Way Safe!

Mapping Your Way to a Healthy Future



Participant Workbook Workbook 6

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Planning for Risks



Introduction

Reality bites

Despite almost 30 years of work and study, HIV is still around. Scientists have not been able to create a vaccine against it. If you become infected with HIV, the drugs used to treat it must be taken <u>every day</u> for the rest of your life. Missing even a few days can cause serious set-backs. For some people, treatment does not work and they go on to develop AIDS and die.

Hepatitis C is spread the same way as HIV. It hits the liver and grows slowly and quietly. Then you wake up one day with liver problems, or worse, cancer. Treatment for HepC is long, uncomfortable, and expensive. And it doesn't work for everybody.

And, of course, there are all kinds of other sexually transmitted infections.

Common sense tells us that prevention – never getting infected in the first place – is the way to go. And decency tells us we have an obligation to not infect others, if we ourselves carry one of these viruses. This means some people may need to get tested more frequently than others, based on exposure to risks.

Planning is the key

As we've said, no one <u>intends</u> to become the latest HIV case. Few people wake up and say: "I think I'll go out and catch me some Hepatitis C today and pass it on to my wife."

Yet every day, someone new is infected with HIV. Or Hepatitis. Every day. But not one of them intended to do it.

Avoiding any risk means we have to approach the problem with our eyes wide open. We have to:

Decide <u>how</u> we want to protect ourselves

Anticipate <u>situations</u> (places, people) where we might need to protect ourselves Know when to put our protection plan into action

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Other things to remember

In turning our <u>intentions</u> to be safe into an <u>action plan</u> for the future, there are a few other things to review:

When our feelings are really strong, either happy ones or sad ones, we run the risk of making bad decisions. This is especially true for decisions about sex or drugs, because these are things that can be highly enjoyable.

The "should/want" problem is a way of explaining the pull that we sometimes feel inside ourselves. It's the fight between what we <u>want to do</u> versus what we think we <u>should do</u>.

Our "wants" are associated with impulse and emotions and our "shoulds" are linked to thought and common sense. The "want" part does not always look out after our best interests. The "should" part is usually trying to cover our backs, if we would only listen.

We can turn our good intentions into reality by setting goals for specific situations and making plans for how we will push those goals forward. We all have intentions to avoid risks that could hurt us or others. HIV and HepC are real risks.

The beauty of putting it down

The more we work on a plan, the greater the likelihood we will put it into action when the time comes. Working on a plan means thinking about it. However, we also need to write it down or make notes. Think of the architect who designs a house. He makes a lot of drawings and sketches before his plans take root.

For plans that involve personal issues and decisions, mapping can help arrange ideas and choices. Using free mapping or mapping worksheets can help. They make it easy to write out a few words that can help you remember your intentions to avoid HIV risks, and how and when you should take action. It can help you see and remember your plan to live a long healthy life.

Practice:

Complete the guide maps included in this workbook. Think about the questions and be honest with your thoughts.

Bring your completed maps to group for discussion.

Use the free mapping worksheet to create a map to show to the rest of your group.

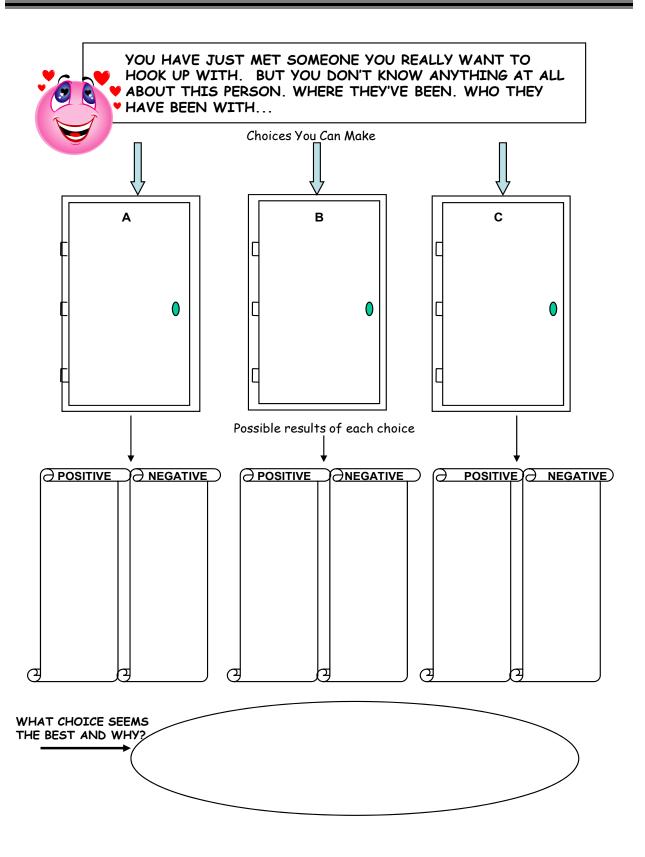
This free map should help explain:

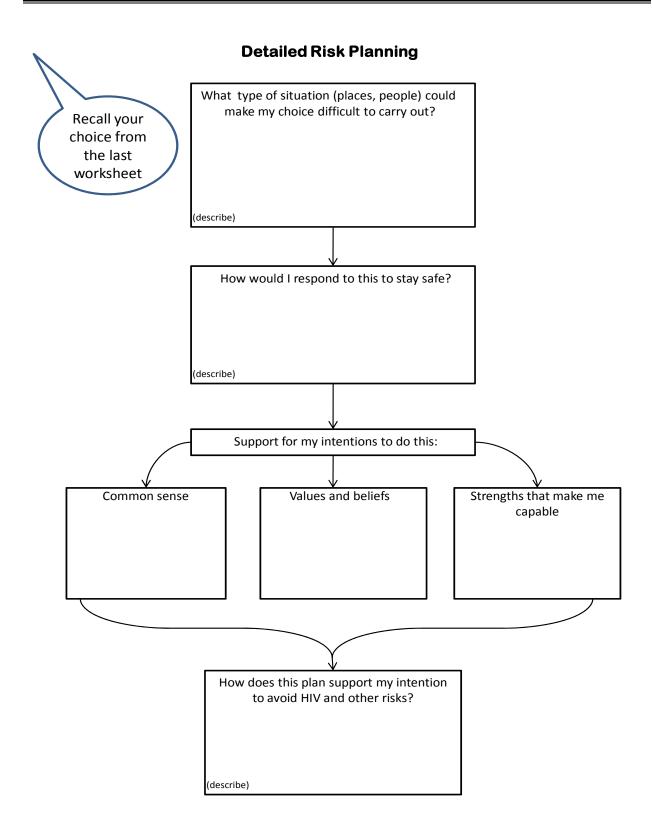
How will you deal with strong feelings when you are in a risky sex or drug use situation?

How will you help you "should" voice win over your "want to" voice?



Always remember, when in doubt, map it out!!





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