked to the Supreme Court, the highest court, in the land to authorize it.

The question before the Supreme Court was whether the state has the right to force pregnant substance users into treatment programs.

The Concern

Experts in women’s health were concerned that forced treatment would result in women at risk steering clear of services, fearing they and their children would be apprehended, and would be driven underground, making it less likely that they would seek health care for themselves and their unborn children. They feared that forced treatment laws would be applied unfairly (studies from other countries show that the majority of women confined against their will are poor and/or members of racial minorities). They considered this type of law-and-order response to be a quick fix that fails to deal with the social causes of women’s substance use, including violence, sexual abuse, poverty, low self-esteem, and lack of control.

The Decision

In the end, seven out of nine Supreme Court judges said that the court does not have the right to force pregnant substance users into treatment programs.

Recommended Practices

Women who are heavy users of substances during pregnancy almost always live in difficult circumstances (that is, they have often experienced violence, poverty, physical or sexual abuse, and mental health problems). What works best in helping a woman in this situation is to show respect and not judge her actions. It means helping a woman take small steps to improve her own health and the health of her unborn child. It may be that she cannot stop using substances, but she may be able to cut back and improve her diet, or get out of an abusive relationship, thereby improving her own health and that of her child.

**CASE STUDY:
FORCING A WOMAN TO TAKE SUBSTANCE-ABUSE TREATMENT TO
PROTECT HER UNBORN CHILD (THE CASE OF “MS. G”)**

- What argument does the article make as a reason for legally requiring the woman in question to enter treatment?

- What are the benefits of requiring a pregnant woman to enter treatment?

- What are the drawbacks of making it possible to force a pregnant woman into drug treatment, whether she wants to go or not?

- What do you see as the legal rights of a long-term drug user?

- How do you think people in your community would respond if the woman in question lived here and was well known?

CASE STUDIES: CASE 3

North American Opiate Medication Initiative (NAOMI) Project (North America's first project to study the effectiveness of prescribing heroin to addicted people)

The Problem

In Canada, there are approximately 60,000 to 90,000 people addicted to illegal opiates such as heroin. Opiate addiction is linked to overdoses, infection risks, loss of regular social functioning, drug-related crime, and extensive costs to the public health, welfare, and criminal justice systems. Scientists estimate that the cost of untreated heroin addiction is more than \$45,000 per person per year. While other treatment is effective in many cases, some long-term, higher-risk patients do not respond to or benefit from this standard treatment.

What is NAOMI?

NAOMI (North American Opiate Medication Initiative) is a research project to determine whether providing injectable, pharmaceutical-grade heroin is more effective than standard treatment in attracting, holding onto, and helping chronic, opiate-dependent injection drug users (IDUs) who have not been helped by regular forms of treatment.

The NAOMI study is intended to see whether this form of treatment will be more effective and will also improve the health and quality of life of injection drug users, by reducing their use of street drugs, reducing homelessness, and decreasing interactions with the criminal justice system. The researchers will also determine whether they can find a way of attracting and keeping drug users in treatment so that they can hook them up with other parts of the health-care system, social support, and counselling.

The research study will take place in three cities in Canada: Toronto (Centre of Addiction and Mental Health and the University of Toronto), Vancouver (University of British Columbia), and Montreal (Université de Montréal).

How it works

According to program guidelines, drug users must be over 25, have been heroin addicts for more than five years, and previously have tried standard treatment for heroin addiction. Persons on probation, facing criminal charges, or with severe mental illness will not be able to participate.

During the study, those selected to receive heroin will visit the clinic up to three times a day, seven days a week, where they will receive prescribed doses of heroin under a physician's supervision. Participants will be asked to remain at the clinic for a half hour after each injection. Available at the clinic will be social workers, addiction counsellors, and other social support staff, who will work with participants to achieve a more stable lifestyle and, ultimately, wean them from opiate addiction.

At the study's end, participants will have a three-month transition period to wean them off heroin. They will then have the option of going into detox, going into standard treatment, or going back to the streets to feed their habit.

**CASE STUDY:
NORTH AMERICA OPIATE MEDICATION INITIATIVE PROJECT —
PRESCRIPTION HEROIN FOR DRUG USER TREATMENT**

- What argument does the article make as a reason for offering heroin by prescription to heroin addicts?

- What are some of the attitudes that community residents display towards prescription heroin?

- What do you think? Is prescription heroin for drug users who are trying to get off drugs a good idea or not?

- What would happen if a treatment service in our community wanted to offer prescription heroin?

UNDERSTANDING DRUG INFLUENCES, RISKS, AND EFFECTS

Influences affecting students' substance-use decisions

This supplement distinguishes between three levels of influence: internal, interpersonal, and environmental.

1. **Personal or internal influences** (e.g., curiosity, emotional stresses, mental health problems, beliefs concerning risk, and norms). This category of influences is referred to as “How I influence myself” in the grade-specific activities.

CURIOSITY

Curiosity is natural in young people, and is most often a positive trait. There are few days when drug issues are not in the news, and they are frequently a topic of conversation, so it is not surprising that some young people are curious enough to experiment with alcohol or another drug.

EVERYDAY EMOTIONAL STRESS

Because they hold promise in elevating mood and enhancing positive feelings, substances (both legal and illegal) may appeal to some persons— young or old—who are stressed, anxious, or just bored.

LACK OF PERCEIVED RISK

Decisions around substance use are also linked to a sense of how much risk is associated with a particular drug. In cases where new information leads to an understanding that there is greater risk linked to a drug, fewer young people will use the drug. The reverse is also true: an emerging drug may experience a “honeymoon period” when there is little information available about risks or harms.

Because alcohol is legally available, some may underestimate the harms or negative consequences resulting from hazardous alcohol use. However, in the *PEI Drug Use Survey (2002)*, students reported experiencing a range of harms as a result of their use of alcohol: damage to property; injury to self; tensions or disagreement with family or friends; inability to buy things other than alcohol; trouble with the police; negative impact on school work or exams; and motor vehicle accidents as drivers after drinking in the previous two hours.

To a greater degree than adults, youth tend to minimize the risks posed by their own substance use, with young men tending to do so more than young women. It has long been understood that young people tend to give less attention to long-term risks linked with substance use than they do to the more immediate consequences.

MENTAL HEALTH PROBLEMS

It is estimated that, at any point, 15 percent of Canadian children and adolescents are experiencing clinical mental health problems, such as anxiety disorder, conduct disorder, attention deficit hyperactivity disorder (ADHD), depression, or schizophrenia, which make it difficult for them to function. Individuals with mental health problems are at risk for substance-use problems because they may look to various drugs to “medicate” the distress they feel.

- 2. Social or Interpersonal influences** (e.g., peer and family influences). This category of influences is referred to as “How others influence me” in the grade-specific activities.

SOCIAL ACCEPTANCE

Some young people are strongly influenced by their belief that substance use is common. For example, if friends smoke, drink, or use other substances, or if there is a sense that others in his or her network do, a young person may feel some influence to use. Some young people may use substances in the same way they use clothes and music— to establish an identity or image for themselves.

CELEBRATIONS AND RELIGIOUS OBSERVANCES

Alcohol and other drugs are often a part of family, community, or religious celebrations or services. On these occasions, substances are often valued more for their symbolic importance than their drug effect.

DIFFICULT LIFE EXPERIENCES

Some youth experience very difficult living situations that may include physical and sexual abuse and other forms of violence. Some young people leave home and live on or close to the streets, experiencing a range of difficulties. Although situations vary greatly within gay, lesbian, bisexual, and transgender (GLBT) populations, some GLBT youth may experience great stigma and personal uncertainty. All of these young people may be attracted to substance use to cope with their situations and, as a result, find themselves at risk for substance-use harms.

- 3. Cultural or Environmental influences** (e.g., media, culture). This category of influences is referred to as “How I am influenced by the world around me” in the grade-specific activities.

CULTURE AND MEDIA

Today’s young people are growing up in a world that tolerates more forms of substance use, both medical and non-medical, than at any other time in history. In addition to their contributions to health, a side-effect of the huge presence of the pharmaceutical and alternative medicine industries is a climate of “solution by ingestion.”

An unprecedented ease of access to various media has meant that more young people than ever are “consuming” a pop culture that tends to tolerate, and at times promote, substance use. The powerful marketing capacities of the alcohol and tobacco industries, and their focus on the youth market, add to this environment. Even these capacities, however, are dwarfed by the scale of the illicit drug industry.

PRINCIPLES OF SUBSTANCE USE-RELATED RISK

New mood-altering substances are continually emerging in our communities. While it is important to become aware of the specific effects and potential harms linked to emerging drugs, it is helpful to understand principles of substance-use risk that apply to all substances, legal and illegal.

All substance use involves a measure of risk

While those using mood-altering drugs always seek some sort of benefit, non-medical substance use almost always poses some risks. Risk, in this sense, is an estimate of how likely it is that harm will occur as a result of using a substance. Risk from non-medical substance use can range from very low to very high, but it is important to know that even at low levels of risk (for example, when a person is experimenting for the first time), harms may occur.

The greater the amount used on an occasion, the greater the level of risk

Using any substance to the point of intoxication, often termed binge use, usually results in disorientation, lack of judgment, and loss of motor co-ordination. This kind of use greatly increases the likelihood of injury due to accidents or violence. Due to their relative lack of experience, young people are particularly at risk. Understanding the amount used is difficult with illegal substances that have unknown purity, hence the risk of overdose.

Combining substances is very risky

There are increased risks involved in taking more than one drug at a time. The combined effects of two drugs can be greater than expected (i.e., it may be that $1+1=3$); often the result is unpredictable. For example, authorities are increasingly concerned with the combined effects of cannabis and alcohol when driving.

The interaction of person, drug, and setting greatly influences the level of risk

The interaction of the person, the drug, and the setting determines the effects and harms linked to use of a substance.

PERSON

The person's physical traits, such as weight, gender, metabolism, and state of health, can all play a role in determining risk levels. A person's state of mind—their mood and expectations—will help to determine the experience and the level of risk involved in a drug-using situation (for example, risk increases when a person drinks in an angry state or to cope with sadness, rather than to enhance an enjoyable situation).

DRUG

The way the drug is prepared (i.e., weak vs. strong dosage) will help to determine risk. For example, the strength of cannabis used in Canada is now generally much greater than was the case 20 years ago, and risks are increased accordingly. The manner of use (i.e., swallowing, sniffing, inhaling, or injecting) has a large bearing on the level of risk involved. Swallowing tends to reduce the peak “high” and lengthen the period of intoxication. On the other hand, sniffing, inhaling, and injecting all result in a rapid and quite possibly disorienting drug effect that may be dangerous. Injection is particularly dangerous because of the risk of contracting an infection, such as HIV or hepatitis C, from shared needles.

CONTEXT

Substances usually affect motor coordination, judgment, and intellectual functioning in various ways. For that reason, there are certain settings or contexts for drug use that always pose a high risk for harm and should always be avoided: before driving a car, boat, ATV, or snowmobile, or using other machinery; before studying or working; before sports or other physical activity; before sexual activity; when pregnant; when using medication or other substances; and when sick.

RISK INCREASES WITH FREQUENCY AND DURATION OF USE

Beyond the level of risk associated with a single, drug-using situation, frequency and duration of use is also a major factor. The more frequently larger amounts are used over a lengthy period of time, the greater the likelihood of a dependency. Dependency, characterized by an inability to control use even in the face of negative consequences, can occur with any mood-altering substance, regardless of whether it is capable of producing physical dependence or only psychological dependence. Some persons can stop dependent use of a substance on their own, but most benefit from help from specialized treatment services or a self-help group.

DRUG TERMS**Drug**

A drug is any chemical substance that changes the way the body functions. Mood-altering or psychoactive drugs affect the way a person thinks, feels, and acts.

Examples: Antihistamines reduce the symptoms of allergies. Cough medicines decrease coughing and can make a person feel more relaxed. Consuming alcohol can lead to intoxication.

Harmful involvement

Harmful involvement is the use of a drug to the extent that it interferes with everyday life.

Example of harmful involvement: The adult who has a drink in the evening to wind down after work may not be harmfully involved with alcohol. But if the person is consuming more than two drinks each evening, and more than 14 a week (9 for women), then he or she may be harmfully involved.

Tolerance

Tolerance occurs when the body adjusts to a drug to the point that increased amounts are required to achieve the initial effects. An adult who finds one drink relaxing may, after a while, discover that it takes two or three drinks to achieve the same effect. This is developing a tolerance toward alcohol.

Examples of tolerance: A person often doesn't realize that he or she is becoming tolerant to something. Freshly baked bread or cookies smell wonderful when you first enter the kitchen, but the smell quickly wears off when you get used to it. Swimming pools often feel very cold when you first jump in, but in a short time the water feels comfortable.

Physical dependence

Physical dependence occurs when the body becomes so accustomed to a particular drug that it can function normally only if the drug is present. Without the drug, the user may experience a variety of symptoms ranging from mild discomfort to convulsions, depending on the drug. These symptoms, some of which can be fatal, are collectively referred to as "withdrawal." Not all drugs produce physical dependence, but they may still be abused because of their perceived effects, or psychological dependence. Physical dependence is one of the factors contributing to the continued use of drugs.

Example of physical dependency: If a smoker runs out of cigarettes, he or she may become anxious, agitated, restless, or depressed, and have sleep disturbances and decreased blood pressure and heart rate. In heavy smokers these symptoms may develop within hours of the last cigarette.

Withdrawal

Withdrawal describes the effects when a person stops taking a drug or reduces the amount of the drug. Usually the effects of withdrawal are the opposite of the effects experienced when the drug is taken.

Example of withdrawal: The person who has a cup of coffee every morning to wake up may feel drowsy or have a headache on a morning when he or she misses a cup of coffee.

Addiction

While there is no universally accepted definition of addiction, it is commonly understood to refer to repeated use of a psychoactive substance or substances to the extent that the user is periodically or regularly intoxicated, shows a compulsion to take the preferred substance(s), has great difficulty in voluntarily stopping or modifying use, and attempts to obtain the substance(s) by almost any means.

Example of addiction: A person who is addicted to an opiate such as heroin, and unable to secure any other supply, breaks into a pharmacy to obtain opiate-based medicines such as Dilaudid or morphine.

DRUG CLASSIFICATIONS

Psychoactive Drugs

Mood-altering drugs—also called psychoactive drugs—are drugs that can change or affect the way a person thinks, feels, or acts. These drugs usually have physical effects as well, but what sets them apart from other drugs is that they work on the mind and the senses. Most of these drugs work on the central nervous system (CNS).

Psychoactive drugs can be classified as

- CNS depressants
- opiates
- CNS stimulants
- hallucinogens
- cannabis
- solvents and inhalants

CNS DEPRESSANTS

These are drugs that act on the central nervous system, producing feelings of relaxation, and can lead to intoxication. These drugs lower blood pressure, respiration, and heart rate. In large doses, depressant drugs may lower these body functions to the point of death.

Examples of depressants include

- alcohol (e.g., beer, wine, spirits, coolers)
- benzodiazepines (minor tranquilizers or sleep medications)
- barbiturates

OPIATES

These drugs were originally derived from the Asian poppy, but many drugs in this class are now produced by the pharmaceutical industry. These drugs are often prescribed by physicians and used under medical supervision to relieve and manage pain.

Opiates can produce surges of pleasure followed by stupor. They also produce nausea, and constipation, and slow breathing to a point where it may stop. Opiates have high addiction potential and can produce physical dependence at a prescribed dose.

Examples of opiates include

- morphine
- codeine
- heroin
- various prescription pain relief medications (e.g., OxyContin)

CNS STIMULANTS

These drugs act on the brain and the body to cause a variety of effects, including increased blood pressure, heart, and respiration rates; raised blood sugar levels; increased energy and alertness; and decreased appetite.

Examples of stimulants include

- cocaine (including crack)
- amphetamines (e.g., Benzedrine, speed, crystal methamphetamine)
- diet pills
- nicotine— tobacco products
- caffeine— coffee, tea, chocolate, colas
- methylphenidate (Ritalin)
- methylenedioxymethamphetamine* (MDMA - ecstasy)
(*A stimulant with hallucinogenic properties)

HALLUCINOGENS

Sometimes referred to as “psychedelic,” these drugs act on the brain, intensifying all senses, dramatically affecting perception, and creating disorientation. Hallucinogens raise the heart rate and sensory activity, and muddle perceptions of reality.

Examples of hallucinogens include

- lysergic acid diethylamide (LSD, acid)
- psilocybin (magic mushrooms)
- mescaline (peyote)

CANNABIS

Cannabis products are considered in a classification of their own because they act like a hallucinogen, but also produce depressant effects. Cannabis effects include relaxation and slowed response time, as well as memory and concentration problems.

Examples of cannabis products include

- marijuana
- hash
- hash oil
- synthesized THC medicinal product (e.g., Marinol)
- cannabis-based medicinal product (e.g., Sativex)

SOLVENTS AND INHALANTS

Solvents and inhalants are found in household and commercial products. They are used by pouring the product into a bag and inhaling. Effects range from effects similar to being intoxicated to serious and unpredictable results such as seizures, convulsions, brain damage, heart failure, and death.

Examples of solvents and inhalants include

- gas
- paint thinner
- aerosols
- plastic cement

DRUG EFFECTS BY CLASSIFICATION

CLASSIFICATION AND EXAMPLES	EFFECTS (CAN HAVE AT LEAST ONE OF THESE EFFECTS)	HARMS/DANGERS (RISKS OF USING A DRUG CAN INCLUDE ONE OR MORE OF THESE)
CENTRAL NERVOUS SYSTEM DEPRESSANTS		
<ul style="list-style-type: none"> • Alcohol • Benzodiazepine: minor tranquilizers (Valium, Ativan), sleeping medications (Halcion, Imovane) • Barbiturates (Tuinal) 	<ul style="list-style-type: none"> • decreased inhibitions • increased confidence • relaxation • intoxication • poor judgment • slurred speech • impaired memory/thinking • decreased motor skills 	<ul style="list-style-type: none"> • decreased inhibitions • increased confidence • relaxation (inappropriate) • intoxication • poor judgment • slurred speech • impaired memory/thinking • decreased motor skills
OPIATES		
<ul style="list-style-type: none"> • Prescription pain relievers • Morphine • Codeine • Heroin 	<ul style="list-style-type: none"> • pain relief (analgesia) • drowsiness • intoxication followed by euphoria • constipation • decreased breathing rate • pinpoint pupils 	<ul style="list-style-type: none"> • hepatitis (from sharing needles) • HIV/AIDS (from sharing needles) • increased risk of some cancers • brain damage • pulmonary problems
CENTRAL NERVOUS SYSTEM STIMULANTS		
<ul style="list-style-type: none"> • Cocaine (incl. crack) • Methylphenidate (Ritalin) • Amphetamines • Nicotine • Caffeine • Methylenedioxymethamphetamine* (MDMA - ecstasy) *A stimulant with hallucinogenic properties) 	<ul style="list-style-type: none"> • euphoria • increased energy • increased heart rate, blood pressure • decreased appetite • feeling of enhanced sociability, sexuality, confidence 	<ul style="list-style-type: none"> • paranoid psychosis • depression • HIV/AIDS (from sharing needles) • insomnia • sexual disinterest • dilated pupils • seizures • heart attacks/stroke • extreme anxiety, panic states • hallucinations
HALLUCINOGENS		
<ul style="list-style-type: none"> • Lysergic acid diethylamide (LSD) • Mescaline • Psilocybin (magic mushrooms) • Phencyclidine (PCP, angel dust) 	<ul style="list-style-type: none"> • visual and auditory distortions • hallucinations • altered body image • feelings of enhanced mental capacity • muscle twitches • dizziness, nausea, vomiting • loss of contact with reality • distorted body image 	<ul style="list-style-type: none"> • panic reactions • psychosis • flashbacks • poor judgment leading to serious injuries or death • anxiety and depression • memory and thinking problems

CLASSIFICATION AND EXAMPLES

EFFECTS (CAN HAVE AT LEAST ONE OF THESE EFFECTS)

HARMS/DANGERS (RISKS OF USING A DRUG CAN INCLUDE ONE OR MORE OF THESE)

CANNABIS

<ul style="list-style-type: none"> • Marijuana • Hash • Hash oil • Synthesized THC 	<ul style="list-style-type: none"> • drowsiness, relaxation • feelings of well-being, euphoria • increased appetite • short-term memory deficits • lapse of attention, poor concentration • distorted time/space perception • mood changes • slow reaction time • depression 	<ul style="list-style-type: none"> • impaired driving • worsened schizophrenia symptoms • panic reactions • memory problems • decreased motivation • fearfulness, anxiety • pulmonary problems
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SOLVENTS AND INHALANTS

<ul style="list-style-type: none"> • Glues • Gasoline • Paint thinner • Lighter fluids • Aerosols 	<ul style="list-style-type: none"> • intoxication • giddiness • sociability • loss of motor coordination • numbness 	<ul style="list-style-type: none"> • heart failure resulting in “sudden sniffing death” • seizures • convulsions • brain damage
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ASSESSMENT RUBRICS

Assessment of student progress

Rubrics are very useful for teacher assessment or student self-assessment. They evaluate a student's performance based on the sum of a full range of criteria rather than a single numerical score. The criteria are logically linked to the outcomes intended for a learning activity. For example, with a small-group discussion format, a teacher may intend for students to demonstrate "new knowledge" and "use of effective communication style," and a rubric can help assess progress in these areas. Creating or adapting a rubric requires a teacher to be clear on his or her objectives. When developed with students or shared with them beforehand, rubrics can clarify for the students what is expected of them. All rubrics contain three common features¹³:

1. They focus on measuring a stated objective (e.g., performance, behaviour, or quality). Example: Role-play a situation that portrays peer influence.
2. They use a range of logically linked criteria to rate performance. Examples of criteria for role-playing include clarity of speech, expression of feeling, use of body language, believability of the role, and accuracy of the role.
3. They contain specific performance characteristics, often arranged in four levels indicating the degree to which a standard has been met. (e.g., demonstrated *complete/strong/adequate/weak* accuracy of the role).

Advantages to using rubrics ¹⁴

- Teachers can increase the quality of their direct instruction by providing focus, emphasis, and attention to particular details to direct student learning.
- Students have explicit guidelines regarding teacher expectations.
- Students can use rubrics as a tool to develop their abilities.
- Teachers can reuse or slightly modify an established rubric for many activities.

Steps in creating and using a rubric ¹⁵

- Determine the concepts to be taught. What are the essential learning objectives?
- Choose the criteria to be evaluated. Name the evidence to be produced.
- Develop a grid. Plug in the criteria and performance levels.
- Share the rubric with students before they begin writing.
- Evaluate the end product. Compare individual students' work with the rubric to determine whether they have mastered the content.

¹³ Adapted from the Kennesaw (Georgia) State University's Education Technology Center's Intec technology professional development program's description of rubrics: <http://edtech.kennesaw.edu/intech/rubrics.htm>

¹⁴ From "The Advantages of Rubrics.", *Teachervision.com*. http://www.teachervision.fen.com/teaching-methods/rubrics/4522.html?detoured=1#what_is_a_rubric

¹⁵ From "Create an Original Rubric." *Teachervision.com*. <http://www.teachervision.fen.com/teaching-methods/rubrics/4523.html?detoured=1>

SAMPLE RUBRIC: ROLE-PLAY

W-9.1 - W-9.4

CRITERIA	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
Accuracy and believability of role	Point-of-view, arguments, and solutions proposed were always realistic and consistently in character	Point-of-view, arguments, and solutions proposed were usually realistic and in character	Point-of-view, arguments, and solutions proposed were often realistic and in character	Point-of-view, arguments, and solutions proposed were rarely realistic and in character
Clarity of speech	Speech is always clear and easy to understand	Speech is usually clear and easy to understand	Speech is often clear and easy to understand	Speech is rarely clear and easy to understand
Expression and body language	Always expresses emotion through voice, facial expression, and gestures	Usually expresses emotion through voice, facial expression, and gestures	Often expresses emotion through voice, facial expression, and gestures	Rarely expresses emotion through voice, facial expression, and gestures
Knowledge gained	Can clearly explain several ways in which his or her character “saw” things differently than other characters, and can explain why	Can clearly explain several ways in which his or her character “saw” things differently than other characters	Can clearly explain one way in which his or her character “saw” things differently than other characters	Cannot explain any ways in which his or her character “saw” things differently than other characters

SAMPLE RUBRIC: SMALL-GROUP DISCUSSION ¹⁶

CRITERIA	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
Preparation	Almost always prepared with required materials and prep work for discussion	Usually prepared with required materials and prep work for discussion	Often prepared with required materials and prep work for discussion	Rarely prepared with required materials and prep work for discussion
Accuracy of information presented	All information presented in the discussion was clear, accurate, and thorough	Most information presented in the discussion was clear, accurate, and thorough	Most information presented in the discussion was clear, accurate, but was not usually thorough	Information had several inaccuracies and was usually not clear
Listening skills	Always listened respectfully to the perspective of others	Usually listened respectfully to the perspective of others	Often listened to the perspective of others	Rarely listened and often interrupted others
Speaking style	Consistently used eye contact, tone of voice, and a level of enthusiasm in a way that kept the attention of the group	Usually used eye contact, tone of voice, and a level of enthusiasm in a way that kept the attention of the group	Often used gestures, eye contact, tone of voice, and a level of enthusiasm in a way that kept the attention of the group	Rarely used eye contact, tone of voice, and a level of enthusiasm in a way that kept the attention of the group

¹⁶ The rubrics presented were adapted from samples provided in the Rubistar section of the *4teachers.org* site provided by Advanced Learning Technologies in Education Consortia (ALTEC), hosted by the University of Kansas: <http://rubistar.4teachers.org/index.php>

**Permission Letter For Parents/Guardians
Printed on School Letterhead**

Dear Parent(s) / Guardian(s):

As you may be aware, a sexuality unit is one component of your child's health program at our school.

The following learning outcomes will be addressed in the grade 9 curriculum:

- Apply coping strategies when experiencing different rates of physical, emotional, sexual and social development.
- Identify the four basic types of sexual assault.
- Describe the consequences of sexual assault on a victim and those people associated with that victim.
- Determine "safer" sex practices.
- Describe responsibilities associated with pregnancy and parenting.
- Develop strategies that address factors to prevent or reduce the risks of STIs and HIV.

We hope you find that we are supporting your efforts. I will encourage students to discuss what they are learning with you. Please contact the school if you would like further information. Your interest and support are greatly appreciated.

Please complete the form below and return it to the school by _____.
(An alternative learning experience will be provided for those students who have been exempted.)

(Signature of Teacher/Principal)

Detach and return the form below.

Please check one box:

_____ I give permission for _____ to participate in classes that address grade 9 sexual health outcomes.

_____ I do not give permission for _____ to participate in classes that address grade 9 sexual health outcomes. I request that alternative arrangements be made.

(Signature of Parent/Guardian)

The Alternate Prevention — Issues of Condoms Unit requires parental permission before a student can be involved. It is taught by specially trained public health personnel. Students will receive information regarding condoms for use when and if the decision is made to be sexually active.

(Signature of Parent/Guardian)

SEXUAL HEALTH OUTCOMES SCOPE AND SEQUENCE

Teacher Information

Grade 6

- Define Sexuality
- Puberty
- Female Reproductive System
 - uterus
 - vagina
 - ovaries
 - Fallopian tubes
 - ova/ovum
- Male Reproductive System
 - testicles
 - scrotum
 - urethra
 - penis
 - sperm
- Introduce
 - Menstruation
 - Sperm Production
 - Fertilization
 - Conception
 - Pregnancy
 - Fetal Development

Grade 7

- Review Meaning of Sexuality
- Review Puberty
 - physical development
 - **emotional development**
- Review / Expand
 - Female Reproductive System
 - uterus
 - vagina
 - ovaries
 - Fallopian tubes
 - ova/ovum
 - Male Reproductive System
 - testicles
 - scrotum
 - urethra
 - penis
 - sperm
 - epididymus
 - glans
 - foreskin
- Review/Expand
 - Menstruation
 - Sperm Production
 - Fertilization
 - Conception
 - Implantation**
 - Pregnancy
 - Stages of Fetal Development
 - Genetics - Sexual Determination
 - Fraternal Twins
 - Identical Twins
 - Gender Roles
 - Decision Making for Responsible Sexual Behaviour (Focus on Abstinence)

Grade 8

- Review Meaning of Sexuality
- Review /Expand Puberty
 - physical development
 - emotional development
 - **sexual development**
 - **social development**
- Review Female Reproductive System
 - uterus
 - vagina
 - ovaries
 - Fallopian tubes
 - ova/ovum
- Review Male Reproductive System
 - testicles
 - scrotum
 - urethra
 - penis
 - sperm
 - epididymus
 - glans
 - foreskin
- Review/Expand
 - Menstruation
 - Sperm Production
 - Fertilization
 - Conception
 - Implantation
 - Pregnancy
 - Stages of Fetal Development
 - Genetics - Sexual Determination
 - Fraternal Twins
 - Identical Twins
 - Gender Roles
 - Decision Making for Responsible Sexual Behaviour (Focus on Abstinence)
 - Physical, Emotional, Sexual Abuse, and Neglect**
 - Sexual Orientation**
 - Responsibilities and Consequences of Being Sexually Active**
 - STIs (8)**
 - Basic Types of Contraceptives (7)**

Grade 9

- Review Meaning of Sexuality
- Review Puberty
 - physical development
 - emotional development
 - sexual development
 - social development
- Review Female Reproductive System
 - uterus
 - vagina
 - ovaries
 - Fallopian tubes
 - ova/ovum
- Review Male Reproductive System
 - testicles
 - scrotum
 - urethra
 - penis
 - sperm
 - epididymus
 - glans
 - foreskin
- **Sexual Assault**
 - **four basic types**
 - **consequences**
- **Safer Sex Practices**
 - abstinence
 - **condoms (public health nurse condom demonstration)**
 - contraception
 - (review methods from grade 8)
 - lower risk sexual activity
- **Pregnancy and Parenting**
 - **process of pregnancy and birth**
 - **myths and facts about pregnancy**
 - **pregnancy risk and impact**
 - **options for women who are pregnant**
- STIs and HIV
 - review STIs/HIV (grade 8)
 - strategies to prevent or reduce sexual risk of STIs and HIV

* Bold type indicates new material for this grade level.

TEACHING TIPS

- Invite qualified members of the community (e.g., public health nurse) to support instruction (with administrative approval).
- Be willing to look for information to address topics or questions that students raise. Always stay within the boundaries of the authorized curriculum.
- Know where and when to send students for help.
- Establish ground rules in the first lesson and reinforce them regularly to ensure a safe and respectful class atmosphere.
- Reinforce the universal values, including honesty and respect for the rights and feelings of others, throughout the course.
- Present information in an unbiased, non-judgmental way, and focus on helping students develop the knowledge, skills, and attitudes that will empower them to make health-enhancing decisions.
- Talk about topics and answer questions using factual statements rather than value statements.

Value Statements:

It's wrong for people to be gay or lesbian.
Too many young people are having sex.

Factual Statements:

Some people are gay or lesbian.
Some young people are having sex.

- Remind students that value-based questions are personal and influenced by our families, friends, school, the media, culture, and religion, and encourage students to discuss these types of questions with their parents/guardians.
- Use exact terms and definitions (not slang) when talking about sexual health topics.
- Use gender-neutral terms such as “partner” instead of “boyfriend” or “girlfriend.”
- Use icebreakers and humour to help students feel more comfortable.
- Encourage students to ask questions and to use the Question Box strategy.

INSTRUCTIONAL METHODS

The most effective ways to teach sexuality to your students

Role-Playing

- Provides opportunity for students to assume roles of others, therefore appreciating another's point of view
- Allows for a safe exploration of solutions and an opportunity to practice sexual health skills
- Tends to motivate students to learn
- Promotes and develops critical and creative thinking, attitudes, values, and interpersonal and social skills

Question Box

- Anonymity provides a way for students to ask questions related to sexuality without risking embarrassment or self-consciousness.
- Time between lessons allows teachers to prepare an answer ahead of time and to avoid being caught off-guard.
- Capitalizing on “teachable moments” is effective and can enrich the classroom experience.

Small Group Instruction

- Provides opportunity to think through an idea and exchange alternative ideas and viewpoints
- Increases students' self-confidence
- Enhances social and personal development

Class Discussions

- Help build a positive classroom climate
- Lead to student interest in sexual health
- Result in students' feeling more positive about themselves and the learning environment

Multi-media Experiences

- Keep group's attention
- Stimulate discussions
- Illustrate complex, abstract concepts

SEXUALITY IS . . .

- part of a person's entire life

- ★ how you feel about being male/female
- ★ how you feel about yourself
- ★ how you feel about your body
- ★ how you get along with others
- ★ your need for affection and closeness
- ★ your understanding of what is right and wrong
- ★ how you express love and affection
- ★ your feelings and decisions regarding sexual behaviour
- ★ the total expression of an individual's femaleness or maleness through
 - feelings
 - beliefs
 - attitudes
 - values
 - behaviours

Sexuality is expressed . . .

- caring for others
- personal appearance (dress)
- roles (family)
- sexual actions

SETTING GROUND RULES

PROPER VOCUBULARY

Use correct terms.

COMFORT & SAFETY

It is okay to feel uncomfortable.

It's okay to pass.

It is okay to ask a question anonymously using the question box.

We have the right to our own beliefs and opinions.

We are responsible for our own learning.

RESPECT OTHERS

Everyone has the right to participate.

Raise your hand before speaking.

Listen when others are speaking.

Do not interrupt.

We will be sensitive to diversity, and be careful about making careless remarks.

We can disagree with another point of view or behaviour non-judgmentally.

PRIVACY & CONFIDENTIALITY

We will be as open and honest as possible, but we won't discuss personal issues.

What we share in this group is intended to remain confidential.

CLASSROOM CLIMATE

Here is a list of rules you might suggest to your students. They can be changed, discussed, or expanded on. Rules make it easier for a climate of trust to develop as students come to know what is expected of them and their peers.

1. Be sensitive to the feelings and words of others. Everyone is entitled to an opinion.
2. Respect feelings, values, and opinions of others.
3. You have a right to skip your turn or not answer a question. We will not discuss personal behaviour in class.
4. Try to use exact terms. If you do not know the exact term, use the expression you know and I (the teacher) will tell you the appropriate term.
5. Do not personalize questions or situations. For instance, instead of saying “My aunt told me...,” you should say “Someone told me...”
6. Comments made by a student in class are not to be circulated throughout the school unless the student in question specifically asks for them to be. It is important to be discreet.
7. Questions submitted to the Question Box will be answered or an explanation will be provided for not answering particular questions.
8. It would be interesting for you to discuss the points raised in class with your parents. Be sure to relate them accurately.
9. Speak for yourself. Use “I” when expressing your feelings and opinions.

WHAT DO YOU THINK ABOUT YOURSELF?

Structure: Individual activity

Time: 15 minutes

Materials: “What Do You Think About Yourself?” handout

Procedure

1. **Define** self-esteem:

- Appreciating my own worth and importance and having the character to be accountable for myself and to act responsibly toward others

Inform students that this exercise will give them an opportunity to evaluate their sense of self-esteem.

2. **Distribute** the handout “What Do You Think About Yourself?”

3. **Ask** students to complete this self-esteem questionnaire individually and to tally up their total. Tell them to note the recommendations for their total.

4. **Ask** the following questions:

- Is it easy for young people to feel good about themselves?
- What things can make young people today feel badly about themselves?
- How does self-esteem show in friendship relationships, in romantic relationships, and in sexual relationships?

5. **Conclude** with the following points:

- Respecting yourself means that you believe you matter and your feelings count. It also means that you treat others well and expect others to treat you well.
- Relationships should be a positive part of our lives, offering us support and encouragement. At some point in their lives, most people become involved in a romantic relationship, which can develop into a sexual relationship. It is important to have a good sense of self-esteem in order to respect yourself within relationships.

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education (Adapted with permission from Mauch, Pat and McLean, Ethel (1999): *Respect Yourself and Protect Yourself*. Vancouver/Richmond Health Board.)

WHAT DO YOU THINK ABOUT YOURSELF?

Check (✓) one column for each of the following statements:

	Most of the time	Sometimes	Almost Never
1. I keep trying.			
2. I am important to family and friends.			
3. I like what I do.			
4. I get along well with others.			
5. I help others to be their best.			
6. I take responsibility.			
7. I am important.			
8. I know what I do best.			
9. I believe in myself.			
10. People listen to me.			
11. I listen to others.			
12. I use positive self-talk.			
13. The future looks bright.			
14. I plan for the future.			
15. I am a good friend.			
16. I accept compliments with a "thank you."			
17. I can give sincere compliments to others.			
18. I enjoy getting up in the morning.			
19. Other people care about me.			
20. I do my best.			
21. I am a unique person.			
22. I express myself to others.			
23. I deserve the best.			
24. I can forgive myself.			
25. I am an attractive person.			

Give yourself:

1 point for every check in the Almost Never column.

2 points for every check in the Sometimes column.

3 points for every check in the Most of the Time column.

Scores:

60-75 Keep it up!

47-60 You're on the right track toward positive self-esteem.

25-46 You might want to talk to someone you trust about ways to improve your self-esteem.

SEX FACTS IN CANADA (compiled in 2006)

Sexual Experience

- The average age at which both male and female Canadians have sex for the first time is 16.5.
- Of teens aged 15-17, 28% report having had sexual intercourse at least once. By age 20-24, this increases to 80%.
- In a 2005 report, 41% of males aged 15-17 and 39% of those aged 18-19 reported having more than one sexual partner in the previous year.
- For females in the study, 29% of 15-17 year olds and 31% of those aged 18-19 reported having more than one sexual partner in the previous year.

Sex Education

- Young people turn to parents and guardians as a primary source of sexual health education.
- A survey among grade nine students in Canada revealed that school was most frequently cited as the main source of information on human sexuality/puberty/birth control and HIV/AIDS.
- Over 85% of parents agree that sexual health education should be provided in schools, as do 92% of high school youth.

Contraception

- Oral contraceptives (i.e., the pill) are the most common method of conception used by Canadian women who have had intercourse (32%), followed by condoms (21%).
- For females, 39% of grade nine students and 54% of grade eleven students used the pill the last time they had intercourse.
- The percentage of both male and female students who reported using a condom the last time they had sex decreased from grade nine to grade eleven.

Teen Pregnancy

- Among 15-19 year old Canadian females, the pregnancy rate declined from 41.7 per 1,000 in 1998 to 40.2 in 1999 and 38.2 in 2000.
- The number of teenaged women who gave birth has also declined, from 16,8 live births in 1997 to 12.1 in 2003.
- Though not scientifically conclusive, increased use of the birth control pill by females has corresponded with the drop in teen pregnancy rates.

Safer Sex

- Of sexually active adults aged 20-24, 44% reported having sex without a condom, compared with 33% of those aged 18-19 and 22% of those aged 15-17.
- For males, 29% aged 15-19 and 44% aged 20-24 do not use condoms.
- For females, 51% aged 15-19 and 53% aged 20-24 do not use condoms.
- Of young people who reported in 2003 that they had had sex with multiple partners within the past year, approximately 3 in 10 had not used a condom the last time they had sex.

Sexually Transmitted Infections (STIs)

- The term sexually transmitted infection (STI) is now commonly used in place of sexually transmitted disease (STD) in order to include infections that may be asymptomatic.
- In 2003, 854,817 people aged 15-49 who have ever had sexual intercourse reported ever being diagnosed with a sexually transmitted infection.
- There are more than 25 classifications of STIs.
- STIs can lead to genital warts, blisters, infertility, spontaneous abortion, cancer, and death.
- While many STIs are curable, several are not, including Hepatitis B, genital herpes, Human Papillomavirus (HPV), and the Human Immunodeficiency Virus (HIV).

SEX FACTS IN CANADA (compiled in 2006)

Human Papillomavirus (HPV)

- HPV is the world's most common sexually transmitted infection.
- Over 80 types of HPV have been reliably identified, but researchers believe there are likely over 200.
- It is estimated that 75% of Canadians will have at least one HPV infection in their lifetime.
- It is often referred to as a 'silent' infection, as most cases are asymptomatic.
- HPV is transmitted through vaginal, oral, or anal sex, as well as skin-to-skin contact.
- HPV can cause skin warts, genital warts, pre-cancerous lesions, and lead to certain types of cancers.

Human Immunodeficiency Virus (HIV)

- From 1985 to 2005, a total of 60,160 positive HIV tests have been reported to the Public Health Agency of Canada.
- In Canada in 2005, approximately 30% of individuals with HIV were unaware of their infection.
- The average time between HIV infection and AIDS is 10 years.

Chlamydia

- Chlamydia is the most commonly reported STI in Canada.
- Close to 63,000 cases of chlamydia were reported in 2004, the highest number of cases since the disease became reportable in 1990.
- Of chlamydia cases, 40-70% present no symptoms. People may carry the infection for many years without knowing.
- From 1997 to 2004, rates in males rose from 58.7 to 129.5 per 100,000, more than doubling, while female rates increased by 57%, from 167.8 to 263.2 per 100,000.
- Females account for over two-thirds of all reported cases. Two-thirds of all reported cases are in the 15-24 age group.
- Consistent condom users (100% compliance) have significantly lower rates of infection compared with inconsistent condom users (25-27% compliance).
- Serious long-term health consequences are attributed to chlamydia, including infertility, chronic pelvic pain, and ectopic pregnancy, which can be a life-threatening medical emergency.

Gonorrhea

- Gonorrhea is the second most commonly reported STI in Canada.
- Most men and women experience no symptoms.
- Reported rates have nearly doubled from 14.9 per 100,000 in 1997 to 28.9 per 100,000 in 2004.
- Different from chlamydia, more than 60% of reported cases are attributed to males.

Syphilis

- Syphilis affects 3.5 per 100,000 people in Canada, nearly nine times the rate in 1997 (0.4 per 100,000).
- Syphilis is becoming more common, especially in males and females. Rates for men in 2004 were 15 times higher than in 1997 (6.3 vs. 0.4 per 100,000).
- Male cases appear to be driven by those over 30 (82% of reported male cases and 72% of overall cases are attributed to men aged 30-59).

Source: www.sexualityandu.ca and The Society of Obstetricians and Gynaecologists of Canada

PUBERTY REVIEW — QUIZ

1. What is puberty?
2. The gland in the brain that triggers puberty is the _____ .
3. List 3 physical changes that occur in boys and girls during puberty.

Male

Female

- | | |
|----------|-------|
| a) _____ | _____ |
| b) _____ | _____ |
| c) _____ | _____ |

4. Fill in the blanks using the correct words:

acne	ejaculation	wet dream
prostate	testicles	erection
deodorants	pituitary gland	scrotum
Fallopian tube	uterus	menstruation
can	cannot	ovary

- a) Eating good food, exercising, and washing your body daily with soap and water may help _____ .
- b) Bathing daily, changing clothes, and using _____ will help control body odours.
- c) Ovulation occurs in the female when an egg is released from the _____ .
- d) Sperm is produced in the _____ .
- e) _____ is a natural process which repeatedly prepares a woman's body for bearing a child.
- f) Discharge of semen from the penis is called _____ .
- g) During menstruation, there is a shedding of the lining of the _____ through the vagina.
- h) When a boy ejaculates semen during his sleep, it is called a _____ .
- i) A girl _____ remain active when she is having her period.
- j) A boy has an _____ because blood fills the spongy tissue of the penis.

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education (Adapted and modified with permission of Niagara Regional Health Department (1999)).

PUBERTY REVIEW - QUIZ

Structure: Individual
Time: 20 minutes
Materials: “Puberty Review— Quiz” handout

This quiz can be used as a pre- or post-test to evaluate participant knowledge.

1. What is puberty?

The period of growing and changing from a child into an adult.

2. The gland in the brain that triggers puberty is the Pituitary gland.

3. List 3 physical changes that occur in boys and girls during puberty.

Male

acne
 perspiration
 hair
 grow taller
 shoulders and chest broaden
 muscles
 genitals grow larger
 voice deepens

Female

acne
 perspiration
 hair
 grow taller
 breasts develop
 hips widen
 genitals grow larger and darker
 voice deepens

4. Fill in the blanks using the correct words:

acne	ejaculation	wet dream
prostate	testicles	erection
deodorants	pituitary gland	scrotum
Fallopian tube	uterus	menstruation
can	cannot	ovary

- a) Eating good food, exercising, and washing your body daily with soap and water may help ACNE.
- b) Bathing daily, changing clothes, and using DEODORANT will help control body odours.
- c) Ovulation occurs in the female when an egg is released from the OVARY.
- d) Sperm is produced in the TESTICLES.
- e) MENSTRUATION is a natural process which repeatedly prepares a woman's body for bearing a child.
- f) Discharge of semen from the penis is called EJACULATION.
- g) During menstruation, there is a shedding of the lining of the UTERUS through the vagina.
- h) When a boy ejaculates semen during his sleep, it is called a WET DREAM.
- i) A girl CAN remain active when she is having her period.
- j) A boy has an ERECTION because blood fills the spongy tissue of the penis.

THE FEMALE REPRODUCTIVE SYSTEM

As with males, females undergo physical and emotional changes in puberty. Their breasts begin to develop, their hips broaden, and they develop more body hair (pubic, underarm, and leg hair). Females experience a wide range of emotions during puberty. The female reproductive system, which is inside the body, also develops. No two females will have exactly the same experience of puberty.

Females have two **ovaries**. These are the female reproductive glands. A typical ovary is oval shaped and measures approximately 5 cm by 2.5 cm.

When puberty begins, the ovaries start releasing mature ova (singular is ovum, which means egg). An **ovum** is the female reproductive cell. A female is born with all of her ova. Each month, one or more ova matures and is released. In order for reproduction to occur, a singular sperm must fertilize a mature female ovum.

Females have two **Fallopian tubes**. At the end of each Fallopian tube are finger-like projections (called fimbriae) which help catch the ovum from the ovary. The Fallopian tubes transport the ovum from the ovary to the uterus.

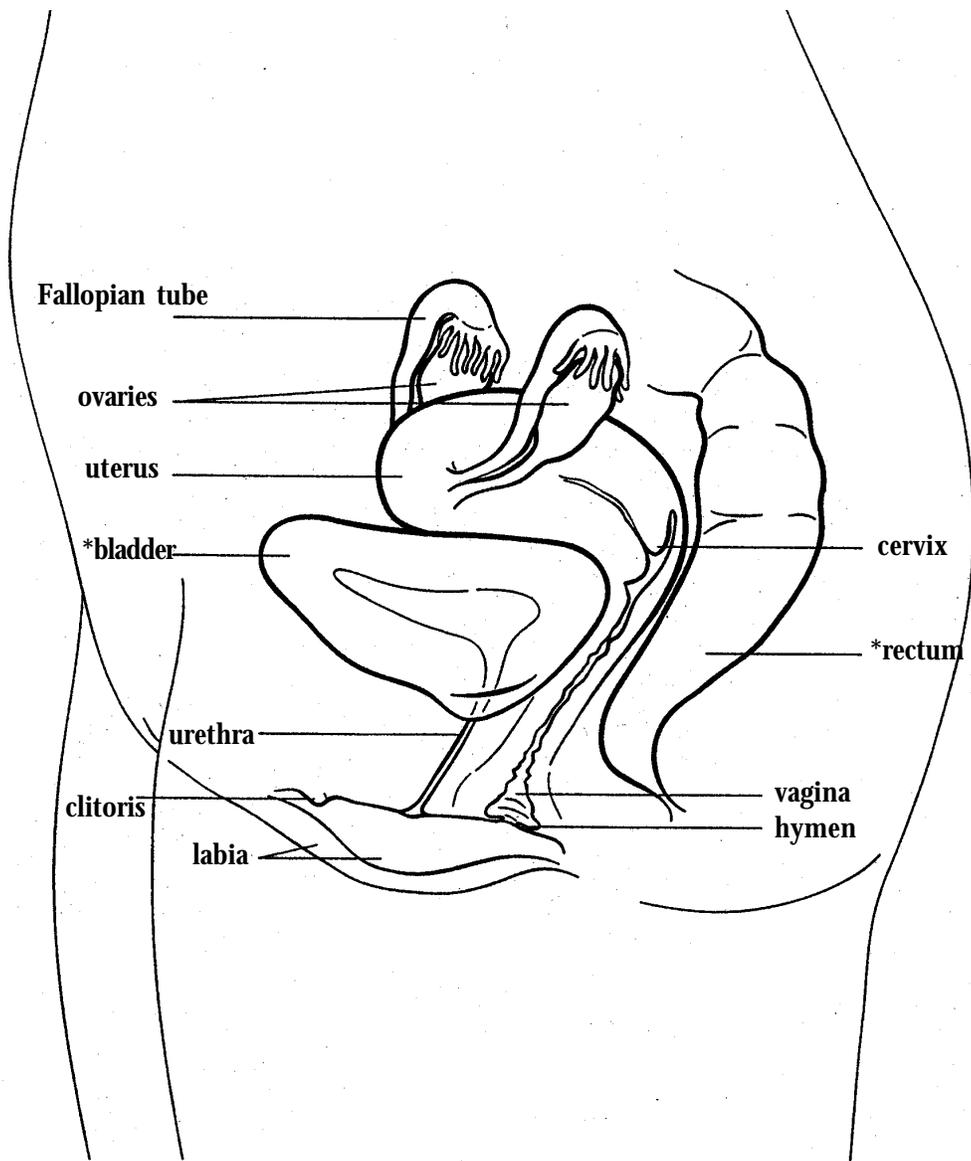
The **uterus** (womb) is a small pear-shaped organ located below the ovaries. Once a month, the lining of the uterus thickens with new cells and blood vessels in preparation for a fertilized ovum to attach itself. If this does not occur, a female will menstruate (have a period), and the lining of the uterus is shed. The process from the maturing of the ovum to the shedding of the lining of the uterus is called the **menstrual cycle**. The menstrual cycle is regulated in part by two important female hormones, estrogen and progesterone.

The lower part of the uterus is the **cervix**. This is a narrow passageway that leads from the uterus to the vagina. During childbirth the cervix widens to allow the baby to pass from the uterus into the vagina. The walls of the vagina also expand to allow the baby to pass through the vagina to be born.

The external genitalia of a female include the **labia** (minora and majora), the **clitoris**, and the **hymen**. The labia are soft folds of skin surrounding the clitoris, the opening of the vagina, and the opening of the urethra. The clitoris is a small, sensitive bump that becomes erect when stimulated. The hymen is a thin membrane stretched across the opening of the vagina. Together, these organs are called the **vulva**.

The **breasts** should also be discussed as part of the male and female reproductive system. Both males and females have breast tissue. Males may temporarily experience a slight swelling or tenderness of breast tissue in early adolescence. In females, the breasts respond to different hormones, such as estrogen and progesterone. They can vary in size and tenderness just prior to menstruation.

ILLUSTRATION OF THE FEMALE REPRODUCTIVE SYSTEM



Side View

* Not part of the reproductive system

THE MALE REPRODUCTIVE SYSTEM

During puberty, the male body begins to grow and develop. The body begins to produce hormones—special chemicals that trigger many physical and emotional changes. Males grow taller; their voice deepens; their shoulders and chests become muscular; hair begins to grow on their faces, chests, underarms, and pubic areas; and their reproductive system begins to develop. There are also many emotions that adolescent males experience during puberty. The rate of puberty change is unique to each individual, and for this reason, no two people will have the exact same experience of puberty.

Males have two **testicles** (or testes). These form part of the male reproductive glands. When puberty begins, the testicles start producing **sperm**. Sperm is the male reproductive cell. In order for reproduction to occur, a single sperm must fertilize a mature female ovum (egg). A normal sperm count ranges from 20 million to 100 million sperm cells per millilitre (mL) of semen.

Each testicle has an **epididymis**, a long tube through which sperm travels as it matures.

The testes are held in a sac called the **scrotum**, which is found outside the body, behind and below the penis. The temperature in the scrotum helps regulate sperm production. Sperm is most effectively produced at one to two degrees Celsius below body temperature. The scrotum contracts to pull the testicles closer to the body for warmth and moves away from the body to lower the temperature when the body becomes hot.

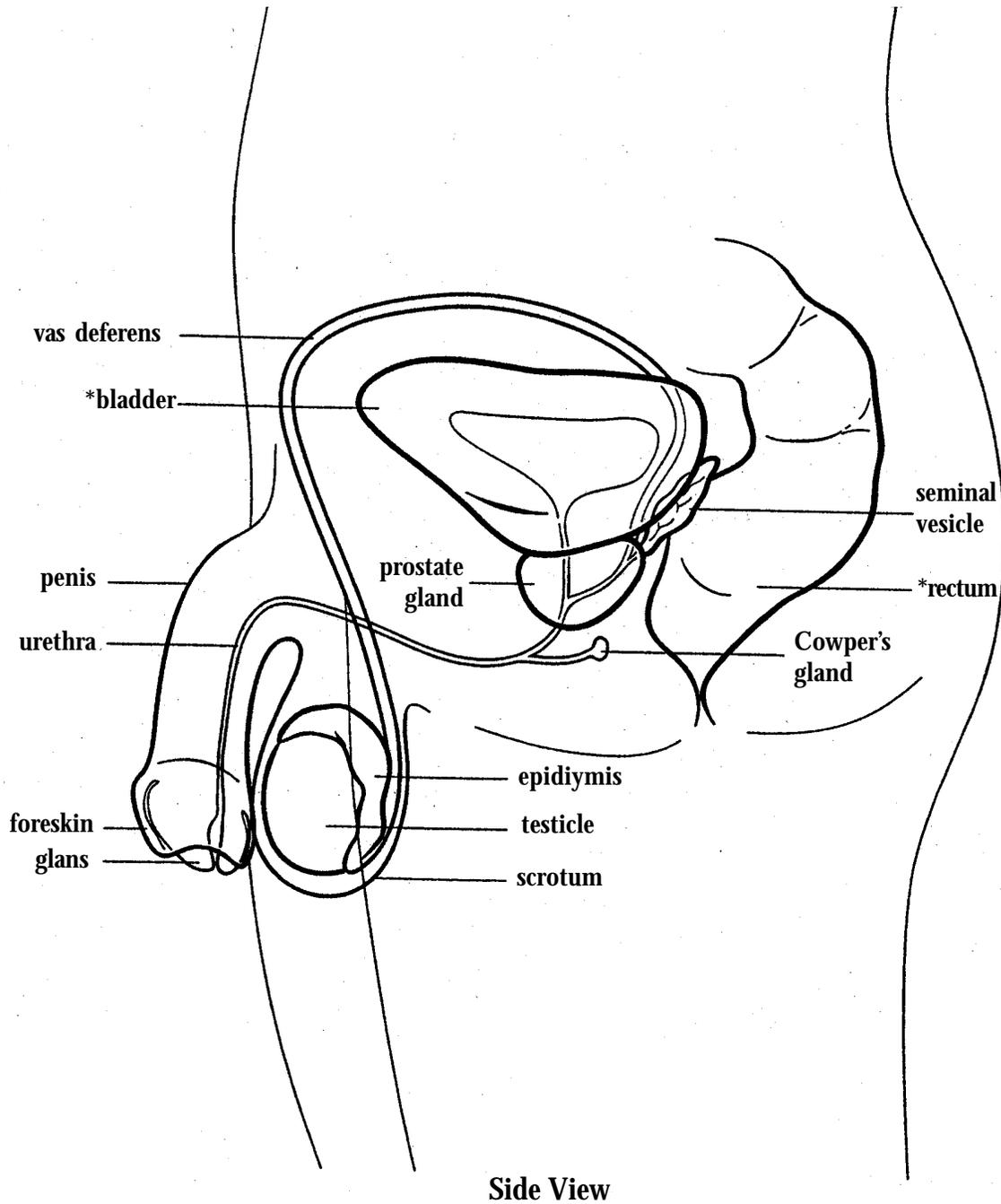
The **penis** is the external male sexual organ and is tubular in shape. The **glans** is at the tip of the penis. All males are born with **foreskin**, a fold of skin that covers the glans. Circumcision is the partial removal of the foreskin. It is done for various reasons (religious/cultural beliefs or traditions, medical reasons). Some males are circumcised and others are not.

Sperm travels from the testicles through the epididymis to a tube called the **vas deferens**. Here it mixes with secretions from the **seminal vesicle**, the **prostate gland**, and the **Cowper's glands**. The mixture is called **semen**.

Semen passes from the vas deferens to the **urethra**, a tube that runs from the bladder to the penis. The urethra is the passageway for both semen and urine to leave the body.

An **erection** occurs when a male is sexually aroused. An erection is caused by an increase of blood flowing into the penis, together with signals from special nerve fibres. Semen is released from the body through the penis in a process called **ejaculation**.

ILLUSTRATION OF THE MALE REPRODUCTIVE SYSTEM



* Not part of the reproductive system

SEXUAL ABUSE

Sexual abuse can be defined as sexual activity that is forced upon a person through the use of coercion, threats, or physical superiority. Sexual abuse can take many forms. It can be vaginal or anal intercourse, oral-genital contact, fondling, or forced stimulation of the abuser. Both males and females are sexually abused, but statistics show females are more often abused than males. The abuse can start at a very young age, or later, during puberty and beyond. The abuser uses techniques such as bribery, threats, intimidation, and physical force. In a majority of cases, the abuser is known to the person being abused.

People who are abused can experience many symptoms. They often feel guilt or shame about what is happening, and feel powerless to do anything about it. They can feel isolated from their peers and distrustful of adults. They may become depressed or develop thoughts of suicide.

Victims of sexual abuse are exposed to

- unwanted kissing, hugging, holding, or touching
- forced involvement in sexual activities
- obscene phone calls or e-mail
- sexual jokes or innuendo
- exposure to pornography or indecent exposure
- sexual exploitation (prostitution)

Victims of sexual abuse

- are often wary of any physical contact
- may show a heightened knowledge of sexual matters relative to others in their peer group
- may have trouble trusting others
- may act out sexually
- may have sexually transmitted diseases
- may experience pain when going to the bathroom
- may show signs of emotional abuse, including fear, depression, anxiety, hostility, eating disorders, as well as self-destructive or suicidal behaviour

Sexual abuse is a crime that must be reported. Any discussion of sexual abuse should focus on the fact that the abuse is not the fault of the person being abused, and that those experiencing abuse need to tell someone they trust about what is happening.

SEXUAL VIOLENCE

Sexual assault is any sexual activity without consent, and it is against the law. Sexual violence is not about sex: it is about power. It is most often an issue of men exerting power over women, with some groups of women disproportionately affected. Although it occurs less often, boys and men are also victims of sexual violence, and girls are capable of pressuring boys in dating relationships.

- One in three girls and one in six boys will experience some form of unwanted sexual contact before the age of 18.
- Only 6% of sexual assaults are reported to the police.
- The victim knows the offender 85% of the time.
- Of all rapes, 57% occur on a date.
- Of rape victims, 49% are 16 or older.
- Girls and women with disabilities are twice as likely to be sexually assaulted.
- Men commit 99% of all sexual assaults.

If victims of abuse disclose to you,

- Listen.
- Thank them for confiding in you, and acknowledge how hard it must be to talk about the abuse.
- Tell them you believe them. It is important for someone who has been abused to have people believe what has happened. Most people do not lie about being abused or assaulted.
- Support their feelings by saying things like “It sounds like it was really scary,” or “I understand why you feel so terrible.”
- Tell them that it wasn’t their fault. The only person to blame is the offender.
- Inform them of your legal obligation to report.
- Refer them to services in your community (e.g., sexual assault centre).

DATE OR ACQUAINTANCE RAPE

This is sexual assault in which the victim and offender know each other. They may be dating steadily, be going out for the first time, or have just met. The usual distress associated with rape is increased in date rape by the betrayal of trust, the questioning of one's own judgment and self-blame. Eighty-five percent of all sexual assaults involve known offenders. One in 10 Canadian students is involved in some sort of dating violence.

Source: Sexual Assault Centre of Edmonton, 1998, 1999.

Be aware of rape drugs

- Rape drugs put a victim into a state of deep unconsciousness for many hours.
- Symptoms include feeling drunk, stumbling, being unable to focus, slurred speech, slipping in and out of consciousness.
- A person who suspects he or she has ingested a rape drug should go to a hospital immediately.

Preventing Date Rape

Set limits

- Know you have the right to set sexual limits.
- Know where you will draw the line before dating someone.

Be assertive

- Communicate your sexual boundaries clearly to your dating partner.
- Learn and practise refusal strategies.
- Don't worry about embarrassing yourself or your partner.
- Shout for help if you need it.

Stay sober

- Realize that drugs and alcohol can impair judgement.
- Don't leave drinks unattended.
- Be cautious accepting drinks from other people.

Investigate new dating partners

- Learn to identify dangerous behaviours, such as jealousy, put-downs, teasing, ridiculing, not listening, not accepting your limits about sexual activity.
- If possible, speak to the person's previous dating partners.

Stay in control

- Act on instincts and leave if you are feeling uncomfortable.
- Always let someone know where you are.
- Arrive and leave with your own means of transportation, or have someone pick you up.
- Avoid high-risk areas.
- Be alert, but don't live in fear.
- Take a self-defence course.

SEXUAL ASSAULT

What a student should do if assaulted

- Be aware of local crisis lines.
- Tell someone who can be trusted.
- Get medical attention as soon as possible.
- Report the incident to the police.
- Be aware that the incident was not his or her fault.
- Take time to recover.

Reactions of people close to a victim

People close to a victim may feel helpless and frustrated, fearful for their own safety, angry with the offender, and possibly even angry with the victim for not preventing it. They may also feel guilty for not preventing it themselves. It is important to recognize these as their own feelings, not those of the victim. They should turn to others for personal support.

Myths about sexual assault

There are many attitudes and beliefs about sexual assault. Some of these attitudes interfere with a survivor's recovery and lessen willingness to report the experience. Below are some common myths.

Most sexual assaults are committed by men who jump from bushes and wear masks.

- According to Statistics Canada, 85% of all sexual assaults are perpetrated by someone the survivor knows.
- We choose to believe that strangers perpetrate sexual assaults because
 - it's easier to believe that a stranger, and not someone who is loved and trusted, could be hurtful in this way;
 - sexual assault by strangers is reported most by the media, perpetuating the idea that this type of assault happens more often.

Men should be able to protect themselves from being sexually assaulted.

- There are times when men are unable to protect themselves from sexual assault for varying reasons.
- One in three males will be the victim of one or more unwanted sexual acts.

Some women "ask for it" by wearing provocative clothing or walking alone at night.

- Most sexual assaults take place in the home or in places that are familiar and considered safe by the survivor.
- Sexual assault centres report supporting survivors ranging from three months to 87 years. Sexual assault is about power, not sex. Sex is the weapon used to gain power over another person.
- No matter what someone is wearing or where someone is walking, no one "asks" to be sexually assaulted.

SEXUAL ASSAULT (Cont'd)

What to do if someone has been sexually assaulted

Sexual assault is an act of violation. Disclosing the event may be like reliving the sexual assault all over again. For this reason, the reactions of those hearing the disclosure can be critical to the individual's recovery.

Listening to a disclosure of sexual assault can be overwhelming, but there are three things you can do to support an individual who is confiding in you.

- *Listen:* Let the person who has been assaulted tell the story and listen attentively. This can be validating and helpful. Show you are listening by making eye contact, maintaining open body posture, and limiting your questions. It is difficult for individuals to share their stories. Allowing silence during the disclosure is helpful.
- *Be non-judgmental:* Many people who have been sexually assaulted do not disclose their experience because of fear of not being believed or of being blamed for the sexual assault. If someone chooses to disclose to you, he or she trusts that you will be non-judgmental.
- *Provide options:* During the sexual assault, all control has been taken away from the individual. Help the individual regain control by offering the following options for recovery.
 - Report the incident to the police.
 - Seek medical attention. It is important to receive care for any injuries. A medical exam can provide evidence should the case go to trial. A medical exam can also determine if any disease has been transmitted.
 - Have a 24-hour crisis line number available for someone to talk to in the middle of the night.
 - Seek long-term counselling.
 - Do nothing. The survivor may need time to process what happened and make decisions.

An individual has the right to choose those options that he or she is comfortable with.

SEXUAL ASSAULT: THE LAW

Level 1 - Sexual Assault

It is a crime if someone forces any form of sexual activity on someone else (e.g., kissing, fondling, touching, sexual intercourse, etc.) without that person's consent.

Level 2 - Sexual Assault with a Weapon

It is a crime if, during a sexual assault

- the attacker either uses a weapon or threatens to use a weapon (imitation or real)
- the attacker causes bodily harm to the victim
- the attacker threatens to harm a person other than the victim
- more than one person assaults the victim in the same incident

Level 3 - Aggravated Sexual Assault

It is a crime if, while committing a sexual assault, the attacker

- wounds, maims, disfigures, or brutally beats the victim
- endangers the life of the victim

Sexual Interference (against children under 14)

It is a crime if someone, for a sexual purpose, touches any part of the body of a child (under the age of 14).

Invitation to Sexual Touching (against children under 14)

It is a crime if someone, for a sexual purpose, encourages a child to touch him/her with any part of the child's body, or with an object.

Invitation to Sexual Touching (against children 14-17)

It is a crime if someone who is in a position of trust or authority towards a young person (someone between the ages of 14 and 17) or a person with whom the young person is in a relationship of dependency (guardian, foster-parent, parent) commits the offence of "sexual interference" or "invitation to sexual touching" described above.

Incest

It is a crime if a blood relation has sexual intercourse with another blood relation (e.g., parent, brother, half-brother, sister, grandparent, etc.).

Exposure

It is a crime if someone, for a sexual purpose, exposes his or her genitals to a person who is under the age of 14. (If this happens to someone over the age of 14, it is only against the law if it happens in a public place.)

Offence in Relation to Juvenile Prostitution

It is a crime if someone buys or attempts to buy the sexual services of a person who is under the age of 18.

REFERENCES

1. Metropolitan Action Committee on Violence Against Women and Children (METRAC) (1998). *Preventing Sexual Assault*. Toronto: Author.
2. Victoria Women's Sexual Assault Centre (1994). *Today's Talk About Sexual Violence: A Booklet for Teens*. Victoria: Author.
3. Education Wife Assault (1993). *Preventing Violence in Dating Relationships: A Teaching Guide*. Toronto: Author.

Circle of Caring for Children

Living in Situations of Family Violence



Growth



Self-Esteem



Belonging



Security



Safety

Boys & Girls Clubs
 Charlottetown 892-1817
 Summerside 436-9403
 Tyne Valley 831-3297
 Wellington 854-3174

Council of Disabled
 Prince County 888-8035
 Kings County 838-5879
 Queens County 892-9149

Leisure and Recreation
 4H - West Prince 436-8049
 Charlottetown 368-4835
 Montague 687-7043
 Souris 687-7043
 Summerside 436-8049
 Girl Guides 894-4936
 Scouts 566-9153

Aboriginal Groups
 Aboriginal Women's Association 831-3059
 Aboriginal Justice Program 626-2882
 Abegweit First Nation 676-2353
 Lennox Island First Nation 831-2779
 Mi'kmaq Confederacy 436-5101
 Mi'kmaq Family Resource Centre 892-0928
 Native Council 892-5314

Community Counselling Services
 Family Service PEI—
 Charlottetown 892-2441
 Summerside 436-9171
 Catholic Family Services 894-3515

Family Resource Centres
 Kids West 853-4066
 CAP Enfants 854-2123
 Family Place 436-1348
 Mi'kmaq 892-0928
 CHANCES 892-8744
 Families First 838-4600
 Mainstreet 687-3928

Family Law Centre
 Main Number 368-6292
 Child Support Charlottetown 368-6220
 Child Support Summerside 888-8188
 Family Court Counsellors 368-6928
 Positive Parenting—Toll free
 1-877-203-8828

Child Find PEI 368-1678
 Toll free 1-800-387-7962

Police
 West Prince RCMP 853-9300
 East Prince RCMP 436-9300
 Summerside 432-1201
 Borden -Carleton 437-2228
 Kensington 836-4499
 Charlottetown RCMP 368-9300
 Charlottetown City 629-4171
 Montague RCMP 838-9300
 Souris RCMP 687-9300

Canadian Mental Health Association
 West Prince 853-3871 Prince County 436-7399
 Charlottetown/PEI Division 566-3034

School Counsellors
 Eastern District Counselling Consultants -
 368-6831 / 620-3453
 Western School Board Consultant 888-8400
 French Language Board 854-2975

Kids Help Line 1-800-668-6868
Turning Point 368-6392

Police Youth Outreach—
 use phone numbers of police for
 RCMP Montague, RCMP West Prince,
 Summerside, Charlottetown City

Family Violence Prevention Services
 West Prince 859-8849 Summerside 436-0517
 Charlottetown 566-1480 Kings 838-0795

Victim Services
 Summerside 888-8217 Charlottetown 368-4582

Rape Crisis Centre
 566-8999 or Toll-free
 1-800-289-5656

Anderson House
Emergency
 892-0960 or Toll-free
 1-800-240-9894

Child Protection
 O'Leary 859-8811
 Summerside 888-8100
 Charlottetown 368-5342
 Montague 838-0703
 Souris 687-7063
After Hours Emergency
 1-800-341-6868

Emergency—Police, Fire, Medical, Poison 911

To Update Information go to www.familiesfirstpei.com

The Helping Tree

FLIPCHART QUESTIONS FOR METHODS OF PREGNANCY PREVENTION

Procedure

1. **Prepare** sheets of flipchart paper by listing a different method of pregnancy prevention at the top of each one. List the questions students will be answering as well. Be sure that the sheets can be read from a distance, and leave enough space for students to record their answers. (The following answer key lists methods you may wish to discuss with your class, questions to include on the flip chart paper, and basic information about each method to share with the group).
2. **Tape** the sheets of flipchart paper up at various points in the room.
3. **Divide** the students into groups and assign each group to a method. Ask the students to do their best to answer the questions on the flipchart paper and to record their answers on the sheet. If students are really stumped, you can give them some written information for guidance (contact your school public health nurse for copies of brochures and fact sheets, or have students search for answers on the Internet or in the library).
4. **Circulate** among the groups to keep them on task, or to assist them by asking them leading questions or giving information.
5. Once students have completed the questions (to the best of their ability), **review** each method with them by following the answer key. You may wish to have each group report their findings. Remember that the answer key will not provide all information about each method. The goal of this activity is to review the different methods of pregnancy prevention available (particularly the methods that young people most commonly use), and to let them know about community resources. For more information about the methods, you can consult the answer keys. Provide information that students can take away about resources in the community (fact sheets, youth friendly clinics, phone lines, etc.)
6. **Conclude** by asking students to identify which methods they think would be most effective for young people. One hopes they will identify abstinence/postponing intercourse, oral contraceptives (used with condom), condoms with emergency contraceptives, Depo-Provera (used with condoms), condoms, and emergency contraception (for emergencies). Raise the question, when is the best time to talk about contraception? (Before having sexual intercourse.) Ask students if they agree or disagree with the statement "Birth control is not a guy's responsibility because he's not the one who gets pregnant." (Disagree. Guys should also be knowledgeable about the range of methods of pregnancy and disease prevention in order to support their partner's effective use of a method and to effectively decrease the risk of STIs and unintended pregnancy).

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education (Adapted with permission from: Region of Ottawa - Carleton (2000) Ottawa - Carleton School-Based Sexual Health Program. Ottawa: Author.)

FLIPCHART QUESTIONS FOR METHODS OF PREGNANCY PREVENTION

METHOD: ABSTINENCE/POSTPONING

How does it work?

- It means not having vaginal or anal intercourse or oral sex.
- 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 OK.
- Others have limits somewhere in between.
- People have to set limits for themselves, and communicate their limits to their partner.

How effective is it?

- Abstinence is 100% 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 reaction.)
- 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 a partner, getting drunk or high).

Why would someone choose this method?

- It is a very effective protection from STIs and pregnancy.
- Some are not ready for sex or not interested in the stress that is involved in having vaginal or anal intercourse at an early age.
- Some want to spend time on other things (sports, school, friends) and to focus on personal growth before having intercourse.
- Religious beliefs or cultural beliefs may support this choice.

Why not?

- The 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).
- The person is feeling pressure from a partner or not wanting to lose partner.
- The person feels sexual desire. (Are there other ways of dealing with sexual feelings without having intercourse?)
- Some do not feel able to communicate personal limits.

METHOD: CONDOMS AND SPERMICIDE

How do they work?

- Condoms prevent semen from getting into the vagina (and swimming up to the ovum).
- Condoms prevent semen from entering the anus.
- Spermicide kills sperm. (Spermicide should NOT be used for anal sex because the skin in the anus is too delicate.)

How effective are they?

- Condoms are typically 88% effective.
- Condoms combined with spermicide are 97% effective. (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.
- At a drugstore, **condoms** cost about \$7 for 12; **spermicide foam** costs about \$16.
- AIDS PEI, the Native Council, and most community Health Centers provide free condoms.

Why would someone choose this method?

- Easy to get, no prescription needed, not expensive
- Protection from most STIs (but not herpes, or HPV — Human Papilloma Virus — the virus that causes genital warts)
- Concerned about side effects associated with other methods
- Effective contraception

Why not?

- One 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).
- Some are allergic to latex (non-latex polyurethane condoms are more expensive).
- Some women may feel uncomfortable or have allergic reactions to putting spermicide in their vaginas.

METHOD: EMERGENCY CONTRACEPTION (MORNING AFTER PILL)**How does it work?**

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);
- can cause changes to the endometrium, 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?

- It prevents 75% of the pregnancies that would have occurred. (Of women who take it, 98% will menstruate within three weeks.)
- It is more effective if taken as soon as possible after unprotected vaginal sex (within 72 hours).
Important note: Nausea is a very common side effect, so emergency contraception should be taken with Gravol.
- A woman should menstruate within 14-21 days.
- Spotting is also a common side effect.

Where can you get it? Is it expensive?

- One must see a doctor to get it.
- Many walk-in clinics and doctors' offices, and some hospitals provide it. (Call first.)

Why would someone choose this method?

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

Why not?

- It's too late. (More than three to five days have passed since the unprotected vaginal sex.)
- There are medical reasons for not taking birth control pills.
- Emergency contraception should **not** be considered a routine form of birth control!

METHOD: ORAL CONTRACEPTIVES**How does this method work?**

- 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?

- Their typical effectiveness is about 95-98%.
- It is 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? It is expensive?

- One must see a doctor for a prescription. (Young women need a check up first and sometimes a paptest.) They cost 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 card for people receiving welfare benefits.)
- Partners can share the cost.

Why would someone choose this method?

- Very effective
- Easy and safe

Why Not?

- There are 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.
- Some have difficulty remembering to take every day.
- The pill provides no protection from STIs and **MUST** be used with condoms.

METHOD: WITHDRAWAL**How does it work?**

- 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?

- It is not reliable.
- It is difficult to know when you are going to ejaculate, and to pull out in time. 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: DEPO-PROVERA**How does it work?**

- Contains progesterone (a female hormone)
- Prevents ovulation
- Thins the endometrium (lining of the uterus)
- Thickens cervical mucous to block sperm
- Prevents ovulation and thins the endometrium so women using Depo-Provera don't have regular periods (either no periods at all, irregular "spotting", or light bleeding).

How effective is it?

- Over 99%, as long as the woman returns every three months for the injection

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

- Injection— can receive it from a physician or a clinic
- Need a check up and pap test
- Doctor's office: about \$40 per injection (for those on social assistance, covered on their drug card.)
- Helpful if partner shares the cost

Why would someone choose this method?

- Only have to think about it once every three months.
- Very effective
- Prefer not have a period.

Why not?

- Some women feel funny not getting a period.
- Some may not be willing to live with irregularly spotting. (About 50% of women get this in the first year on Depo-Provera; the other 50% 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 include decreased bone density and can make existing depression may become worse.
- Some fear injections
- There is no protection against STIs— MUST be used with condoms.

METHOD: CALENDAR/RHYTHM METHOD**How does it work?**

- 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?

- Rhythm is 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 24-48 hours. Therefore, sperm might still be present in the Fallopian tubes several days after having vaginal intercourse.

Why would someone choose this method?

- To plan a pregnancy
- Nothing else available
- Poor understanding of the risks of this method
- A sense of really understanding one’s fertility

Why not?

- Not effective for pregnancy prevention
- Complicated to keep track of
- Requires a substantial time commitment
- No protection from STIs

SEX, DRUGS & ALCOHOL

- Drugs and alcohol can be associated with many health risks. They impair your decision making so you may end up having sex when you wouldn't if you were sober. People may take advantage of you in this situation —sex without consent is sexual assault.
- If you're drunk or stoned, you might have unsafe sex, putting yourself at risk of sexually transmitted infections (STIs) and unintended pregnancy. If you've had unprotected sex, or can't remember what happened, get tested for STIs.
- If you share needles or other drug equipment, you will be at risk of contracting HIV and Hepatitis B and C. Needles must be clean to be safer. Do not share equipment!
- Pregnant women using alcohol, drugs, or tobacco risk harmful effects on the developing fetus.
- People may be influenced by peer pressure to use drugs and alcohol. If friends are pressuring you, they're not really your friends. If a partner pressures you, it's not a healthy relationship. You deserve better— find people who respect you!
- Some gay, lesbian, bisexual, and transgender youth may use drugs and alcohol to cope with feelings of loneliness, shame, fear, and harassment. Getting drunk or high won't make coming out any easier. Remember that you are not alone.
- Tips for being safer:
 - Choose abstinence.
 - Choose not to use drugs and alcohol. If you do, set limits for yourself.
 - Be a buddy! Friends can watch out for each other.
 - Do not share needles and drug equipment.
 - If you're going to have sex, practise safer sex. Don't exchange bodily fluids such as semen, vaginal fluids, and blood. Be prepared, with lubricated latex condoms. Choose less risky activities. Get more information about safer sex from a clinic or doctor.
 - To protect yourself from date-rape drugs, don't drink anything you didn't open yourself, and never leave a drink unattended. Don't drink something that looks or tastes odd.
- Substances can reduce our inhibitions, but they also involve a lot of risks. If you need drugs and alcohol in order to have sex, maybe you're not really ready to have sex at all!

Sober is Safer!!!

Adapted from: Planned Parenthood Metro Clinic, Halifax

MY BIRTH

If you live with a birth parent, interview the person who can best answer these questions. Write your answers below.

1. Place of birth (city, hospital, etc.)?
2. Time of birth (weather, historical events at this time)?
3. Where were they when labour began?
4. How long was labour?
5. Who was present (family, medical, others)?
6. Weight at birth?
7. Any unusual happenings?
8. How did they pick your name?
9. Ask the questions you would like to know about your birth and early childhood, such as diseases, first steps, first words, etc.
10. What sources of information about yourself are available to you (e.g., baby books, family records, albums, photos, traditional stories)?

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MY BIRTH (Cont'd)

If you are adopted or living with someone other than a birth parent, interview the person who can best answer these questions. Write your answers below.

1. What do they know about your birth?
 - A. Where was it?
 - B. Time (what was happening in the world at that time)?
 - C. Weight, length, etc.?
2. What was it like the first time they saw you? How long had they known you were coming to live with them?
3. Ask them about the day you came to live with them.
4. What were your first six months together like?
5. What can they tell you about your name?
6. What do they know about your early life (your first words, childhood illnesses, etc.)?
7. What sources of information are available (e.g., baby books, records, photographs)?

(Detach and hand in this slip only)

We completed the My Birth homework assignment.

Participant

Adult Support Person

PREGNANCY AND BIRTH

1. **Decision to have a child**

The first step toward pregnancy should be making the decision to have a child. This decision is based upon weighing parenting skills, understanding the day-to-day responsibilities of caring for a child, assessing finances and support of family and friends, and considering the age of the parents. The expense of raising a child from birth to age 21 is considerable.

2. **Male's erect penis put into female's vagina**

When a man and woman have vaginal intercourse, the man's erect penis is put into the woman's vagina. *(For more mature groups, you may want to add that if a woman does not have a male partner, or if her male partner is infertile, she can undergo artificial insemination whereby sperm is manually placed in her vagina).*

3. **Ejaculation: sperm enter vagina**

During ejaculation, millions of sperm spurt out of the penis and enter the vagina.

4. **Sperm swim up vagina**

The sperm swim up the vagina, using their tails to propel themselves forward. Some of the stronger sperm swim through the cervix to reach the uterus, or womb.

5. **Some sperm meet ovum in Fallopian tubes (if ovulation has occurred)**

Some of these sperm move through the uterus into the Fallopian tubes. For fertilization to occur, the sperm must meet the ovum in the Fallopian tube. (If ovulation has occurred, whereby the ovary releases one egg per month, and if the egg is not fertilized, a woman has a menstrual period. Ovulation occurs about 14 days prior to a woman's menstrual period, making this a woman's most fertile time of month.) Once the sperm get up into the uterus and Fallopian tubes, they can live for 3-5 days. Sperm usually reach the fallopian tubes within 1- 1 1/2 hours of ejaculation.

6. **Fertilization: one sperm enters ovum's outer membrane**

If an egg has been released by an ovary (approximately two weeks before a woman's menstrual period a woman's most fertile time of month) and is present in the Fallopian tube, only one sperm is allowed into the ovum's outer membrane. The process of the sperm entering the ovum is called "fertilization" or "conception".

7. **Fertilized egg (zygote) travels to uterus**

The newly fertilized egg travels through the Fallopian tube toward the uterus. The fertilized egg is now called a zygote.

PREGNANCY AND BIRTH (Cont'd)

8. Zygote implants on wall of uterus

In the uterus, the zygote will develop into a baby during nine months of pregnancy.

9. Confirm pregnancy

Tests of urine and blood samples can be done in laboratories to confirm pregnancy on the 15th day after fertilization.

10. Good prenatal care

Diet during pregnancy is very important. If a woman's diet is healthy, she has a better chance of remaining healthy during pregnancy and bearing a healthy child. Women should not smoke, drink alcohol or take drugs during pregnancy, as these actions harm the developing baby. Excessive and chronic alcohol use increases the risk of Fetal Alcohol Syndrome. Most healthy women can continue regular physical activity during pregnancy. Vigorous and strenuous exercise should not start in pregnancy.

11. Nine months pass

The baby is ready to be born after nine months. Birth happens in three stages: labour, delivery of the baby, and delivery of the placenta.

12. Contractions of uterus opens cervix

Contractions of the uterus gradually increase in intensity and occur more frequently as labour progresses. The contractions of the uterus open the cervix wide enough for the baby to exit.

13. Baby enters birth canal

When the cervix has completely opened, the baby enters the birth canal, which results in the delivery of the baby out of the mother's body.

14. Abdominal muscles propel baby through vagina

As the uterus contracts, the woman pushes with her abdominal muscles to propel the baby through the vagina.

PREGNANCY AND BIRTH (Cont'd)

15. Umbilical cord cut

After the baby is born, it is still attached to the mother by the umbilical cord. As soon as the baby begins breathing on its own, or the cord no longer pulsates, the umbilical cord is clamped and cut.

16. Delivery of placenta

The delivery of the placenta, or “afterbirth,” usually occurs 30 minutes after the baby is born. The placenta grows on the inner wall of the uterus and nourishes the baby during pregnancy. It is the size of a large dinner plate. After the birth of the baby, it separates from the uterus, which then contracts to push it out.

Conclude by pointing out that humans experience three rapid growth periods of change in our bodies: conception to birth, birth to first year, and puberty.

Adapted with permission from: Planned Parenthood Federation of Canada (2001) *Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education*. Ottawa: Author.)

MYTH INFORMATION - PREGNANCY

Structure:	Small group activity
Time:	35 minutes
Materials:	Blackboard or flipchart, "Myths and Facts About pregnancy" resource sheet

Procedure

1. **Introduce** this activity by telling the class that there are certain things expectant parents need to know in order to have a healthy pregnancy. Explain that in this activity, students will divide into teams and compete to see which team knows the most about pregnancy.
2. **Divide** the class into two (or more) teams and have them move to different sides of the room. Ask each team to choose a name, and then write the team names at the top of the flipchart or blackboard.
3. **Explain** that you will read statements about pregnancy to each team in turn, and team members must decide **together** whether the statement is a fact or a myth. Define "myth" as a statement containing incorrect information that is often believed to be true.
4. **Begin by reading** a statement from "Myths and Facts About Pregnancy" to the team. Encourage team members to talk briefly among themselves to decide whether the statement is a myth or a fact. If the team's answer is correct, record a point for the team on the score board. If the response is incorrect, offer correct information and allow a few minutes for discussion. To help youth avoid feeling embarrassed about incorrect answers, stress that many people believe myths about pregnancy, and even many adults lack accurate information.
5. **Continue** reading statements to the teams until all statements have been read or you are out of time.
6. **Conclude** with the following questions:

What was the most surprising new information you learned from this activity?

What is one myth about pregnancy that can be especially dangerous if people believe it?

Why do you think such a large number of teen moms give birth to babies with health and developmental problems?

(Adapted with permission from: Wilson, Pamela M. (1999) *Our Whole Lives: Sexuality Education for Grades 7-9*. Boston: Unitarian Universalist Association and United Church Board for Homeland Ministries.)

MYTHS AND FACTS ABOUT PREGNANCY

Read the statements in bold type to students. After you have received an answer, use the paragraph below each statement to provide the correct information.

1. **Smoking during pregnancy will not hurt an unborn child.**

MYTH: Infants of mothers who have smoked during pregnancy often weigh less and are in poorer general condition than infants of non-smoking mothers. Even secondhand smoke can negatively affect the fetus. Men who smoke have lower sperm counts.

2. **Most sexually transmitted infections (STIs) will not hurt an unborn baby.**

MYTH: STIs can cause a number of health problems for infants, including eye infections, heart defects, bone deformity, or other health problems in early childhood. Genital herpes can be passed on to an infant during delivery. Women that are considering parenthood need to protect themselves from STIs in order to protect their future children.

3. **Excessive drinking of alcohol increases the risk of fetal alcohol syndrome.**

FACT: Fetal alcohol syndrome is related to the chronic and excessive use of alcohol. It is recommended that pregnant women not drink alcohol at all.

4. **If a pregnant woman uses a drug such as marijuana, cocaine, or speed, the placenta filters out harmful substances and protects her developing fetus from the drug.**

MYTH: Virtually everything that enters a pregnant woman's bloodstream makes its way through the umbilical cord to her developing fetus. The placenta is not able to prevent drugs from entering the fetal bloodstream. If the substance is harmful to the woman, it can also harm her fetus. When it comes to taking perscription drugs, a pregnant woman should consult with her medical provider.

5. **The biological father determines the sex of the baby.**

FACT: The genetic material carried in the sperm cell determines whether the child will be male or female, along with some of its other characteristics. The genetic message of the mother has no influence on the gender of her child.

6. **If a pregnant woman looks too long at the full moon she will have twins.**

MYTH: Twins can only result in one of two ways: (1) A fertilized embryo divides in half and becomes two separate but identical developing embryos (identical twins). Or (2) two egg cells are released at the same time, one from each ovary, and both are fertilized (non-identical or "fraternal" twins).

MYTHS AND FACTS ABOUT PREGNANCY (Cont'd)

7. **Having vaginal intercourse during pregnancy is not recommended since it will probably cause problems for the developing fetus.**

MYTH: Vaginal intercourse during pregnancy is not any more likely to cause a problem than any other normal activity. However, if intercourse becomes uncomfortable for the expectant mother, the couple will need to find a more comfortable position, abstain from having intercourse until after the birth, or engage in other sexual behaviour, such as shared masturbation or oral sex. These activities will not harm the fetus. Engaging in unprotected intercourse with a partner who could possibly have a sexually transmitted infection would be harmful for both the woman and the fetus.

8. **A mother's nutritional intake during her pregnancy affects the development of the fetus.**

FACT: Mothers who follow nutritious diets during pregnancy have fewer complications during pregnancy and childbirth than those who don't, and their babies are healthier at birth. Women who are unable to eat because of nausea and vomiting should seek medical attention, as there are safe medications available to address these symptoms.

9. **If a woman has been having vaginal intercourse without using birth control for six months and has not become pregnant, she is most likely infertile and should seek medical attention.**

MYTH: Approximately 9 out of 10 women who have unprotected vaginal intercourse for one year will become pregnant. Only 1 out of 10 women will not. A woman who has had vaginal intercourse without using birth control for six months can still become pregnant at any time.

CONSIDERING PREGNANCY RISK AND IMPACT

Structure: Large group and individual

Time: About 30 minutes

Materials: Index cards, coloured markers, “Pregnancy Impact” handout

Preparation

Prepare a set of 39 index cards. Designate the index cards as follows:

4 cards, each with a blue circle drawn upon it (Representing the number of people who would experience a pregnancy after one year of using condoms only for contraception.)

1 card with a green circle (hormonal methods: birth control pills, the patch, the vaginal ring)

1 card with a purple circle (condom and spermicide)

6 cards, each with an orange circle (spermicide only)

27 cards, each with a red circle (sex without any protection)

The differently coloured cards illustrate the number of pregnancies that would be expected to occur in a group of **30** people, after one year of typical use of various methods of contraception. See the ‘Chances of Pregnancy’ chart for **percentages** of women experiencing accidental pregnancy while using specific methods, as well as the **numbers** of women becoming pregnant. (Numbers of women have been calculated so that this activity can be used with groups of 15 or 20.) To accommodate the size of your class, use the percentage value to modify these calculations.

Procedure

- Tell** students that this activity will help them to understand the number of pregnancies that would occur in the group through the use of various methods of pregnancy prevention. Tell them that, for the purposes of this activity, you’ll be making the assumption that everyone in the class is having intercourse, even though in reality, many teens are not. (MOST grade 7, 8, 9 and 10 students have never had intercourse.) Remind the group that you are fully aware of the fact that, though young men do not get pregnant, they share the responsibility for a pregnancy. Young men are greatly affected when their partners become pregnant.
- Distribute** all of the cards with coloured circles. Some participants will have more than one card.
- Discuss each method of pregnancy prevention in turn. Begin by asking everyone with a **blue circle** on a card to stand. Tell the group, “This is how many people in this group would experience a pregnancy after using **condoms only** as protection for one year.”

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education (Adapted with permission from: Region of Ottawa - Carleton School-Based Sexual Health Program. Ottawa: Author.)

CONSIDERING PREGNANCY RISK AND IMPACT (Cont'd)

Remind the group that the number of people standing reflects the failure rate (in terms of pregnancy prevention) of condoms with **typical use** (meaning that people may not use the method correctly or consistently for every act of intercourse). Methods of pregnancy prevention can be more effective if used **perfectly**. (We are, however, human.) Ask those standing to sit down again before you address the next method of contraception.

4. Continue with the other methods in the same manner:

Blue: Male condoms only (described above)

Orange: Spermicide only

Purple: Male condoms and Spermicide

Green: Hormonal methods (birth control pill, the patch, the vaginal ring)

Red: Vaginal intercourse with no protection

Choosing not to have vaginal intercourse. (Since no one would stand up, tell the group that there would be no pregnancies if they all chose not to have vaginal intercourse for one year. Be sure to remind participants that there is a chance of pregnancy if the male ejaculates near the vaginal opening of his partner.)

5. **Suggest** to the group that you'd like to give them an opportunity to think about what a pregnancy would mean in their own lives.
6. **Ask** volunteers to share their responses to each question on the handout. Be sensitive to the possibility that some participants may have already experienced a pregnancy or pregnancy scare.
7. While facilitating the discussion, be mindful of these points:

Both young men and young women are strongly affected by a pregnancy, regardless of whether or not the pregnancy continues.

Most people who choose to have an abortion do so after much thought, and they do not take the decision lightly.

Research indicates that having a child during one's teen years is associated with lower levels of education, employment, and enjoyment of life. Children of teen parents may also have more difficulties, as their young parents struggle with their own problems, often on a low income.

Acknowledge that teen parents who remain in school can find it very difficult to juggle the demands of school and the demands of their young child. (Those who succeed often say that this is extremely stressful.)

8. **Conclude** by focussing on the dreams and plans that students have for the future. Point out how much easier it would be to achieve their goals if they do not have to be concerned about raising a child while still teens.

Chances of Pregnancy. (Figures represent the percentage of women experiencing an accidental pregnancy after using a particular method of contraception for a year.) “Numbers who would experience a pregnancy” have been rounded off to the nearest whole number for clarity, to avoid “0.3” of a person experiencing a pregnancy. Reference: *Contraceptive Technology*, 16th Edition, Hatcher, Robert A. p.113.

Method of contraception	% of women experiencing a pregnancy after one year of use	# who would experience a pregnancy (group of 15)	# who would experience a pregnancy (group of 20)	# who would experience a pregnancy (group of 30)
Oral Contraceptive (birth control pill)	3% (3 women in 100)	0	0	1
Depo-Provera	.3% (less than 1 woman in 100)	0	0	0
Spermicide only	21% (21 women in 100)	3	4	6
Vaginal Ring	1% (1 women in 100)	0	0	0
The Patch	1% (1 women in 100)	0	0	0
Female Condom only	21% (21 women in 100)	3	4	6
Male Condom only	12% (12 women in 100)	2	2	4
Condom & Spermicide	3% (3 women in 100)	0	1	1
Unprotected Sex	90% (90 women in 100)	14	18	27
Choosing not to have intercourse	0	0	0	0

PREGNANCY & PREGNANCY OPTIONS ♥

Some Reasons for Unintended Pregnancy

- Many couples don't talk about intercourse, condom use, birth control, and pregnancy. It's easier to have sex than to talk about it. Advertising, television, movies, and videos give messages that promote sex and the idea that "it just happens." There are few messages about respecting ourselves and taking responsibility for our behaviour.
- Sometimes a couple uses birth control, but don't use it consistently or correctly every time. Even when used correctly, birth control can fail. No method is 100% effective.
- Sometime pregnancy is a result of sexual assault or coercion.
- Birth control is not easily available in all communities. People may not know how or where to get it or are concerned about confidentiality or cost.
- Drugs and alcohol affect judgement. Even a couple who plan to use birth control can get "carried away" and have unplanned intercourse or forget to use birth control.
- Everyone wants to be loved and needed: some people believe a baby will meet this need.

Facts about Teenage Pregnancy

- Of all teenage pregnancies, 90% are unplanned.
- One out of ten teenage girls will be pregnant before 18 years of age.
- About 50% of these pregnancies will end in abortion.
- Of teens who deliver a baby, 85-90% choose to parent.
- Over half of teens who parent do not finish school.
- Two out of three women who become mothers as teens spend their lives in poverty.

Three options exist for women who are pregnant:¹

- 1) Continue the pregnancy and become a **parent**.
- 2) Continue the pregnancy and place the child for **adoption**.
- 3) Terminate the pregnancy by having an **abortion**.

Teacher Note: ¹ Discussing pregnancy options can be difficult and challenging. Young people need information on all available options. It is important to present and discuss each option openly, accurately, and without judgment.

ABORTION

- Abortion is legal in Canada.
- An abortion is the termination of a pregnancy by the removal of the embryo or fetus from a woman's uterus.
- The earlier an abortion is performed, the safer and less complicated the procedure. The majority of abortions are performed within the first 12 weeks of pregnancy.
- Abortions performed in hospitals are free under medicare. The cost of an abortion at an abortion clinic varies: at some it is free, and at others the client may have to pay a part of the cost. This varies from province to province.
- Women under 18 may need a parent's or a guardian's consent to have an abortion in a hospital.
- There are no abortion services on Prince Edward Island.

ADOPTION

There are two kinds of adoptions in PEI.

Under the Adoption Act of PEI, adoptions can be arranged on PEI in only two ways:

- 1) **Public Adoption:** PEI Department of Social Services and Seniors, Child and Family Services Division places children of all ages (from infancy to teenagers) with adoptive families. Birth parents are provided with professional counselling services before, during, and after the birth and adoption of a child. Birth parents have the option of participating in the selection of the adoptive family from non-identifying profiles of the family. As well, letters and pictures may be exchanged between the birth and adoptive families through Adoption Services. The Department has an extensive program that recruits, assesses, and prepares families for adoption. They also offer supports and services to adoptive families after adoption. The focus of the government adoption program is funding families for children who come into the permanent care of the Director of Child Welfare, either under the Adoption Act or the Child Protection Act.
- 2) **Private Adoption:** A private adoption must be arranged by an agent licensed by the Director of Child Welfare. Many of these adoptions are open adoptions, where the identities of the birth parents and the adoptive parents are known to each other, and they may have agreed to have ongoing contact with each other. Birth parents may choose the adoptive parents from profiles kept by the licensed agent who has the legal responsibility for ensuring that adoption placement standards, such as birth parent counselling, gathering of background information, and assessments of placement risk are met. There are no services offered in the private sector to support birth and/or adoptive families after the legal finalization of the adoption.

PARENTING

- Parents are legally responsible to provide care for a child until the child is 16 years old.
- There are resources in the community to assist mothers with housing, education, and training.
- Mothers may be entitled to welfare assistance if they have no other means of support.
- Mothers are entitled to some financial support from the child's father, even if he has no contact with the child.
- The child's father may request access to the child, whether or not he's providing financial support.
- Studies show that most teen mothers end up raising their children alone.
- Of youth who deliver a baby, 85-90% choose to parent.

PERCENTAGE OF PEI BIRTHS TO WOMEN UNDER 20 YEARS OF AGE

1990 - 2002

Year	Total for Province	
	Number	% of Total Births
1990	174	8.7%
1991	163	8.8%
1992	145	7.8%
1993	154	8.8%
1994	148	8.7%
1995	147	8.4%
1996	145 (1 oop*)	8.6%
1997	143 (2 oop*)	9.1%
1998	148	9.9%
1999	113	7.5%
2000	119	8.3%
2001	86	6.3%
2002	88	6.7%

*oop - women were from out of province but gave birth
on PEI

This chart shows, by year, the number of births to Island women under 20, and the percentage of total births attributed to this age group (e.g., 6.3% of all the births in PEI, in 2001, were to women under 20 years of age.)

PEI Reproductive Care Program Perinatal Database

STI PRE-TEST

True or False?

- _____ A person can have an STI and not know it.
- _____ It is normal for women to have some vaginal discharge.
- _____ Once you have had an STI and have been cured, you can't get it again.
- _____ HIV is mainly present in semen, blood, vaginal secretions, and breast milk.
- _____ Chlamydia and gonorrhea can cause pelvic inflammatory disease.
- _____ A pregnant woman who has an STI can pass the disease on to her baby.
- _____ Most STIs go away without treatment, if people wait long enough.
- _____ STIs that aren't cured early can cause sterility.
- _____ Birth control pills offer excellent protection from STIs.
- _____ Condoms can help prevent the spread of STIs.
- _____ If you know your partner, you can't get an STI.
- _____ Chlamydia is the most common STI.
- _____ A sexually active woman should get an annual pap test from her doctor.

Short answer _____

What advice would you give someone who thought s/he might have a STI?

How can you avoid getting an STI?

STI PRE-TEST

True or False?

- T A person can have an STI and not know it.
- T It is normal for women to have some vaginal discharge.
- F Once you have had an STI and have been cured, you can't get it again.
- T HIV is mainly present in semen, blood, vaginal secretions, and breast milk.
- T Chlamydia and gonorrhoea can cause pelvic inflammatory disease.
- T A pregnant woman who has an STI can pass the disease on to her baby.
- F Most STIs go away without treatment, if people wait long enough.
- T STIs that aren't cured early can cause sterility.
- F Birth control pills offer excellent protection from STIs.
- T Condoms can help prevent the spread of STIs.
- F If you know your partner, you can't get an STI.
- T Chlamydia is the most common STI.
- T A sexually active woman should get an annual pap test from her doctor.

Short answer

What advice would you give someone who thought s/he might have a STI?

Go to an STI clinic or physician's office for a check-up.

How can you avoid getting an STI?

Abstain from sexual intercourse.

Engage in lower risk sexual activities.

Use condoms every time you have sexual intercourse.

Get a Hepatitis B vaccination.

Refuse to share needles.

GENERAL STI QUESTIONS

Structure: Small group

Time: 20-30 minutes

Materials: “General STI Questions” handout, overhead transparencies, and overhead markers (options), information about community resources related to STIs

Note: You may wish to make an overhead transparency from the handout, and have the groups record their responses directly onto the transparency with overhead markers, so the entire group can view the responses. You can also copy individual questions onto sheets of flipchart paper, and tape each sheet up at different points in the room (students will get up and move with this option).

Procedure

1. **Divide** your class into smaller working groups (fewer than five or six). Distribute one handout per group (each group will be working on a different question).
2. **Have** the groups choose a recorder and a reporter. Give students 5-10 minutes to answer their question. If you have chosen the flipchart option, you can give the groups a few minutes at each station, then have them rotate to the next question, so that each group can add their responses to each question. Continue until each group has added something to each question.
3. **Reconvene** as a larger class, and have the reporters from each group **share** their group’s responses with everyone (the activity leader can review the responses instead of a reporter). Provide additional information as necessary (following the answer key). You can also ask the group if they have anything to add to the responses.

Conclude by pointing out that the best way for people to protect themselves from STIs is to abstain from intercourse, engage in lower risk sexual activities, or, if having intercourse, use condoms each and every time.

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education. Adapted with permission from: Regional of Ottawa-Carleton (2000) Ottawa-Carleton School-Based Sexual Health Program. Ottawa: Author.

GENERAL STI QUESTIONS

1. What are the names of some STIs (Sexually Transmitted Infections)?
2. How are STIs transmitted?
3. How do you know if you have an STI?
4. Can all STIs be treated? Where can you go for help?
5. How can you protect yourself?

GENERAL STI QUESTIONS

1. What are the names of some STIs?

- Chlamydia
- Gonorrhea
- HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome)
- Human Papillomavirus (causes genital warts)
- Herpes (one strain of this which causes cold sores on and around the mouth)
- Hepatitis B
- Syphilis

2. How are STIs transmitted?

- Through sexual contact: vaginal intercourse, anal intercourse, oral sex
- Some transmitted through blood-to-blood contact (needle sharing, piercing or tattooing equipment that is not properly sterilized)
- Many passed from a pregnant woman to her unborn baby (before or during birth, HIV also passed from infected mother to baby through breast milk)

3. How do you know if you have an STI which may be asymptomatic?

- Get tested (the test for chlamydia and gonorrhea, for example, is a simple, non-invasive urine test).
- People may also have symptoms such as:
 - burning during urination
 - clear, white, or yellowish discharge from the male's urethra
 - a change in the usual vaginal discharge that a woman experiences (different colour, increased amount, unusual odour)
 - pain in testicles
 - lower abdominal pain (for women), pain during intercourse
 - sores or "bumps" on the genitals
 - unexpected bleeding from the vagina (not a period)

4. Can all STIs be treated? Where can you go for help?

- Some STIs can be cured with antibiotics (chlamydia, gonorrhea, syphilis).
- STIs caused by virus cannot be cured, although there is often medication that can slow the virus down and improve symptoms. A vaccine has been developed against Hepatitis B.
- For help, see a Family physician, go to a Community Health Centres, or call and AIDS and Sexual Health Information Line.

5. How can you protect yourself?

- Choose not to have sex (the only choice that is 100% effective in preventing STIs).
- Engage in low-risk sexual activities (kissing, petting, etc.).
- Use condoms **every time** you have sex (condoms can be used with water based lubricant and must be used **correctly**).

STI RESEARCH

STI	Symptoms	Transmission	Effects	Detection & Treatment	Prevention
Chlamydia (bacteria)	(Often no symptom) Symptoms of infection for women can include <ul style="list-style-type: none"> • A vaginal discharge • A burning sensation when urinating • Pain in the lower abdomen, sometimes with fever and chills • Vaginal bleeding between periods or after inter-course. Symptoms for men can include: <ul style="list-style-type: none"> • A discharge from the penis • A burning sensation when urinating • Burning or itching at the opening of the penis • Pain and/or swelling in the testicles 	Unprotected vaginal, oral, or anal sex.	If left untreated it can cause sterility, pelvic inflammatory disease, and Reiter's disease (inflammation of the joints) in women, and if pregnant, premature delivery and other complications. If left untreated, it can cause scarring of the urethra, infertility, and Reiter's disease in men.	<ul style="list-style-type: none"> • Urine test or vaginal swab • Cured with antibiotics 	<ul style="list-style-type: none"> • Abstaining from intercourse • Condom use
Gonorrhea (bacteria)	(Often no symptom) Symptoms of infection for women can include <ul style="list-style-type: none"> • A burning sensation when urinating • Vaginal discharge that is yellow or occasionally bloody Symptoms for men can include <ul style="list-style-type: none"> • A burning sensation when urinating • Yellowish white discharge from the penis • Painful or swollen testicles 	Unprotected vaginal, oral, or anal sex.	If left untreated it can cause sterility, pelvic inflammatory disease, and Reiter's disease (inflammation of the joints) in women, and if pregnant, can be passed on to a baby during birth. If left untreated, it can cause scarring of the urethra, infertility, and Reiter's disease in men.	<ul style="list-style-type: none"> • Urine test or vaginal swab • Cured with antibiotics 	<ul style="list-style-type: none"> • Abstaining from intercourse • Condom use
Human Papillomavirus (HPV)	(Often no symptoms or symptoms can take years to develop). Symptoms can sometimes take years. <ul style="list-style-type: none"> • Cervical changes. • Warts that have cauliflower-like appearance (in women, the warts may appear on the vulva, cervix, rectum or thigh area. In men, they may appear on the penis, scrotum, rectum or thigh area). 	Direct contact of the skin or lining of the vagina or rectum during vaginal, anal, or oral sex.	There is increased risk of cervical cancer in women and other types of cancer in both men and women, such as cancer of the penis, anus, or vulva. More warts can grow.	<ul style="list-style-type: none"> • Regular pap test. • No cure • Symptoms treated with medicated gel, liquid nitrogen, laser treatment, or other medications 	<ul style="list-style-type: none"> • Abstaining from intercourse • Condom use • Regular pap test

STI RESEARCH

STI	Symptoms	Transmission	Effects	Detection & Treatment	Prevention
<p>Genital Herpes (Virus)</p>	<p>Many people who have genital herpes are unaware that they have the virus because they have no symptoms, mild symptoms, or mistake the symptoms for other conditions.</p> <p>Those with symptoms may experience a tingling sensation or itching in the genital area within two to twenty days of having sex with an infected person. Women's symptoms can include</p> <ul style="list-style-type: none"> • Blister-like sores inside or near the vagina, the cervix, on the external genitals, near the anus, or on the thighs or buttocks. • Tender lumps in the groin (lymphadenopathy) <p>Men's symptoms can include</p> <ul style="list-style-type: none"> • Blister-like sores on the penis, around the testicles, near the anus, or on the thighs or buttocks. • Tender lumps in the groin (lymphadenopathy) 	<p>Direct contact of the skin during vaginal, anal, or oral sex even if the infected person has no open sores or any other symptoms of infection</p>	<p>Blisters may recur.</p>	<ul style="list-style-type: none"> • Regular pap test. • Cannot be cured. • Symptoms managed with anti-viral drug therapy 	<ul style="list-style-type: none"> • Abstaining from intercourse • Condom use • Avoiding sexual contact at first sign of outbreak (tingling or redness) and when sores present
<p>Hepatitis B & C (Virus)</p>	<p>(Often no symptoms)</p> <ul style="list-style-type: none"> • Flu-like symptoms • dark brown urine • Jaundice 	<ul style="list-style-type: none"> • Unprotected sex • Sharing needles • Mother to child transmission 	<ul style="list-style-type: none"> • Liver disease • Cancer of liver 	<ul style="list-style-type: none"> • Blood test. • Cannot be cured • Sometimes the goes away on its own • Antiviral medication for Hepatitis C 	<ul style="list-style-type: none"> • Abstaining from intercourse • Condom use. • Do not share needles or other drug equipment • Avoid tattoos, body piercing, or acupuncture from an operator who does not use sterilized equipment or techniques • Not sharing toothbrushes or razors • Universal precautions

STI RESEARCH

STI	Symptoms	Transmission	Effects	Detection & Treatment	Prevention
Syphilis (Bacteria)	(Often no symptoms). <ul style="list-style-type: none"> • 1st stage: painless, open sore on mouth or genitalia (will disappear) • 2nd stage: rash, flu-like symptoms • 3rd stage: damage to vital organs 	<ul style="list-style-type: none"> • Unprotected vaginal, oral, or anal sex • Mother to child • Less commonly, injection drug use 	If untreated, can cause damage to heart, liver, brain and eyes. Individuals with the genital ulcers that appear in primary syphilis are three to five times more likely to contract HIV.	<ul style="list-style-type: none"> • Blood test • Cured with penicillin injections 	<ul style="list-style-type: none"> • Abstaining from intercourse • Condom use • Not sharing needles or other drug equipment
Vaginal infections (yeast, vaginitis, trichomoniasis) (Bacteria)	(At times no symptoms) <ul style="list-style-type: none"> • Females: unusually vaginal discharge or odour; vaginal itching, redness; burning with urination; pain during intercourse. • Males: itching or rash on penis. 	Sometimes spread through sexual contact, but some types are not (e.g., antibiotic use)		<ul style="list-style-type: none"> • Vaginal swab • Trichomoniasis and bacterial vaginosis treated with prescription drugs. • Yeast infections are treated with medication available at drug store (no prescription needed) 	<ul style="list-style-type: none"> • Abstaining from intercourse • Condom use • Wiping from front to back • Not douching • Wearing cotton underwear • Not wearing underwear to bed * • Urinating after intercourse
Human Immunodeficiency Virus (HIV) (Virus)	Often no symptoms. <ul style="list-style-type: none"> • Flu-like feelings, unexplained weight loss, night sweats, persistent diarrhea 	<ul style="list-style-type: none"> • Unprotected vaginal, oral, anal sex • Sharing needles • Mother to child transmission 	Can lead to AIDS and many life-threatening diseases	<ul style="list-style-type: none"> • Blood test. • Cannot be cured • Many medications available to manage the virus 	<ul style="list-style-type: none"> • Abstaining from intercourse • Condom use • not sharing needles or other drug equipment • not getting tattoos, body piercing, or acupuncture from an operator who does not use sterilized equipment or techniques. • Universal precautions

What is HIV?

Human Immunodeficiency Virus is a virus that enters the bloodstream and attacks the cells of the immune system that keeps us health.

What is AIDS?

AIDS is Acquired Immunodeficiency Syndrome. It refers to the collection of symptoms and ailments an individual would have after a period of time with the HIV virus in his/her body. People with immune systems compromised as a result of HIV experience many ailments. AIDS is eventually fatal and victims will die of infections or diseases they cannot fight off because of a weakened immune system.

What Body Fluids Does HIV live in?

HIGH RISK

Blood
Semen
Pre-ejaculation Fluid (Pre-Cum)
Vaginal Fluids
Breast Milk

NO RISK FLUIDS

Saliva
Sweat
Tears
Mucus
Urine

Transmission

1. Contamination Through Unprotected Sex (vaginal penetration, anal penetration, oral sex, or rimming)
2. Contamination Through Bloodstream (sharing injection material, blood transfusion, tattooing, piercing, or acupuncture)
3. Contamination from Mother to Child (pregnancy, childbirth, or breast-feeding)

For someone to be infected with HIV, two things must happen:

1. The person must come in contact with someone (or blood products of someone) who is infected with the virus.
2. The virus must leave the infected person's body and enter the bloodstream of the other person — through blood exchange, needles, sexual penetration, or mother to baby (in utero, through delivery, or through breast milk).

Oral Sex and Transmission:

There are few documented cases of HIV transmission through oral sex alone (either on a man or a woman). If there are sore, cuts, or chancres in the mouth, likelihood of transmitting the virus increases. (Sores may be caused biting the tongue or side of the mouth, brushing or flossing teeth, eating crunchy foods, or drinking very hot beverages.

Oral sex performed on a woman during menstruation increases the likelihood of HIV transmission to the performer because of the presence of blood.

Notes

- Any sexual activity while under the influence of alcohol or drugs increases the risk of pregnancy or disease transmission because there is a greater risk of not using protection or of not using the protection correctly.
- Any sexual penetration of the vagina or anus with the use of a condom is still considered a low risk activity. Using condoms correctly will greatly reduce the risk of HIV (and other STI) transmission, but there is always a small risk of breakage or slippage.
- Oral contraceptives or other hormonal methods DO NOT prevent against HIV transmission. They only prevent the release of the egg to prevent pregnancy.
- The only two methods to reduce the risk of contracting HIV are **Abstinence** and **Using a Condom**.

HANDSHAKE VIRUS

Structure: Large group

Time: 25 minutes

Materials: 3 x 5 cards (one for each participant)

Preparation

- Get enough 3 x 5 cards for each person in the group.
- Write **HSV** on one of the 3 x 5 cards.
- Write **GLOVE** on 20% of the cards.
- Leave the rest of the cards blank.
- Fold and staple or glue them closed.

Further Ideas

- Write **MONAGAMOUS** on some cards.
- Write **SHAKE HANDS ONLY WITH ONE PERSON AND THEN SIT DOWN** on some cards (this person can demonstrate that having one partner that has the virus may still be at risk).
- Write **POSTPONE AND LEAVE THE ROOM** on some cards to show that a person can postpone or abstain from high-risk activities.

Step One

- Give each person in the group one card, making sure that someone gets the HSV card (be sensitive and careful about who you give the HSV card to).
- Instruct each person to move about the room and shake hands with three people.
- As they shake hands with others, they are to write their names on the outside of the others' card.

Step Two

- After everyone has been given sufficient time to shake hands with other people, have all participants open their cards.
- Have the person with HSV written on his/her card stand. Say, "This person has the handshake virus, and it is transmitted through handshakes."
- Have this person read off the names of the people on his/her card.
- Have these people stand, and explain that they have been exposed to the handshake virus.
- Explain that people can protect themselves by the use of gloves. Instruct anyone that has **GLOVE** written on their card to sit down because he/she was protected from the virus.
- Continue to have people read the names of people on their cards until all participants who did not have protection are standing.

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education (Adapted with permission from Su Nottingham (1993) *Sexuality Education Materials For The Classroom*. Michigan: Author.)

HANDSHAKE VIRUS (Cont'd)

Step Three

- Discuss how HSV is similar to STIs and HIV.
 - There is protection against getting STIs/HIV (gloves, for example, symbolized condoms in the activity; “postpone and leave the room” symbolized abstaining from high-risk sexual activities).
 - You can't tell when a person has it.
 - Many have it and may not know it.
- Discuss how HSV is different from STIs and HIV.
 - You can't get STIs/HIV from a handshake, touching, or casual contact.
 - A handshake is a greeting; high-risk sexual activities are not.
 - A handshake is not as intimate as high-risk sexual activities.
- **Conclude** by pointing out how a virus can rapidly spread throughout a community. The best ways for people to protect themselves from STIs and HIV is to abstain from intercourse, engage in lower risk sexual activities, or, if having intercourse, use condoms each and every time.

INTERVIEWING PARENTS ABOUT HIV

Time: 20 minutes in class

Materials: “Reporter Interview” handout

Procedure

1. **Distribute** the “Reporter Interview” handout as a homework assignment.
2. **Ask** students to play the role of a reporter and interview a parent/guardian or an adult they trust (aunt, uncle, neighbour, clergy member) about HIV. By using the interview format, they are able to talk about this sensitive topic in a non-threatening way.
3. **Instruct** students to follow the directions on the interview sheet: ask the six questions, and write down the responses in the spaces provided. After the interview, the participants are to write a summary report of what they learned from the interview.
4. **Ask** students to turn in the interview sheets at the start of the next class/session.

Follow-up

- In the follow-up class/session, **discuss** the interview process. How did they feel asking the interview questions? How did their adult support person react to being asked the questions? Did they talk with this person afterward about what it was like to be an interviewee?
- **Conclude** by pointing out that talking about sexual health issues can be a difficult thing to do. It is important that we all obtain and share accurate information about sexual health, and in doing so, identify people we can go to for support and assistance.

Note: Some young people may be unable to complete this assignment with their parent(s) or guardian(s). Allow them the opportunity to complete the assignment with another trusted adult, such as an aunt, uncle, sports coach, or member of the clergy.

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education (Adapted with permission from: Benner, Tabitha A., Park, M. Jane and Peterson, Evelyn C. (1998). *The PASHA Activity Sourcebook: Activities for educating teens about pregnancy and STD/HIV/AIDS Prevention*. Los Altos: Sociometrics Corporation.)

REPORTER INTERVIEW

Date: _____

Reporter's Name: _____

Age: _____

Time of Interview: _____

Interviewee: _____

“Hi, my name is _____ and I’m a reporter. My assignment is to interview adults about HIV. I would like your co-operation in answering a few questions. If you prefer not to answer a particular question, that is all right. Let’s begin...”

1. When did you first hear about HIV/AIDS?

2. When you were my age
 - a) Were there diseases like HIV/AIDS? Can you tell me what they were?

 - b) Did your parents talk with you about sex?
If yes, what did they say?

If no, what do you wish they had told you?

3. If HIV/AIDS had been around when you were my age, what would your parents have told you about safer sex?

REPORTER INTERVIEW (Cont'd)

4. Do you worry about HIV/AIDS? How?
 - a) Would you feel comfortable around someone living with HIV/AIDS?
 - b) Do you know anyone with HIV/AIDS? How do you know this person?
 - c) Have you helped someone with HIV/AIDS? How?
5. How has the HIV/AIDS epidemic affected you?
6. What do you think the parents' role or responsibility is in helping their children to prevent getting HIV?

Summary Report

Write a paragraph summarizing what you learned from this interview.

PROTECTING MYSELF

Structure:	Individual
Time:	20 minutes
Materials:	“Protecting Myself” handout

Procedure

1. **Disseminate** the “Protecting Myself” handout to participants. Inform them that they will not be required to share their answers. Allow sufficient time to complete the handout.
2. **Discuss** the following questions:
 - What advice would you give to someone who thinks s/he has an STI?
(Get STI testing at a physician’s office or clinic.)
 - What advice would you give to someone who just tested positive for an STI?
(Get treatment, get regular pap tests, inform sexual partners.)
 - What are the best ways to avoid getting STIs?
(Abstaining from vaginal and anal intercourse, and oral sex, or using condoms.)
3. **Conclude** by pointing out how important it is to be supportive of people who test positive for STIs, and to seek out support if testing positive for an STI. There are several ways to help prevent the transmission of STIs, including abstaining from intercourse, engaging in lower risk sexual activities, or, if having sex, using condoms each and every time.

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education

SPREADING THE WORD ABOUT HIV AND STIS

Structure:	Small group
Time:	30 minutes
Materials:	“Spreading the Word About HIV” handout; blackboard or flipchart

Procedure

1. Students work in small groups. Each group chooses a Recorder and a Reporter. The Recorder takes notes during the discussion; the Reporter presents the team’s work to the rest of the class. Students should be familiar with HIV and STI transmission and prevention and understand the consequences of having HIV and STIs.
2. **Distribute** the “Spreading the Word About HIV and STIs” handout. Ask students to pretend that they have been asked to advise the school’s/organization’s administration how to get messages out to teenagers about safer sex and HIV/STIs prevention. Give the groups several minutes to complete the handout and several more minutes to discuss the responses and reach a consensus. The Reporters then share their respective teams’ information. Record and summarize the teams’ responses on the blackboard/flipchart.
3. Referring to the summary statements, participants discuss how they will deliver the messages. They have determined that HIV is serious, that it can affect them, their friends, and their families, and that they are in a position to influence people’s attitudes. **Ask** students how they can make a commitment to give others messages about HIV. Remind them that HIV is an epidemic, and that it is the responsibility of all young people to stop the spread of HIV because it is they who can most effectively reach their peer group.

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education (Comprehensive Health Education Foundation (C.H.E.F), Seattle, Washington.

SPREADING THE WORD ABOUT HIV AND STIs

Complete this handout individually and then discuss your responses with the small group.

1. Why do you think teenagers are now considered a high-risk population?
2. What are some reasons that teenagers might put themselves at risk when it comes to STIs/HIV?
3. What is the single most important thing you'd tell other people your age about HIV/STIs?
4. What advice would you give to people of your age who are sexually active?
5. What advice would you give to people of your age who aren't sexually active?

BEING ASSERTIVE

Directions: Write an assertive response for each situation.

1. Your friend tells you to “shut up” during an argument.
2. You want to tell your best friend that you are gay.
3. You are starting to worry that a friend likes you in a romantic way, but you do not feel the same way.
4. Your parents have been arguing a lot lately, and the situation is upsetting you.
5. Your girlfriend/boyfriend tells you that s/he wants to have sex, but you don't want to.
6. You need to tell your boyfriend/girlfriend that you have chlamydia.
7. Your boyfriend/girlfriend refuses to use condoms.
8. You have decided to break up with your boyfriend/girlfriend.

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education

BEING ASSERTIVE

Directions: Write an assertive response for each situation.

1. Your friend tells you to “shut up” during an argument.

I don't like it when you speak to me that way. It makes me feel as though you don't care about me.

2. You want to tell your best friend that you are gay.

There's something I need to tell you, but I'm worried about how you might react. I'm gay.

3. You are starting to worry that a friend likes you in a romantic way, but you do not feel the same way.

This is really hard for me to talk about, but I'm getting the feeling that you want to be more than just friends. I really like being friends with you, but I'm not attracted to you in that way.

4. Your parents have been arguing a lot lately, and the situation is upsetting you.

I feel upset and worried when I see you arguing so often. Can we talk about the situation?

5. Your girlfriend/boyfriend tells you that s/he wants to have sex, but you don't want to.

I'm just not ready for sex. I don't feel like having sex tonight. Can we just hug/kiss/touch each other instead?

6. You need to tell your boyfriend/girlfriend that you have chlamydia.

I have something important to tell you, but I'm really worried that you will get upset. I just got some test results back from the doctor, and it turns out I have chlamydia.

7. Your boyfriend/girlfriend refuses to use condoms.

I always use condoms. Using condoms is really important to me. Condoms can be fun. Let me show you... Let's go buy some together.

8. You have decided to break up with your boyfriend/girlfriend.

You know that I care about you a lot, but I think the time has come for us to break up.

DEMONSTRATION: USING A MALE CONDOM PROPERLY

Note: While abstinence is the only 100% effective method for preventing STIs/HIV and unintended pregnancy, young people should be informed of the effectiveness of condoms. While condoms do not provide 100% protection against STIs, “there is clear and unequivocal evidence that consistent use of latex condoms significantly reduces the risk of STIs and this is particularly the case for HIV/AIDS.

In order for condoms to be effective in preventing unintended pregnancy and STI/HIV, they must be used correctly and consistently. When discussing condom use with youth, it is helpful to provide a demonstration of the correct way to put on a condom.

It may be helpful to have lubricated condoms for participants to examine — just ensure that all condoms are returned before the end of the session, so that they are not used for water balloons, etc. You can use a penis model, or alternatively, the condom can be unrolled onto the index and middle fingers of one hand, although it will be very loose.

Structure: Large group

Time: 20 minutes

Materials: Condoms, penis model. “How to Use a Condom” handout, “How to Make an Oral Dam” overhead, overhead projector

Procedure

Distribute the handout to students and instruct them to read the instructions. The handout can be completed during the demonstration or directly afterwards. Follow the demonstration guidelines below. The phrases that are in bold type indicate what students should be drawing or describing on their handouts.

1. Let students know that latex condoms are necessary to prevent transmission of STI/HIV. Lubricated condoms should be used for anal and vaginal sex and must be put on before any genital contact. Non-lubricated condoms are generally used for oral sex, as the lubricated ones have a medicinal taste. **The expiration date should be checked.** Condoms must be stored where they won't be damaged by heat (e.g., a drawer, coat pocket, wallet).
2. **A Condom package must be torn open carefully, so as not to damage the condom.** Fingernails and jewellery can also damage condoms.
3. **Unroll the condom a little (about 1/2 inch) and then hold it by pinching the receptacle tip with the fingers of one hand.** This is an easy way to hold a slippery condom, and doing this squeezes the air out of the tip at the same time. (Air trapped at the end of a condom can cause pressure to build up, and the condom can break.)
4. **Hold the condom onto the tip of the erect penis (still pinching the end), and with the other hand, roll the condom all the way down the shaft of the penis to the base.** Either partner can do this.
5. **Pull the penis out immediately after ejaculation, holding onto the base of the condom first.** If the penis begins to return to its normally flaccid (limp) state, the condom may slide off and semen may leak out.
6. The condom should be removed away from one's partner, and the used condom **thrown away** (preferably into a garbage can lined with a plastic bag). Condoms should never be used more than once.

Inform the group that while lubricated condoms are usually sufficient on their own, extra lubrication can be used to prevent excess friction and to enhance sensation. Lubrication can be put on the inside and outside of the condom. The only lubrication that is safe to use with condoms is water-based lubricant, as oil- or petroleum-based products (e.g., Vaseline, hand lotion, etc.) can damage latex. Water-based lubricants are often found in drugstores near the medication used for vaginal yeast infections.

HOW TO USE A CONDOM

Instructions: Draw or describe in the boxes below the six steps to correct condom usage.

1.	2.
3.	4.
5.	6.

ATTITUDES ABOUT CONDOMS

Note: Depending on the age of your group, many students will have never had intercourse. Remind students that the activities in this program can prepare them for the future, and can help people who are presently having intercourse to protect themselves. Students may need to imagine how they would feel in a certain situation.

Structure: Individual or small group

Time: 20-30 minutes

Materials: “Unfinished Sentences About Condoms” handout
“Summary of Condom Comments” handout
“Overcoming Embarrassment” discussion guide

Procedure

1. **Introduce** the activity by discussing the importance of having a positive attitude toward the situations that we encounter in our daily lives. Some one who thinks positively is more likely to act and to succeed. Having a positive attitude toward condoms makes it more likely that a person will use a condom and use it correctly. Explain that, as a group, you’ll also consider ways to overcome the embarrassment some people feel about buying and using condoms.
2. **Distribute** the “Unfinished Sentences” handout. Ask participants to take a few minutes to complete it individually.
3. **Divide** the group into smaller groups of three to six, and give each group a “Summary of Condom Comments” handout. Ask them to discuss the comments they made on the “Unfinished Sentences” handout, and to record the positive comments in the **summary** box.
4. **Have** the groups select three negative comments, and consider how to substitute a positive comment for each negative one (by following the example on the handout).
5. Reconvene as a larger group once the smaller groups have completed their tasks. Record the collective responses on the board or on flipchart paper. **Ask** the groups to report on the comments they collected (positive and negative), and on how they substituted positive comments for the negative ones.
6. **Have** a brainstorming session with the large group (“Overcoming Embarrassment”) to determine how to become more comfortable with condoms, and how to get them. Record responses on the board or flipchart paper, as you wish.

Extension

Ask the smaller groups to imagine that a school/youth centre has recently installed condom machines in the washrooms. Have students brainstorm ideas for a slogan, to be displayed next to the condom machines, saying something positive about condoms. Share the slogans of the smaller groups with the larger group.

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education (Adapted with permission from: Social Program Evaluation Group (1994) *Skills For Healthy Relationships*. Queen’s University, Kingston: Author.)

UNFINISHED SENTENCES ABOUT CONDOMS

Write an ending you think would best complete each sentence.

1. When it comes to condoms, males believe

2. When it comes to condoms, females believe

3. Buying condoms can be

4. Asking a partner to use a condom would be

5. Using a condom is

6. Storing a condom is

7. Personally, I think condoms are

SUMMARY OF CONDOM COMMENTS

Comments

Negative Comments	Negative Comments Substituted by A Positive One
e.g., condoms are really messy	Actually, using condoms can be less messy because semen is contained in the condom.

OVERCOMING EMBARRASSMENT

These questions can guide your discussion or brainstorming session. Also included are some responses you may get from your group, and ideas that you may wish to draw out of the group. These potential responses are by no means exhaustive: together, you and your group may have many more to add!

1. List ways that would help some people overcome the embarrassment they feel about purchasing and using condoms.
 - Buy them from a vending machine.
 - Have a friend buy them.
 - Go to a store where no one knows you.
 - Get free ones from a clinic.
 - Practise using one by yourself.
 - Go to the store when it's not busy.
 - Check out a store before you plan to buy there, so that you will know where to look, and won't spend too much time searching.
2. How can people get condoms, other than going to a store?
 - Go to clinics or youth drop-in centres (identify where they are in your community).
 - Find a vending machine (find where these are these located locally).
 - Ask friends.
3. Where can people get free condoms?
 - Go to clinics, youth drop-in centres (stress actual agencies in your community).
 - Find youth serving agencies and shelters.
 - Find a needle exchange program.
4. Where could someone get a condom after regular store hours?
 - Convenience store (name some)
 - Some gas bars
 - Vending machines in some restaurant washrooms

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education

SEXUALLY TRANSMITTED INFECTIONS

Definition: Notifiable sexually transmitted infections, expressed as a rate per 100,000 population. These include laboratory confirmed cases of the following diseases (PEI annual rate per 100,000 population averaged for 2004 and 2005):

- chlamydia (138.0)
- gonorrhea (2.2)
- syphilis (0)

Excluded is HIV, which includes individuals infected in previous years; reporting is not notifiable in all jurisdictions.

Data Table:

Sexually Transmitted Infections Incidence Rate per 100,000 population, by year

	PEI	Canada
1990	7.7	182.8
1991	78.3	208.4
1992	158.0	197.5
1993	105.0	180.2
1994	83.1	167.5
1995	84.6	151.3
1996	99.7	140.2
1997	105.8	137.2
1998	109.6	157.3
1999	111.8	167.5
2000	174.5	178.8
2001	114.1	184.3
2002	105.9	206.0
2003	135.5	216.9
2004	146.6	231.6
2005	133.8	230.0*

*Data for Nunavut not included

(Prince Edward Island Health Indicators Provincial and Regional Report, October 2006)

TIME MANAGEMENT: CHOOSE PRIORITIES

Choosing priorities, or deciding what to spend less time on or cut out of your budget completely, is one of the most important steps in managing your time. Sometimes we have to choose priorities day-to-day, and sometimes we have to look at the long term.

From day-to-day

No matter how perfectly you have your time budget balanced, there will always be unexpected changes and new responsibilities to fit in. To help you choose priorities when you need to, keep the following ideas in mind.

Remember the big things. There are big things in life, and there are little things, and you've got to do your best to tell them apart. Some things that may seem really important today, like getting to the hobby shop to buy a pack of collectible cards, might seem a lot less important in a few weeks or months. On the other hand, doing well on school assignments and completing your family responsibilities are *always* important. These are the "big things" that you should always consider *first* when making a time budget. Always reserve plenty of time for these priorities, and use "leftover" time for things that are less important.

Think about what's urgent. You've set aside time after school to do some research on your history paper, but you also have a big concert coming up and need to practice your cello. Which takes priority that day? Well, which deadline is coming up first? If the concert is next week, but the report's not due until the week after, there's your answer. Knowing which task is more urgent is an easy way to choose priorities.

Think about the consequences of NOT spending time on it. Can't decide whether something is worth your time? Ask yourself what would happen if you DIDN'T do it? For example, should you finish writing up a science project, or watch a movie on DVD? Let's see:

- **The consequences of NOT doing your science work** are that you get a failing grade on the project, your parents get upset, and you have to work harder to bring up your grade average.
- **The consequences of NOT watching the DVD** are that you miss out on a good flick, but you can always see it when you have more time, like on the weekend or on a night when you have less homework.

Over the long term

Sometimes you know when you'll have to choose long-term priorities, like when you need to pick activities for the upcoming school year. Other times, you're forced to do this suddenly because your schedule has become too packed or you have a new goal, like putting in extra basketball practice because you want to get better at shooting.

To help you make these tough choices on long-term priorities, ask yourself the following questions.

- **What do these things mean to my life?**
What means a lot to you now, and will continue to do so in the future? This is where you have to look into your heart and decide which is more important to you. Which one would you miss the least, and which would really hurt to give up?
- **Is this a now-or-never situation?**
You have to choose between joining the newspaper and trying out for the school musical. The show this season is The Sound of Music and you've always dreamed of playing Maria, but the newspaper will always be around next year. This is your one chance to be part of your favourite musical, but not your only chance to be on the newspaper. Well, there's your answer!
- **Am I doing this for me, or for someone else?**
You've always been into karate and your parents have been supportive, but now it seems like they're more excited about it than you. You'd like to try something new, but you don't want to let them down. This is where your own wishes should take priority (after an honest chat with your folks).

TIME MANAGEMENT: MAKE A BUDGET

Have you ever heard the expression, “Time is money”? There’s some truth to it! We “spend” money just as we “spend” time, and in both cases, we have to spend it wisely if we want to get something good in return. Just as you might get an allowance of 10 dollars a week, or 30 dollars for a trip to the mall, each day we’re given 24 hours of time.

The easiest way to help you get everything done is to budget that time! This is all about

- examining your Have-To’s and Want-To’s, and how much time they’ll take up
- working out a plan that lets you spend the right amount of minutes or hours on each one

Once you have this plan, a “time budget,” you’ll be better able to create a **Daily Schedule** and **Weekly Planner**. Of course, every day isn’t exactly the same as the next, so it may help you to make a different time budget for different days.

Let’s look at a sample time budget for Wednesday:

Sleep	8 hours
Shower, dressing, ready for school	1/2 hour
Breakfast	1/2 hour
Bus to school	1/2 hour
School	7 hours
Bus home	1/2 hour
Soccer practice	2 hours
Household chores	1/2 hour
Homework	2 hours
Dinner	1/2 hour
TV time	1 hour
Reading/personal time	1 hour
 Total time spent:	 24 hours

Great! That day’s budget works out, because it all adds up to 24 hours. If the total came out to more than that, we would have to choose something to cut back on or drop from that day.

TIME MANAGEMENT: HAVE-TO'S, WANT-TO'S, AND GOALS

What are the things we *have* to do in our lives? What are the things we *want* to do? All of these take TIME!

Have-To's need to be a part of almost every day. Whether we like it or not, we all have to find time to get them done.

- **Family responsibilities:** You know the drill —household chores, helping your little bro with homework, keeping your room clean.
- **School and homework:** You won't always be a student, but while you are, it's your job to give time and energy to your education.
- **Sleep.** This may seem like a big “DUH,” but it helps to be reminded—Sleep is a must for our bodies and minds, and doctors agree that young people need at least eight hours every night. If you think you can squeeze more time into your schedule by cutting back on the *Zzzz's*, you'll probably find that you're sleepy and sluggish during the day, and wind up taking longer to do things anyway.
- **Eating and personal hygiene:** We know, another big “DUH,” but many people skip meals because they're running late. Taking enough time to eat so that you actually enjoy it, rather than just shoving cereal down your throat, will help you develop healthy food habits. The same goes for bathing, dressing, and other things that make you presentable to the world. If you block out time to do them and enjoy them, you're likely to feel better about yourself that day.

Want-To's make our lives a little more fulfilling. Our time isn't just about responsibilities...we get to have some fun, too!

- **Activities:** You might be a violinist, a soccer player, a painter, a poet, or a ballet dancer. Sports, the arts, and other hobbies are important because they help make us well-rounded and develop our bodies and minds. Plus, they just plain make us happy.
- **Chill Time:** Okay, let's not forget that you also deserve some time to just be *you* and do whatever you feel like, whether it's going to the park, hanging out with friends, reading a book, or being alone with your thoughts.

Goals

Many of our Have-To's and Want-To's get done because we set goals for ourselves.

Short-term goals are things we want or need to do that can be accomplished in a few hours or days. Let's say you want to bake a birthday cake for your dad. You might not think about it, but that's a short-term goal. It'll probably take just an hour or two, but making that goal and planning to achieve it will result in that yummy cake. Other short-term goals take longer (for instance, building a skateboard ramp or going through old boxes in the attic, which might happen over a weekend or more).

Long-term goals are part of the "bigger picture" of our lives —our dreams and aspirations. Although they may take months or years to reach, they still take up time on a regular basis. These might include teaching yourself to play guitar, writing a book, becoming a better basketball player, or learning to speak French. Goals like these can't be achieved by setting aside one big block of time, but rather, smaller blocks of time over a period of days, months, or even years.

TIME MANAGEMENT: SCHOOLWORK

During the school day, your schedule is probably made up for you. Once the bell rings, though, it's up to you to take control of school-related Have-To's.

Write everything down. Put your homework assignments, test dates, and project due-dates on paper as soon as your teacher gives them to you. If you keep your Weekly Planner with you, all this info will be in one place rather than scribbled on random pieces of paper or in notebook margins.

Stay organized. Keeping your schoolwork and papers organized helps you manage time. Keep each class or subject in its own folder, or buy one of those multi-pocket folders that will hold the whole shebang. Try making a weekly homework and assignment chart and tape it to your folder each Monday, so you'll always have it right in front of you.

Avoid distractions. Stay away from TV, the phone, the Web, and all other distracting things while you're doing school assignments. If you're trying to read your Language Arts homework while *Canadian Idol* is on, you'll probably spend half your time listening to the show, and it'll take you much longer to finish your reading. Consider this: get the assignment finished first, and then watch TV. You'll understand your schoolwork better and enjoy the TV show more.

Set homework time. Set a regular block of time each afternoon or evening to do all your homework and studying. Make sure everyone in the family knows about this time, so that they can give you the space and quiet you need to concentrate.

Think about space as well as time. Try to create a regular quiet space, either in a bedroom, spare room, or office, where you keep your school stuff and work on assignments. The kitchen table is not usually the best place to do homework, since all the distractions can slow you down and make your work more difficult.

Get your family involved. Show your parents or guardians your school assignments and responsibilities every day and week. They can help you plan out your schedule, set aside time, and remind you of upcoming deadlines.

Don't underestimate assignments. Many of us look at a school assignment and think "I can get that done in a few minutes," then find out that it really takes an hour. Before you put an assignment into your schedule, make sure you have a realistic idea of how long it will take to complete it. When in doubt, ask an adult. It's also a good idea to ask your teacher, "How long should this take to finish?" when he or she hands out the assignment.

Break up big assignments into smaller chunks. Some homework is long-term research or study projects, and will require you to schedule blocks of time over one or more weeks. A good way to do this is to break a given task up into smaller tasks, and accomplish each goal at a time until everything is done.

If you're studying for a big test, take the following steps:

1. Mark the date of the test in your Weekly Planner or Monthly Calendar.
2. Count backwards the number of days you need to study. If the test is on a Monday, and you need one week to study, count back to the previous Monday and mark that as the first day of studying. Even better, count back a few extra days to leave some "wiggle room" in case an emergency comes up.
3. On your daily and weekly planners, schedule enough time each day so that you'll have the material down cold.
4. Divide up the things you have to study and tackle a different idea each day.

If you're doing a book report or long-term project, try the following approach:

1. Be realistic about how many days of work the project will take, and then count backwards from the due date.
2. Chop up the project into smaller tasks, and try to accomplish one of these each day. If it's a book report, consider chopping up the work by reading a chapter a day (or more if they're small chapters).
3. If it's a research paper or other project, make a list of all the things you have to do, such as researching, making an outline, writing the different sections, and so on. On your Monthly Calendar, assign yourself a deadline for each of these steps, and finish them one at a time. This way, your project will be a series of small assignments instead of a big, overwhelming one.

TIME MANAGEMENT: SPORTS AND ACTIVITIES

If you want to take dance lessons, or join the baseball team, or participate in any other activities in your free time, it can be hard to squeeze them into your schedule. But here are some ideas to make that easier.

Be informed. When you get involved in a sport, club, or activity, make sure you find out how much time you'll be expected to dedicate, and get all the information you can about scheduled meetings, practices, games, etc. Sit down with your parent or guardian and have an honest discussion about what will be required of all of you, including who will drive you to and from events.

Consult your schedule. Alone or with an adult, get out your Daily Schedule and Weekly Planner, as well as your Monthly Calendar, and see if your new activity will fit into your schedule without stealing time from other important things.

Don't over-schedule. Adults want young people to succeed and get the most out of life, but sometimes they take this idea too far by cramming our schedules with sports, clubs, or other structured activities. Kids can do this too, by signing up for more things than they really have time for. It can lead to a growing problem called "over-scheduling."

How can you tell if you're over-scheduled? Here are some signs?

- You have to rush from one event to another.
- You're constantly in a battle with the clock.
- It takes a lot of effort to make your daily and weekly schedules come out right.
- You take drastic measures to save time, like eating dinner in the car while going from Scouts to band practice.
- You're often tired and grumpy.
- You feel as if you have no free time at all.
- You're enjoying your activities less because there are too many of them.
- You're doing so many things that it feels as if there's not enough time to get the most out of any single one of them.

If you recognize a number of these signs, it's time to sit down with an adult and talk about cutting back on the number of scheduled activities in your life.

Understand that dropping an activity is not "quitting." Adults can put a lot of pressure on us to stick with sports and activities and not give up, and sometimes we put just as much pressure on ourselves. But dropping something because you're over-scheduled is not the same as giving up just because something is challenging. If you feel over-scheduled, talk to a parent or guardian, and explain what all the rushing around and time pressure is doing to you.

Everyone needs free time. Did you know that many experts believe that having free time is one of the most important ways for us to learn, grow, and develop the skills we need to succeed? We all deserve a chance to just explore our world and our thoughts, and to develop our creativity and sense of fun apart from specific groups, organizations, and activities. Down time is very important. Make sure the adults in your life understand that.

Remember. Sports, clubs, and activities are supposed to make your life better, not worse. If you're spread thin by too many scheduled events, it may be time to simplify your life and give yourself a chance to just be *you*.

TIME MANAGEMENT: TOP TIME WASTERS

We know these things vacuum up our time...yet it can be SO hard to keep them under control. Here are some strategies to make things easier.

TV: Instead of plopping down in front of the tube to watch “whatever’s on,” pick out which specific shows you want to see and fit those into your schedule. If you need a chill session and just want to channel surf, set yourself a time limit.

Video Games: It’s one thing to play your favourite new game for two hours on a Saturday, and another to make it a daily habit. Limit your gaming time or use it as a reward for getting other things done (e.g., “If I get my math homework finished, I can turn on Playstation until dinner”).

The 'Net: As with watching TV, try to make a habit of only going online for certain things. For instance, give yourself a daily “e-mail period”, or let yourself play two rounds of a new game. If you like to IM your friends in the evenings, set aside a specific time for that and let them know that’s when you’ll be online.

The Phone. It’s easy for a five-minute chat with your BFF to turn into a two-hour gossip fest. To avoid this, give yourself a phone-call time limit and ask family members to help you stick to it. If there’s something you need to discuss with someone, and you think it will take some time, schedule that phone call like you would any other activity or appointment.

MANAGING YOUR TIME (PART 2)

Using the items from the worksheet Managing Your Time (Part 1), schedule these items into the weekly calendar below. You may also wish to include the times you will start and finish each item.

Time of Day	Monday	Tuesday	Wednesday
morning			
afternoon			
evening			

Time of Day	Thursday	Friday	Saturday	Sunday
morning				
afternoon				
evening				

TIME WELL SPENT?

Activity	Time Spent in Average Day (hours)	Too Much Time Spent (✓)	Not Enough Time Spent (✓)	Appropriate Amount of Time Spent (✓)
Sleeping				
Eating				
Extracurricular Activities				
Showering and Dressing				
Facebook				
MSN				
Other Computer and Videogame Activities				
Watching TV and movies				
School				
Exercising				
Reading				
Talking on the Phone				
Homework				

Reflection

Is your time being well spent? If not, what do you need to do to improve your time management?

HELP KATHY MANAGE HER TIME

Kathy has difficulty managing her time. Recently her teacher recommended that Kathy make to-do lists to help keep her organized. Below is Kathy's list for this Saturday and Sunday. Next to each item is the approximate time each chore or activity will take to complete. For some items, like her job at Burger King, the exact hours that she is already scheduled for are listed. Read this list and then complete the tasks that follow:

Kathy's To-Do List			
Activity	Rank (complete at end of activity - see below)	Time	Hours
Work at Burger King		Saturday: 9am - 1pm Sunday: 1pm - 6pm	4 5
Work out at the gym			2
Meet Lori for coffee			1
Do research at the library for a school project that's due in three weeks			2
Baby-sit for her aunt		Saturday: 6pm - 10pm	4
Study for a Monday morning science test			5
Go to Mark's party on Saturday night			3
Do homework for Monday's classes			3
Clean bedroom			2
Do weekly chores at home			2
Chat with friends in online chatroom			2
Pick up Peter at the airport		Saturday: 1pm - 3pm	2
Search the Internet for places for March break trip			1
Go to a movie with Mike on Sunday night			3
Nap			1

HELP KATHY MANAGE HER TIME (PART 2)

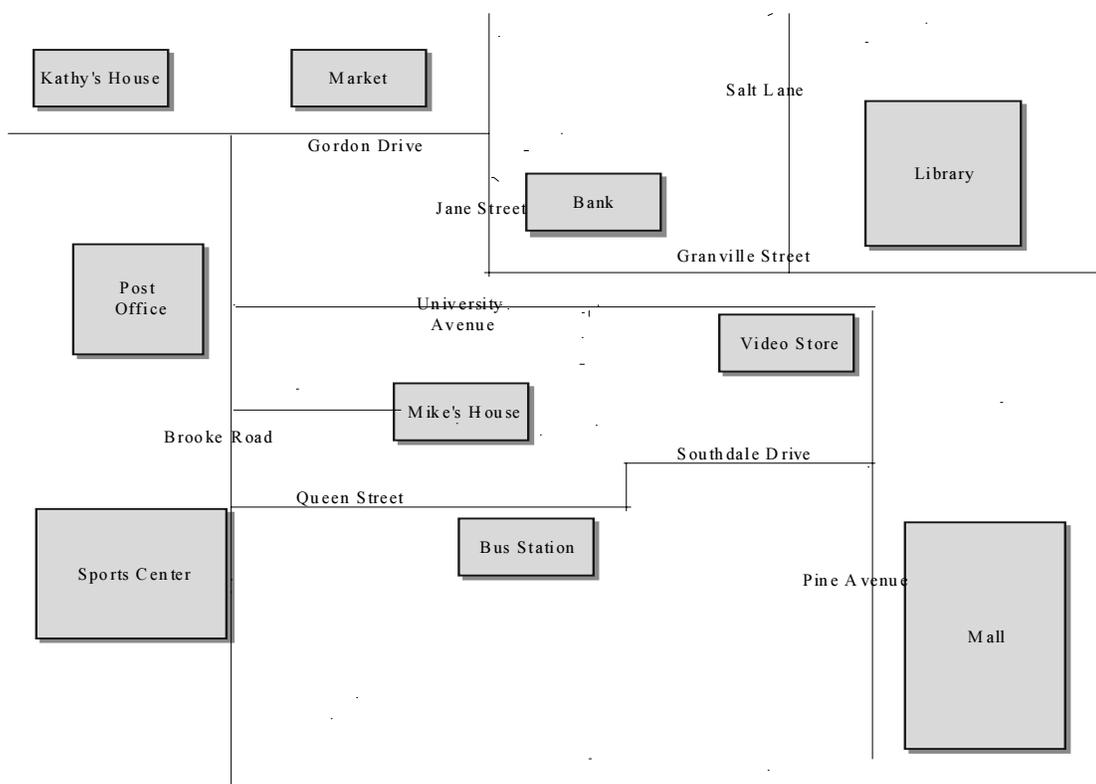
Fill out the day-timer below by scheduling the items from Kathy's list. You will probably decide not to use all of the items because there isn't enough time, so just schedule the items that you feel are of most importance. You do not need to allow time for Kathy to get from place to place since this has already been included in the approximate times. But you will need to schedule in time for Kathy to sleep.

Saturday	Sunday
6am	6am
7am	7am
8am	8am
9am	9am
10am	10am
11am	11am
12pm	12pm
1pm	1pm
2pm	2pm
3pm	3pm
4pm	4pm
5pm	5pm
6pm	6pm
7pm	7pm
8pm	8pm
9pm	9pm
10pm	10pm
11pm	11pm
12am	12am
1am	1am
2am	2am
3am	3am
4am	4am
5am	5am

KATHY'S ERRANDS: A TIME MANAGEMENT ACTIVITY

Have you ever found that you went to the bank to cash a cheque, came back home, and then went back out to the store — which is next to the bank — to pick up some groceries? You could have saved a lot of time by doing both errands at once. The purpose of this time management activity is to teach you to plan ahead and organize yourself when you're out doing things like errands.

Instructions: Below is a map of Kathy's neighbourhood, with all of the places marked where she needs to go to do errands. Underneath the map is Kathy's to-do list with all the jobs and activities she needs to complete on a Saturday afternoon. Using the map, decide in what order Kathy should do each item on her list. Write 1 in the blank space next to the first activity she should do, 2 next to the second activity and so on. Ideally, Kathy should complete all these tasks on one trip.



- _____ Drop off books at the library
- _____ Buy stamps at the post office
- _____ Buy a birthday card for Lisa at the mall
- _____ Pick up her brother from the bus station
- _____ Cash a cheque at the bank
- _____ Take a video back to the video store
- _____ Buy a sweater at the mall
- _____ Buy mangos and cantaloupe at the market
- _____ Register for basketball at the sports centre
- _____ Drop off the books borrowed from Mike

REFINING YOUR GOAL

Personal goal for learning and career path

How has this goal changed over the last year?

- _____
- _____
- _____



Why has your goal changed?

- | | |
|--|---|
| <input type="checkbox"/> new information | <input type="checkbox"/> influence of another person |
| <input type="checkbox"/> interests changed | <input type="checkbox"/> paid or unpaid work experience |
| <input type="checkbox"/> discovered new strength or talent | <input type="checkbox"/> other _____ |

Minimal education/training needed for your career goal

What steps do you need to take to reach your career goal?

- _____
- _____
- _____
- _____
- _____
- _____

High school courses and minimum marks needed to be eligible for these post-secondary training opportunities

FINANCING YOUR EDUCATION

Education is an investment in time and money. A degree or diploma earned will pay for itself many times over in the long run, but in the meantime you've got to pay for it. If you're like most people, you'll draw on a mix of resources to pay for your education—savings, jobs, family, scholarships, and bursaries, and student loans. Whether you're attending college or university straight out of high school or as a mature student, it's important to study your options to decide the best way to finance your education. Here are some of the options you should consider:

1. **Savings:** Knowing what you can contribute to your education—money from jobs, birthday presents or investments—is a good place to start.
2. **Part-time work:** Working parttime while attending school might allow you to earn enough to cover your living expenses. You'll need to decide what you can manage while still allowing enough time for your studies.
3. **Summer work:** Working during the summer months or between school sessions may allow you to put away enough money to cover costs for your next year.
4. **Lifelong learning plan:** If you have a Registered Retirement Savings Plan and are a Canadian resident attending school full-time (some part-time exceptions apply), you may be able to withdraw up to \$10,000 per year to finance your education without paying taxes on the withdrawal amount. Visit the Canada Revenue Agency web site at www.cra-arc.gc.ca for more details.
5. **Employment Insurance:** If you are eligible for employment insurance, there are benefits available to cover tuition fees and expenses for some training. Visit the Service Canada website at www.servicecanada.gc.ca/en/sc/ei/benefits/regular.shtml, or speak to an employment insurance agent.
6. **Grants, scholarships and bursaries:** This is money you don't have to pay back. Scholarships are usually awarded for good grades or in recognition of other achievements, while bursaries are awarded based on need. Grants are only available to students with high financial needs or special circumstances. Visit your school counsellor or go online to find out about and apply for scholarships and bursaries. Also, consider asking family and friends about awards that might be available through any associations or corporations they are affiliated with—you might be surprised by what's available.
7. **Government-sponsored student loans:** This includes Canada and Prince Edward Island student loans. These loans are based on financial need and must be repaid, with interest, within a defined period of time.

8. **Bank student loans:** Your financial institution may also provide educational loans, frequently at a reduced interest rate, or you may be eligible for a line of credit. This may be an alternative if you don't qualify for a government student loan. But, if you don't have a job or credit history, you might need someone to co-sign for you.
9. **Government and agencies:** The Canadian Forces provides financing for some types of education. Visit www.recruiting.forces.ca or contact a Canadian Forces Recruiting Centre. Aboriginal students may be able to access educational financing through their band.
10. **Learn and earn.** Apprenticeship, co-operative education, and applied degree programs offered by some post-secondary institutions provide an opportunity to earn money while you learn.
11. **Employers:** Some employers are willing to pay for courses that relate to your work, or they may allow you time off to attend classes. Discuss these options with your supervisor.
12. **Family:** You may be lucky enough to have a relative that has put money away for your education through a Registered Education Savings Plan (RESP). If not, a family member may be willing to loan or give you some money. Don't be afraid to ask.

FINANCIAL GOALS

Career goal



Educational goal



Financial goal

to reach your
career goal

to reach your
educational goal



How much money
will you need per year?



How many years?

Action Plan to meet financial goal

What can you do now?

- _____
- _____
- _____

What can you do during your post-secondary training?

- _____
- _____
- _____

Resources

Where can you find out more information about planning and saving for your post-secondary education?

- _____
- _____
- _____

RUBRIC TO EVALUATE FINANCIAL GOALS

4 <i>Meets standards of excellence</i>	3 <i>Exceeds acceptable standard</i>	2 <i>Meets acceptable standard</i>	1 <i>Needs improvement to meet acceptable standard</i>
<ul style="list-style-type: none"> • clearly and specifically identifies career, educational, and financial goals • accurate and detailed estimate of costs • identifies multiple innovative strategies for saving money before and during post-secondary training 	<ul style="list-style-type: none"> • clearly identifies career, educational, and financial goals • accurate estimate of costs • identifies multiple strategies for saving money before and during post-secondary training 	<ul style="list-style-type: none"> • identifies basic career, educational, and financial goals • reasonable estimate of costs • identifies basic strategies for saving money before and during post-secondary training 	<ul style="list-style-type: none"> • vague identification of career, educational, and financial goals • unreasonable or incomplete estimate of costs • vague and unrealistic strategies for saving money before and during post-secondary training

Ideas for promoting awareness of education programs and financial assistance for post-secondary education

Students can

- talk to their parents about plans for financing post-secondary education
- talk to older students attending post-secondary training, and discuss career goals and financing of education
- update portfolio with career, learning, and financial goals, and action plans for saving for post-secondary education
- create posters encouraging students in the school to begin thinking about and planning for their post-secondary education

Parents can

- discuss planning and saving for post-secondary education with their children
- participate in Take our Kids to Work program
- attend information sessions on student funding and post-secondary opportunities available to their children

RUBRIC TO EVALUATE FINANCIAL GOALS (cont'd)

Communities can

- organize information nights on registered educational savings plans, inviting local banks and trust companies
- encourage local colleges, universities, and technical institutes to participate in career information fairs
- sponsor bursaries and scholarships for first-year-secondary students
- encourage students from colleges, universities, and technical institutes to visit junior and senior high schools to talk with students and share personal experiences about planning and saving for post-secondary education

SKILLED TRADES CAREERS - STUDENT HANDOUT

Apprenticeship Training on PEI

There are 49 Red Seal skilled trades careers available in Prince Edward Island for which you can take Apprenticeship Training and work towards your Red Seal. This gives you plenty of career options from which to choose.



A list of trades for which we offer Apprenticeship training on P.E.I. is shown on the bookmark handout.

Did you know? There are over 200 skilled trades careers to choose from across Canada for which you can become certified through apprenticeship training. See <http://www.careersintrades.ca>.

Lots of job opportunities: The Conference Board of Canada estimates Canada will need approximately one million skilled workers by the year 2020.

Over the next 10 years there will be almost a 100% turnover in skilled trades workers as those in the skilled trade workforce retire (Canadian Labour Congress, Ken Georgetti).

Good Pay: A trades certification provides an income level 3.1 % above average across Canada. (Information taken from a research paper entitled, “Skilled Trades Backgrounder” done by Canadian Apprenticeship Forum and Skills Canada)

Check out these web sites:

www.apprenticetrades.ca

www.skillsCanada.com (Click on “skills profiles”)

www.careersintrades.ca

PATHWAY TO CERTIFICATION THROUGH APPRENTICESHIP TRAINING

Apprenticeship training requires a series of steps in order to complete the training, and requires a specified time commitment. An apprenticeship program usually consists of three to four years of combined on-the-job paid work and college-based training.

Once a contract is signed with an employer who agrees to teach the skills of their trade, the apprentice is required to log a minimum number of training hours on the job over the course of the apprenticeship. In addition, an apprentice must be trained in all the skills of the trade, as listed in the trade logbook, as well as attend college once a year for in-school technical training.

Once an apprentice has successfully completed the in-school tests, mastered all the skills in the logbook, and worked the required minimum hours on-the-job, he or she can write the final exam for the Red Seal.

The chart on the following page shows the steps for apprenticeship in a three-year or four-year trade.

There are two ways for students to complete an apprenticeship.

1. Students can go directly into industry and work under the supervision of a skilled journey person to begin apprenticeship training.
2. Students can take a college trade course and upon completion may be able to challenge the first level exam and receive educational credit toward their apprenticeship. They then go to work in industry to finish the hours they need to complete apprenticeship training, and go back to college for six - eight weeks per year to take in-school training. When all requirements have been met, they are eligible to write their Red Seal examinations.

A mark of 70% is required to pass the Red Seal exam. When you pass the exam you are considered a certified journey person, or licenced journey person. This Red Seal Certification is a recognized level of education all across Canada.

FIGURE 1 APPRENTICESHIP ROUTE TOWARD CERTIFICATION

Student handout and Blackline Master for Overhead

Application Form: Once you have a high school completion certificate and a suitable employer has been found, fill out and return to Department of Education—Apprenticeship Section.



Contract and Logbook: The contract is an agreement between the employer and the apprentice. This logbook records your completion of the curriculum (skills required) for your trade, and hours worked in the trade. The necessary skills of your trade are listed, and must you be assessed as to whether you can perform them to industry standard. You continue to work until you have enough hours on the job to qualify for your first period of in-school training.



First Period of In-School/Course Training (six to eight weeks per year):

You can begin in-school training after a minimum of 1800 hours in the trade, including work experience and trade courses. (Hours from college trades courses will be credited to you on a program by program basis.)

You must pass the in-school tests in order to move on to second year.



Second Period of In-School/Course Training (six - eight weeks a year):

You must work another 1800 hours for a total of 3600, on-the-job hours in your trade.

You must pass the in-school tests in order to move on to third year.



Third Period of In-School/Course Training: You must work another 1800 hours, for a total of 5400 on-the-job hours.

A person in a three-year trade who completes this training period is now ready to write the Red Seal exam (after three years of on-the-job hours worked, demonstrated competency in all the skills of the trade, and pass marks in all in-school tests). Someone in a four-year trade must work another 1800 hours and attend Period four of in-school training. (Welding is a three-year trade; carpentry is a four-year trade.)



Fourth Period of In-School/Course Training: You must work another 1800 hours, for a total of 7200 hours on-the-job hours in the trade; pass in-school tests; and demonstrate competency in all skills of the trade. After completing this training period, a person in a trade that requires four years of on-the-job hours is now ready to write the Red Seal exam.



Interprovincial Examination for “Red Seal”:

The Red Seal is recognized all across Canada.

One must obtain 70% or more on the exam to pass.



TEACHER NOTES FOR OVERHEAD CHART ON APPRENTICESHIP ROUTE TOWARD CERTIFICATION

Step 1. Application Form

You can get this form from the Department of Education—Apprenticeship Section. Most trades require three or four years training before you receive your Red Seal Certification. On the application, name your employer.

Step 2. Contract and Logbook

A skilled journey person will mentor/teach you the skills of your trade. The journey person and apprentice will enter into a contractual agreement. The employer agrees to teach you the skills of the trade and adhere to health and safety regulations and provincial labour laws. Once the contract is signed, you will receive a logbook for the trade you wish to pursue. (see sample logbook pages attached). This logbook is a legal document issued by the Department of Education—Apprenticeship Section. The logbook for each trade lists the curriculum or skills that you need to master to industry standard over the course of your three or four years of training. Apprenticeship is mainly on-the-job training (80%), which means you are working, getting paid, and receiving instruction from a journey person on the skills of your trade. The rest of the time is spent in college technical course work.

Step 3. Apprenticeship Training Begins

This consists of on-the-job and in-class technical training.

First Period of In-School/College Training

After 1800 hours (approximately one year) working under the supervision of a skilled journey person, you can attend college for in-school technical training for your trade. (The 1800 hours can consist of college course work as well as on-the-job hours) These in-school training periods are for six to eight weeks. At the end of training you must pass a test by obtaining a mark of 70% or higher. You are then considered a second-year apprentice, and you go back to work again. You will work for another year learning the skills of your trade. (The skills must be performed to industry standard and verification of this is recorded in the official logbook issued from the Department of Education.) After approximately another year of work, you go back to college for another period of in-school training.

Second Period of In-School/College Training

You must work another 1800 hours (for a total of 3600 hours, or approximately two years) in your trade before you can attend this second period of training. You will write an exam at the end, and if you pass it by obtaining a mark of 70% or higher, then you are considered a third-year apprentice. You will go back to work under the supervision of a skilled journey person, learning further skills of your trade.

Third Period of In-School/College Training

You must work another 1800 hours (for a total of 5400 hours of work, or approximately three years) in your trade before you can attend this third period of training. You will write an exam at the end, and if you pass it you are considered a third-year apprentice. If your trade requires three years of training, you are ready to write the final exam, the Red Seal exam for certification. If your trade requires four years of training, then you will go back to work under the supervision of a skilled journey person, learning further skills of your trade for one more year.

Fourth Period of In-School/College Training

You must work another 1800 hours (for a total of 7200 hours, or approximately four years) in your trade before you can attend this fourth period of training. You will write an exam at the end, and if you pass it you are considered a fourth-year apprentice. Now you are ready to write the Red Seal exam for certification. If you pass with 70%, you receive your **Red Seal Certification**. This is a recognized level of education all across Canada.

There is **no cost to apprentices** for the in-school training. **It's free!**

You have worked all along the way, so you have been able to make a living while learning the skills of a trade.

Note: Before being eligible to write the Red Seal exam, an apprentice must

1. be certified competent in all the skills of a particular trade, as listed in the logbook
2. pass all period exams with a pass mark of 70% or higher
3. have the necessary time in industry on the job
4. have the employer sign in the logbook, for legal verification, indicating that the apprentice is working at a journey person level.

ADDITIONAL INFORMATION ABOUT APPRENTICESHIP TRAINING

What is The Red Seal Program?

The Red Seal program consists of a National curriculum which outlines the skills needed for a particular trade, with exams to formalize the skills of trades people throughout Canada. The nationally agreed-upon lists of skills are recorded in trade logbooks and published in manuals. These skills are necessary to work successfully in each particular trade.

The Red Seal Program was established so that trades workers could easily move anywhere in Canada and receive recognition for their work without having to re-train.

Once you have a Red Seal, you are now recognized anywhere in Canada as a certified or licensed journey person.

In-School Technical Training

Approximately once a year, apprentices come into college for in-class training in the skills of their particular trade (six to eight weeks depending upon the trade).

An apprentice must talk to his/her employer as to when it would be most convenient to leave work to attend classes.

At the end of this training period, they must write an exam based on the work they covered at this level. A mark of at least 70% is required to pass and move on to the next level.

The federal government covers the cost of the in-school tuition, so there is ***no cost*** to the apprentice for training.

Safety Education

Safe working procedures and conditions, accident prevention, and the preservation of health are of primary importance in the apprenticeship program in PEI. These responsibilities are shared and require the joint efforts of employers and employees.

Employer's Responsibilities Laid out in the Apprenticeship Contract

The employer is responsible for

- provision and maintenance of safety equipment
- provision of protective devices and clothing
- enforcement of safe working procedures
- safeguards for machinery, equipment, and tools
- observance of all accident prevention regulations
- training of employees in safe use and operation of equipment

Employees' Responsibilities Laid out in the Apprenticeship Contract

The employees are responsible for always working:

- in accordance with the safety regulations pertaining to the job environment, and
- in such a way as not to endanger themselves or fellow employees.

TRADE EXPLORATION PROJECT

First — Research

Students can use their information from their interest inventories to review and analyse job descriptions on several web sites: careersintrades.ca; skillscanada.com (click on “skills profiles”); or www.apprenticetrade.ca.

(The pamphlet “Your Career Starts Now” is a hard copy of some of the information provided on the careers web sites but it is missing huge pieces of information about trades careers that can only be found on the web sites.)

From one of these web sites, students can select trade descriptions that sound like a good match for them. Students should pick jobs they would enjoy as a career.

Second — Pictogram

After they pick trades that match with their aptitudes and abilities (discovered in their “interest inventory” activity), then they can draw pictograms comparing the two.

Pictogram Activity:

In order to demonstrate how your interests/aptitudes/abilities compare with those associated with the trade you have chosen to research, you should complete a pictogram using Inspiration Software (or using pencil crayons to draw a pictogram).

Shown below is a sample comparison of how a student’s aptitudes/abilities and a description of a horticulturist’s job match up.

Pictogram Example

Student’s Aptitudes & Abilities	—————	Horticulturist’s Aptitudes & Abilities
Likes outdoors	—————	Horticulturists work outdoors and have knowledge of plant sciences and natural resource management.
Likes solving problems	—————	Horticulturists diagnose plant diseases, and recommend treatment.
Likes knitting, so likes fine work with hands	—————	Horticulturists do hands-on work in nature.

CORE ITEMS IN THE STUDENT LIFEWORK PORTFOLIO

- Cover Page
- Table of Contents
- Life History Narrative
 - autobiography (e.g., biopoem)
- Chronological Record
 - List the year.
 - Briefly describe what you did.
 - Describe the learning and skills you extracted from each year.
- Goals
 - Goals are personal plans including a list of actions to keep you accountable for accomplishing these goals.
 - You should identify 1-3 goals within each identified time frame, which may include
 - Short-Term Goals ~ within the next 6 months
 - Medium-Term Goals ~ within the next year
 - Long-Term Goal ~ within the next 2 years
- Documentation
 - Evidence to support your interests, skills, and abilities (Artifacts and Reflection Sheet)

A BIOPOEM

Line 1 _____
First Name

Line 2 _____
Traits which describe the character (list 4)

Line 3 _____
Relative (brother, sister, wife, husband, etc. of....)

Line 4 _____
Lover of... (3 things or people)

Line 5 _____
Who feels... (3 items)

Line 6 _____
Who needs... (3 items)

Line 7 _____
Who fears... (3 items)

Line 8 _____
Who gives... (3 items)

Line 9 _____
Who would like to see... (3 items)

Line 10 _____
Resident of

Line 11 _____
Last name

ARTIFACTS

The items in a portfolio are called artifacts.

Artifacts may support students'

- education
- employability and transferable skills
- career explorations
- career-related projects
- job-shadowing experiences
- co-operative education experiences
- work experience
- volunteer experience
- service to the community
- certifications
- credentials
- interests
- hobbies
- sports

An essential requirement of portfolios is that students include written reflections that explain how each artifact was selected. The power of the portfolio is derived from the descriptions, reactions, and metacognitive reflections that help students achieve their goals.

The artifacts highlight students' achievements, accomplishments, skills, and aspirations. Artifacts may include text, images, photographs, video, audio, or multimedia electronic forms. Original, irreplaceable artifacts should not be included; they should be photocopied, photographed, or scanned. Every artifact should be accompanied by a written reflection. Reflection should include why it was chosen, what it illustrates, and why it is significant.

STUDENT REFLECTION AND GOAL SETTING

Artifacts should be accompanied by some form of reflection. Use the sample form below or create your own.

Name:

I chose this artifact because

I learned

I plan to

Name:

I chose this artifact because

I learned

I plan to

STUDENT LIFEWORK PORTFOLIO RUBRIC

Portfolio Components	1. Incomplete	2. Needs More Work	3. Acceptable	4. Complete
Cover/ Identifying Page	None	Name or Title not centered, and lack of white space	Name or Title centered and white space is present	Name or Title centered and white space is present
Table of Contents	None	Documents listed are not presented	Documents listed are present but not in order	Documents listed are present and categorized in order
Chronological Record	Time Frame and Description of Activity only	Time Frame, Description of Activity, and Learning Outcomes with no skills identified	Time Frame, Description of Activity, and Learning Outcomes with skills poorly identified	Time Frame, Description of Activity, and Learning Outcomes with skills clearly identified
Narrative	None	Reflection of learning experience not present	Reflection of learning experience somewhat identified	Reflection of learning experiences clearly identified
Goals	None	1 goal (short, medium, long term) identified	2 goals (short, medium, long term) identified	3 goals (short, medium, long term) identified
Documentation	None	1-3 Artifacts Reflection sheet(s) completed	4-6 Artifacts Reflection sheets completed	More than 6 Artifacts Reflection sheets completed

ESSENTIAL SKILLS for LIFE and WORK

Essential Skills	Learning Outcomes
Reading Text	<ul style="list-style-type: none"> - to scan for specific information/to locate information - to skim for overall meaning/to get the gist - to read the full text to understand and to learn - to read the full text to critique or to evaluate
Use of Documents	<ul style="list-style-type: none"> - read and interpret information - enter information - create document to display information
Writing	<ul style="list-style-type: none"> - to organize/remember - to keep a record/to document - to inform/to request information - to persuade/to justify a request - to present an analysis or comparison - to present an evaluation or critique - to entertain
Numeracy	<ul style="list-style-type: none"> - money math - scheduling or budgeting and accounting math - measurement and calculation math - data analysis math - numerical estimation
Oral Communication	<ul style="list-style-type: none"> - to greet - to take messages - to provide/receive information, explanation, direction - to seek/obtain information - to co-ordinate work with that of others - to discuss (exchange information, opinions) - to persuade - to facilitate/animate - to instruct, instil understanding or knowledge - to negotiate/resolve conflict - to entertain
Thinking Skills	<ul style="list-style-type: none"> - problem solving - decision making - job/task planning and organizing - use of memory - finding information

ESSENTIAL SKILLS for LIFE and WORK

Essential Skills	Learning Outcomes
<i>Working with Others</i>	<ul style="list-style-type: none"> - the ability to work in pairs or teams to promote efficiency and productivity - the ability to mentor others or accept instruction from others - the ability to assume different roles in a team (i.e., leader) - the ability to work with co-workers of both genders and from a variety of cultures
<i>Computer Use</i>	<ul style="list-style-type: none"> - basic information entry/no software knowledge required - use familiar software functions - use advanced software features to perform multiple tasks/operations - extensive use of software features and packages/integration of tasks - expertise in programming and network design/set-up
<i>Continuous Learning</i>	<ul style="list-style-type: none"> - as part of regular work activity - from co-workers - through training offered in the workplace - through reading or other forms of self-study - through off-site training
<i>Critical Thinking</i>	<ul style="list-style-type: none"> - this 10th essential skill is currently under development

PROGRAM PLANNING SHEET

SUBJECT AREA	GRADE 10	GRADE 11	GRADE 12	TOTAL CREDITS
ENGLISH				
MATHEMATICS				
SCIENCE				
SOCIAL STUDIES				
	TOTAL CREDITS	TOTAL CREDITS	TOTAL CREDITS	GRAND TOTAL CREDITS
	_____	_____	_____	_____

PEI high school graduation requirements are available on the Department of Education web site.

VOLUNTEERING AND CAREER BUILDING

Are you looking for a job but don't have the experience? Are you frustrated that without a job you can't get the experience?

Do you need more skills or connections to find work? Try volunteering!

Think of it as an investment

Volunteering is one of the best investments you can make with your time. The more you give, the more you receive. But the rewards are not the kind you measure in dollars and cents. Volunteering can pay life-learning and career-building dividends. Here's how.

Volunteering helps you

- get work experience
- practise the skills you already have
- learn new skills
- meet people and make connections that may help you get a job
- demonstrate your maturity to future employers
- get a feel for the workplace
- check out careers that might interest you
- learn about the challenges and rewards of various careers
- learn more about yourself
- try new experiences, meet new challenges, and discover new strengths

And if that weren't enough, volunteering ALSO

- lets you express your values and beliefs through community service
- make a difference in the lives of others

Things to CONSIDER

- **Be realistic about your skill level** when you apply for volunteer work. An organization may need people with more skills than you have to offer in the role you want. You may need to develop skills before taking on more challenging positions.
- **Think about what you want in a volunteer job.** Make two lists: features that are "must haves" and those that "would be nice."
- **Choose an agency or project, or several, that fit your requirements.**
- **Call ahead. Ask about volunteer opportunities.**

- **Make an appointment for an interview or information session.**
- **Be specific about what you hope to gain, your skills, and time available.**
- **Be flexible.** Are you willing to consider other roles?
- **Be patient.** Finding a volunteer opportunity that's right for you may take time.
- **If at first you don't succeed, try again**— with the same agency or somewhere else.
- **Understand your role and responsibilities.** In any organization, things always run more smoothly when everyone understands their responsibilities and their common goals. Ask for a clear, written job description spelling out what you have been asked to accomplish, whom you will be working with, whom you will report to, how much time you have, and whether any resources are available to help you.

What does it take to be a volunteer?

Caring enough to do something

Initiative to turn your caring into action

Commitment to follow through on the promises you make

YOUR SKILLS AND VOLUNTEERING

Volunteering is a great way to practise the skills you have and gain new skills that could be useful in getting work in the future. Stop a minute and take inventory of the skills you have. Chances are, you have more than you think you do.

First there are the **technical skills** that allow you to do special jobs not everyone can do. (e.g., play a guitar, speak Spanish, or give First Aid). What special skills do you have that make you unique?

Personal skills help you to handle day-to-day living. These include things like your habits and attitudes. For example, one person may be known for his or her sense of humour and flexibility, another for always being on time, and yet another for being willing to learn new things.

What habits or attitudes do you have that would be useful in a job?

You also have many skills that are **transferable**. You learn them in one situation, but they can be equally useful somewhere else. For example, leadership skills gained while volunteering as a day camp leader might come in handy in a job as a teacher's assistant. Likewise, cash handling skills learned while volunteering at fund-raising events would be useful when applying for work as a cashier in a restaurant.

What transferable skills do you have that might help you in a future job?

WHAT I BELIEVE ABOUT VOLUNTEERING

Volunteerism means _____

The personal skills I have that would make me a good volunteer are _____

Three volunteer opportunities in my community that I'd like to try are

These would be a good match for my skills and interests because _____

Providing service to others in the community is important because _____

Community-Based Learning

Community-Based Learning is a strategy for engaging and motivating students to learn at high levels, and for strengthening the relationship between schools and communities. Research suggests that students engage in learning when the content has meaning and harnesses their natural interests in where and how they live. Students retain and transfer knowledge when they have opportunities to apply it to real world issues. Community-Based Learning helps students to acquire, practise, and apply subject matter and skills; develop the knowledge, intellectual and academic skills and attributes of effective citizenship; and build a sense of connection to their communities. Community-Based Learning includes a broad framework of activities.

Service Learning: Students apply particular course concepts to real-life situations where service and learning goals are explicitly integrated. (e.g., project—linked to health and home economics outcomes—to improve community nutrition and wellness by developing and implementing a campaign to increase food and nutrition knowledge, increase the supply of healthy foods available in the community, and encourage and support active lifestyles).

Volunteering: Students perform charitable or helpful work not specifically connected to academic studies (e.g., peeling vegetables at a soup kitchen).

Work-Based Learning: Students gain essential and employability skills through exposure to careers with adult community mentors; learning is made relevant by incorporating industry standards to inform curricula and apply learning. (e.g., student works with pharmacist to gain skills outlined in individualized placement learning plan through cooperative education).

VOLUNTEER WORK

Volunteering is an excellent way to find out more about the types of tasks involved in many occupations.

It also provides opportunities to develop new skills.

Volunteer work gives you the OPPORTUNITY to

- meet and socialize with people in your target occupations
- gain recognition
- develop skills
- get training or employment-related experience
- build confidence, as well as a personal sense of satisfaction

Consider what kind of volunteer work you could do to discover more about occupations that interest you. Look for volunteer work that is directly related to the types of activities involved in your target occupations, provides related training, and allows you to experience a similar work environment. For example, if you are interested in recreation occupations and are looking for leadership training, contact your local parks and recreation board, and organizations such as Scouts Canada or Girl Guides of Canada.

There are many ways to FIND unique and interesting volunteer experiences.

- **Check with your local volunteer action centre, or contact the agencies you are interested in directly.** Use the “Associations” section of the Yellow Pages to find non-profit organizations. Then, call them to find out how they are funded and what they do. Ask if they need volunteer help.
- **Answer advertisements** in newspapers, newsletters, and on radio or television.
- **Tell your family, friends, and casual acquaintances** about the types of volunteer work you are looking for. They may know of opportunities and contacts.
- **Ask teachers and career counsellors.** Most counsellors and teachers belong to or know about community groups and service organizations.
- **Talk to employers.** Some employers may be interested in having you work as a volunteer, or be willing to direct you to volunteer experiences they prefer prospective employees to have. Before you make a commitment, make sure the position will fulfil your needs and you can fulfil the position’s needs.

Consider the following QUESTIONS.

- What duties are involved? How many hours per week do you have to commit? If there is a training period, how long is it?
- Do your values, ethics, and goals agree with those of the organization?
- Will you have opportunities to develop skills that can be transferred to paid employment? Is the work meaningful for you?
- What special safety precautions and/or equipment are required? Do you have to supply your own equipment?
- How much will volunteering cost you? Consider travel expenses, meals away from home, specialized clothing.

Becoming a volunteer is a COMMITMENT.

Take your volunteer responsibilities seriously and conduct yourself as professionally as you would on the job.